

# CHAPTER I

## INTRODUCTION

### 1.1 Background

Non-communicable diseases (NCDs) are diseases that are not caused by infection with microorganisms such as protozoa, bacteria, fungi, or viruses. This type of disease cannot be transmitted from person to person or animals to humans, but Non-Communicable Diseases are the highest cause of death in Indonesia, which is 64% according to the Ministry of Health.<sup>1</sup> Non-Communicable Diseases are becoming increasingly worrisome due to a shift in the pattern of diseases that previously suffered by the elderly are now starting to threaten the productive age group, especially teenagers. In a study conducted by Biswas, T., et al. found that 36.4% across the 140 countries surveyed had a high NCDs risk factor burden, with at least 50% of adolescents prevalent with 4 or more risk factors. The study found that inadequate intake of fruits and vegetables and lack of physical activity were the most common risk factors in all regions. Compared to these three risk factors, the prevalence of overweight/obesity is increasing in all regions, and this is pertinent because adolescent obesity influences adult obesity and related morbidity. It is becoming a serious health problem that requires serious preventive measures.<sup>2</sup> Relevant to this study, Indonesia also has data on the prevalence of non-

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<sup>1</sup> Nuraisyah, F., Purnama, J. S., Nuryanti, Y., Agustin, R. D., Desriani, R., & Putri, M. U. (2022). "Edukasi Pengetahuan Penyakit Tidak Menular dan GERMAS Pada Usia Produktif di Dusun Karangbendo." *Panrita Abdi-Jurnal Pengabdian pada Masyarakat*, 6(1), 1-7.

<sup>2</sup> Biswas, T., Townsend, N., Huda, M. M., Maravilla, J., Begum, T., Pervin, S., ... & Mamun, A. (2022). "Prevalence of multiple non-communicable diseases risk factors among adolescents in 140 countries: A population-based study." *EclinicalMedicine*, 52, 101591.

communicable diseases at the age of 15-24 years based on the 2018 Riskesdas, namely 0.6% for stroke, 1.33% for chronic kidney disease, 2.2% for asthma, 0.05% for diabetes mellitus, 0.7 % for heart disease. The threat to the youth group from Non-Communicable Diseases is caused by changes in the lifestyle of adolescents who tend to be unhealthy, in Riskesdas 2018 it is also stated that the prevalence of smoking in adolescents (10-18 years) reaches 9.1%, consumes alcohol 3.3%, lacks physical activity 33.5%, consumption of fruit/vegetables less than 5 servings per day 95.5%.<sup>3</sup>

The lack of awareness among adolescents about the dangers of non-communicable diseases is very concerning where habitual behaviors such as smoking, drinking alcohol, staying up late, not consuming nutritious food are the result of a lack of knowledge about health and the conditions that affect the social environment. This is supported by research by Oktaria, V., & Mahendradhata, Y. which states that smoking is in second place as the main risk factor for death in Indonesia and DALY (Disability-Adjusted Life Year) in productive age male individuals (over older than 15 years), This is also supported by data on prevalence (35.6%) among male adolescent smokers (ages 13-15).<sup>4</sup> The Indonesian Ministry of Health's Smoking Reduction Strategic Plan envisions the introduction of smoke-free zones and smoking services in all areas by 2024. Evidence for inconsistent effects of smoking cessation policies on youth smoking. If this continues, Indonesia's efforts to achieve a healthy nation will be difficult to achieve, moreover

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<sup>3</sup> Kementerian Kesehatan RI. (2018). "Hasil Utama RISKESDAS 2018."

<sup>4</sup> Oktaria, V., & Mahendradhata, Y. (2022). "The health status of Indonesia's provinces: the double burden of diseases and inequality gap." *The Lancet Global Health*, 10(11), e1547-e1548.

Indonesia will enter a demographic peak in the coming 2030 where the number of productive ages will outnumber the non-productive population. Health is the initial capital for productivity. If teenagers in Indonesia have poor health, how will they carry out activities.

Youth as the Productive Force is the target of future development whose health must be maintained, improved, and protected where health is the most important need. The health of young people is often neglected, even though youth constitute a sizeable portion of Indonesia's population, of which nearly 20% of the population are youth. Puberty is a very valuable period in a healthy physical and mental condition, during the period of growth or puberty, they do not always experience a good growth process due to social environmental factors that force them to choose a lifestyle depending on their environment. The neglect of attention to the health of young people is also indicated by the increasing number of health programs such as at the Public health center which prioritize toddlers or the elderly. Young people should get more attention regarding their health issues because it will have an impact on their future, the health of an adult will be determined from how young he was so that if an individual has poor health during adolescence, then later, he will find himself as an adult having poor health quality.

One of the efforts to take sides with the government in preventing and controlling Non-Communicable Diseases was carried out by Mardani H. Maming, Regent of Tanah Bumbu, as General Chair of the Association of Indonesian District Governments (APKASI) for the 2015-2020 period, who successfully signed a memorandum of understanding agreement on Prevention and Control of Non-

Communicable Diseases with 45 Regents and 62 Regency representatives to demonstrate their commitment to public health, they endeavor to address non-communicable disease issues through inter-regional cooperation, prioritizing prevention, collaboration among regional governments, and prioritizing community well-being. Then based on Permenkes Number 71/2015 concerning the prevention of NCDs, the Ministry of Health established four pillars of strategy, namely promotion, early detection, special protection by carrying out the Human Papillomavirus Vaccination (HPV), and handling cases by treating them at health facilities according to standards. Non-communicable diseases are a very serious problem. Therefore, political support is needed from the central and regional governments to increase commitment to prevention and treatment of NCDs and its risk factors to encourage people to adopt a healthy lifestyle. Political support paves the way for adequate resource allocation, informed decision-making, effective public advocacy, program sustainability, and cross-sector collaboration needed to address these public health challenges. Without strong political support, efforts to prevent and control NCDs may not reach their full potential. Therefore, it is important for political leaders to continue prioritizing and committing to public health issues to create healthier and more productive communities in the future.

To answer the challenge of eradicating non-communicable diseases, the Government in increasing public awareness and concern for health has established a legal basis for the GERMAS program or the Healthy Living Community Movement in accordance with the Presidential Instruction of the Republic of Indonesia No. 1 of 2017 concerning the Healthy Living Community Movement.

GERMAS is the government's effort to carry out promotive and preventive actions in achieving a healthy life and reducing the prevalence of non-communicable diseases, with GERMAS the government wants to change people's lifestyles to become a culture of healthy living and leave unhealthy lifestyles. The Community Movement for Healthy Living has seven steps that serve as a guide for a healthier lifestyle namely. exercise, eat fruit and vegetables every day, don't smoke, don't drink alcohol, check your health regularly, and register for health services. Clean environment and toilets are water treatment plants.

GERMAS, which has been running for five years, has had different implementation results in various regions in Indonesia. One example is in Semarang City where GERMAS is considered not optimal but will continue to process over time. The implementation of GERMAS in Semarang City is said to be good, but when compared to other cities such as Boyolali, the community does not only participate in the implementation of GERMAS but also contributes to one of its innovations. An instance of this, GERMAS Village in Pranggong Village where the community encourages residents to recognize the significance of health. Not only counseling and campaigns for healthy living, but this village also actually invites the active role of the community to create a healthier life so that they are active in creating their own programs such as building a family medicinal plant garden, holding activities so that the community is active, such as exercising together, building a *posyandu and posbindu* to pay attention to the nutrition of children and pregnant women, and many more. This was fully carried out by the community's initiative so that it can be interpreted that Boyolali not only built a community

environment that cares about health but also managed to make its people play an active role in creating a healthy environment, unlike Semarang City which still depends on government programs. The GERMAS program in Semarang falls behind other cities due to a deficiency in innovative approaches and strategies for implementation. These other cities might have embraced novel and successful methods to encourage healthier lifestyles, fostering greater community participation.

Not only in Boyolali but also in Gianyar, which was carried out by the Gianyar Regent by providing free health insurance for the people of Gianyar, arranging urban and rural environments to make them comfortable and healthy, granting garbage trucks to villages, building Waste Processing Site - Reduce Reuse Recycle (TPS3R) and other programs that able to encourage public awareness to live a clean and healthy life. The difference between the cities of Semarang and Gianyar, although there is still a need for initiation from the government, is that Gianyar directly implements it in practice, where there is assistance with the waste management program, while Semarang is still around socialization and has not yet touched on practical changes. Communication between the Government and the community is an important key in the implementation of a government policy or program which in the case of GERMAS in Semarang City has been socialized through direct counseling activities or through various other media.

The Government of Semarang City received appreciation from the Ministry of Health for the initiation and innovation of implementing GERMAS but in practice the City of Semarang, but it's a shame that the dissemination of information about

GERMAS in Semarang City is still not effective and some people admit that they don't understand what GERMAS is because there are several areas that haven't received socialization about it and this has caused the target group, namely the community, to not understand and be unable to implement GERMAS. This statement is reinforced by a survey using a questionnaire about GERMAS which was conducted by FK UNIMUS students who carried out Field Learning Practices in the working area of the Karangmalang Health Center, especially in RW 2 Purwosari Village, Mijen District, Semarang City. GERMAS which is still very low and public awareness to carry out periodic health checks. To determine the cause of the problem, an analysis is carried out using the Lawrence-Green theory. From the results of the analysis, it is known that the community does not receive socialization and information about GERMAS and the importance of regular health checks.<sup>5</sup> Apart from that, in the RW 12 neighborhood of Wonosari Village, this shows that there are still residents who do not have good knowledge about physical activity (58%), and knowledge of eating fruit and vegetables with a percentage of 57%. In terms of residents' behavior, it was also found that there were two problems with behavior, namely smoking as much as 28% and not carrying out periodic health checks as much as 14%. Based on the results of the survey, the causes of problems emerged, such as Non-Communicable Diseases Integrated Service Post (Posbindu PTM) activities that were not optimal and the community's lack of

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<sup>5</sup> Anggraini, M. T., & Lahdji, A. (2020). "Upaya Pemberdayaan Gerakan Masyarakat Hidup Sehat dengan Penyuluhan Kesehatan Di Kelurahan Purwosari, Kecamatan Mijen, Kota Semarang." In *Prosiding Seminar Nasional Unimus* (Vol. 3).

knowledge about physical activity, people's busyness due to busy work.<sup>6</sup> Even though at the beginning of the introduction of GERMAS every government apparatus, both the Mayor and the Health Service fully supported and were committed to the implementation of this policy, but there were obstacles where there were elements from the local government who provided unclear information as a result of socialization which was carried out only through print or social media and instructions in the form of circular letters. When the attitudes and commitments of actors deviate from what was originally expected, policies become difficult to implement.<sup>7</sup>

This should be in accordance with the research of Rahmanida, N., & Bachtiar, A. where Primary Health Care is a form of multidisciplinary service that requires interprofessional collaboration within it so that the highest quality and optimal health services can be materialized. Poor communication among health workers is also a major obstacle, as effective communication greatly increases patient satisfaction with treatment outcomes and minimizes misunderstandings. These factors are cooperation which is an activity involving two or more professions to achieve goals, effective communication that is influenced by the same perception and level of knowledge to create a comfortable environment for someone to communicate, professional ethics that have various principles as a basis

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<sup>6</sup> Tursinawati, Y., Anggraeni, N., & Basuki, R. (2020). "Penggalakan Gerakan Masyarakat Sehat (GERMAS) Sebagai Upaya Pemberdayaan Masyarakat Kelurahan Wonosari, Kota Semarang." In *Prosiding Seminar Nasional Unimus* (Vol. 3).

<sup>7</sup> Cahyani, D. I., Kartasurya, M. I., & Rahfiludin, M. Z. (2020). "Gerakan Masyarakat Hidup Sehat dalam Perspektif Implementasi Kebijakan (Studi Kualitatif)." *Jurnal Kesehatan Masyarakat Indonesia*, Volume 15, Nomor 1, 15-17.



for carrying out work, and the roles of professions to complement each other by using each other's unique abilities.<sup>8</sup>

In addition to coordination between Regional Apparatus Organizations (OPD) which is not yet optimal, there are other factors that hinder the implementation of GERMAS in Semarang City, namely an unsupportive environment due to areas that are still experiencing low socioeconomic conditions where people are involved in unhealthy behaviors such as smoking, drinking alcohol, and unhealthy eating habits. This is evidenced by data from the Tambak Lorok area, which is one of the coastal areas in the city of Semarang where the majority of the people live in poverty due to the low quality of human resources, minimal ownership of business capital and technology, and people's lifestyles. Working as fishermen is the livelihood of the Tambak Lorok community, which makes it difficult for them to get out of the poverty line due to seasonal work. If fishermen don't go to sea, they usually prefer to spend their time unemployed at home or just repairing their fishing gear. They are not trying to find a second job. The assumption of fishermen who feel that outside of fishing they feel unsuitable causes fishermen to continue to be in a poor condition, because they do not want to try to get out to try to earn more income to meet their daily needs. Apart from that, what makes this even worse is the consumptive habits of the Tambak Loro people who consume cigarettes with 81% of the people being active smokers, even though

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<sup>8</sup> Rahmanida, N., & Bachtiar, A. (2022). "Interprofessional Collaboration On Non-Communicable Disease Programs (NDP) In Primary Health Services." *Devotion Journal of Community Service*, 3(8), 707-715.

cigarettes are not a primary need that must be met.<sup>9</sup> This is in accordance with Yuliandari and Herya's research, namely that people with low socioeconomic conditions are five times more likely to engage in unhealthy behavior than people with good socioeconomic conditions.<sup>10</sup> A community environment that has an unhealthy lifestyle is a challenge and an obstacle for GERMAS which aims to increase the willingness and awareness of the community to have a healthy lifestyle. Even so, the Semarang City Government has provided various facilities to support the implementation of GERMAS such as providing sports facilities, availability of green open spaces, and other health facilities.

The community responded well to the existence of the GERMAS policy in Semarang City, for example in the Wonosari sub-district, the community, based on a survey in 2020, had a lack of physical activity due to busy work, but with the help of community service students at Muhammadiyah Semarang University (UNIMUS) and collaboration with the Tambakaji Health Center which resulted in successful outreach and the application of GERMAS in the Wonosari Village. This is marked by the enthusiasm of the community to actively participate in all series of activities so that local people have knowledge and understanding of healthy lifestyles by knowing the dangers of smoking, being committed to diligent physical activity, and also consuming vegetables and fruit.<sup>11</sup> From this example it is hoped

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<sup>9</sup> Natalia, M., & Alie, M. M. (2014). "Kajian kemiskinan pesisir di Kota Semarang (studi kasus: Kampung Nelayan Tambak Lorok)." *Teknik PWK (Perencanaan Wilayah Kota)*, 3(1), 50-59.

<sup>10</sup> D. W. Yuliandari and N. Herya. (2016). "Pengaruh Pengetahuan Dan Sosial Ekonomi Keluarga Terhadap Penerapan Perilaku Hidup Bersih Dan Sehat (PHBS) Tatanan Rumah Tangga Di Wilayah Kerja Puskesmas X Kota Kediri." *Jurnal Wiyata*, vol. 3, no. 1, 17-22.

<sup>11</sup> Tursinawati, Y., Anggaraeni, N., Basuki, R., Mustika, D., & Kartika, T. (2020). "Penggalakan Gerakan Masyarakat Sehat (GERMAS) Sebagai Upaya Pemberdayaan Masyarakat Kelurahan Wonosari, Kota Semarang." *Seminar Nasional Publikasi Hasil-Hasil Penelitian dan Pemberdayaan Masyarakat*, 437-441.

that the people of other areas will have the same enthusiasm in carrying out the GERMAS policy so that people can have a healthier lifestyle to avoid various Non-Communicable Diseases (NCDs), especially teenagers who are supposed to be productive and it would be a shame if a teenager had to be exposed to illness that prevents him from carrying out productive activities.

The partisanship of the Semarang City Government Health Office in committing to providing services for the prevention and control of Non-Communicable Diseases in Adolescents is one of them by creating a Healthy Semarang Residents Service program at all times (LAWANG SEWU) as a continuation of GERMAS which aims to focus on promotional efforts and preventive actions that carried out in health support places such as sports halls which can target young people to have a healthy lifestyle and avoid Non-Communicable Diseases. A healthy lifestyle has many benefits, from better health to increased productivity. Another important thing to remember about living a healthy lifestyle is a clean, healthy environment and less risk of losing money on medical treatment when you are sick.

In addition, it is also why the LAWANG SEWU program is felt to have helped reduce the prevalence of Non-Communicable Diseases because it is based on the Evaluation of the Implementation of NCDs Integrated Service Post in the Residential Environment, This evaluation clarifies that 50.9% of NCDs Integrated Service Post villages in Indonesia have not been optimal and their implementation has not been in accordance with the NPSK set due to the limited number and ability

of health services so that they are considered not optimal.<sup>12</sup> NCDs Integrated Service Post should be the main reference for the community in preventing and controlling NCDs risk factors, but this utilization is still considered low due to a lack of information and socialization to the community so that several articles also report that there are still many people who are not aware and know about the benefits of NCDs Integrated Service Post where some people consider the activity only in the form of health screening.

Although there are other problems with the effectiveness of the LAWANG SEWU program where some people still choose to undergo traditional or complementary medicine which they feel is cheaper and more effective. In the research conducted in Sumowono Village, Semarang Regency, it was revealed that in the view of users/doers of traditional medicine, traditional medicine is treatment performed by shamans, *wong tuo*, and smart people, traditional medicine is seen as treatment that has unusual methods. The factors that underlie the user's trust in traditional medicine are due to the expectation for a *hajang* that is expected to be fulfilled and the influence factors from the family and environment who also use traditional medicine services. The benefits of traditional medicine for users/actors are getting healing, ease of access, low cost, and can provide benefits to patients in the form of directions and reminders in religious matters.<sup>13</sup> This statement is supported by the research of Kusumaningrum, A., Hikayati, H., & Lengga, VM. in which this study reveals factors or relationships that influence the utilization of

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<sup>12</sup> Rahadjeng, E., & Nurhotimah, E. (2020). "Evaluasi pelaksanaan posbindu penyakit tidak menular (Posbindu PTM) di lingkungan tempat tinggal." *Jurnal Ekologi Kesehatan*, 19(2), 134-147.

<sup>13</sup> Mahardika, I. R. (2022). "Persepsi Masyarakat Sumowono Tentang Pengobatan Tradisional (Studi Kasus di Desa Sumowono, Kecamatan Sumowono, Kabupaten Semarang)."

traditional/complementary health services. First, the relationship of sociodemographic characteristics of family members with non-communicable diseases related to the use of traditional/complementary health services produces data in the form of a tendency where the age classification <39 years tends to use traditional/complementary health services rather than the age classification >39 years considering that cases of NCDs are starting to increase among adults, even teenagers due to the poor lifestyle of society. Second, the link between family education and the utilization of traditional/complementary health services leads to information in the form of respondents who are more educated who tend to use more health services because the higher the level of education, the greater the understanding of this information so that the greater health awareness. Third, the link between family area (city/rural) and utilization of traditional/complementary health services shows that due to technological and economic developments, families living in villages use more traditional health services than families living in cities, many of whom offer options of access to health services. Fourth, the relationship between access to public health services and the utilization of traditional/complementary health services shows that the results of this study reject the notion that families using traditional health services are families who do not have access to medical health services such as health centers and hospitals. As a result of the facilities and resources the closest health service is of low quality, so

there is a desire to try various alternative treatments that are considered cheaper and more effective.<sup>14</sup>

From the various findings obtained, it can be analyzed that there is still a lack of communication from the government, especially public health agencies who have a lack of understanding about a healthy lifestyle which makes people not care about their health condition, this is marked by the behavior of people who are consumptive towards smoking and lack of physical activity like exercising due to busyness. The government's efforts to make the GERMAS program successful are still considered lacking due to only relying on promotive and preventive efforts, for that reason Semarang is still behind compared to other cities which have been able to make the community actively participate and contribute in winning the GERMAS program in their city. Therefore, the role of health institutions is needed to realize the healthy paradigm by making a greater contribution to health development in Indonesia. The Health Office needs to develop not only its human resources but also in service efforts, in overcoming the problem of non-communicable diseases so that the Government can increase the degree of health towards a prosperous society.

## **1.2 Problem Formulation**

Based on the background above, various questions arise that stem from a problem regarding the alignment of government policies towards access to

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<sup>14</sup> Kusumaningrum, A., Hikayati, H., & Lengga, V. M. (2017, December). "Faktor-faktor yang berpengaruh terhadap pemanfaatan pelayanan kesehatan tradisional/komplemen ter pada keluarga dengan penyakit tidak menular." In *Proceeding Seminar Nasional Keperawatan*, Vol. 3, No. 1, pp. 254-263.

prevention and management of non-communicable diseases in adolescents in the city of Semarang, then the next problem formulation can be drawn, including:

1. How is the alignment of government policies towards access to prevention and management of non-communicable diseases in adolescents in the city of Semarang?

### **1.3 Research Purposes**

Based on the formulation of the problem raised, the purpose of this study is to analyze the Alignment of Government Policy on Access to Prevention and Management of Non-Communicable Diseases in Adolescents in Semarang City.

### **1.4 Benefits of Research**

Based on the research objectives that have been described, the expected benefits of this research include the following:

#### **1.4.1 Theoretical Benefit**

The research that will be conducted is expected to be able to contribute positively to the development of science, insight, and reader discourse regarding the Alignment of Government Policy on Access to Prevention and Management of Non-Communicable Diseases in Youth in the City of Semarang through programs from the Regency/City Government. Not only that, but this research is also intended as a reference or reference load for other studies with similar topics.

### **1.4.1 Practical Benefit**

Through this research, the writer can find out the reality of Government Policy Alignment towards Access to Prevention and Management of Non-Communicable Diseases in Adolescents in Semarang City. Later, the final results of this research are expected to be material for reflection and evaluation for Semarang City's health service programs to be more optimal.

## **1.5 Theoretical Study**

### **1.5.1 Previous Research**

First, Armocida, Benedetta, et al. conducted research that discussed the Burden experienced by European Union countries in 2019 where the total mortality of adolescents aged 10–24 years in the European Union due to Non-Communicable Diseases was 38.8% (37.4-39.8) per 100,000 population. This study used the Data Analyst study methodology, the researchers collected data on stage 2 non-communicable disease mortality per 100,000 population in 10- to 24-year-olds by country in the European Union in 2019, and We analyzed mortality data and completed DALYs. Her 100,000 population of young people aged 10-24 in her EU Member States in 1990 and her 2019 and the percentage change from 1990 to her 2019. The results show that neoplasms are the leading cause of death in eight Member States: Bulgaria, Estonia, Latvia, Lithuania, Romania, Malta, the United Kingdom, Finland, and the EU as a whole. substance use disorder. The study found that men had a higher mortality and greater burden associated with substance use disorders, but that gender differences also played a role, whereas women had a



higher burden of disability, especially psychiatric disorders, and higher mortality. burden will be higher. It is due to an eating disorder. Differences in NCD burden are also reflected in data showing that NCD deaths are prevalent in Eastern European countries (Bulgaria, Estonia, Latvia, Lithuania, and Romania).

In the European Union, mental disorders are a major contributor to the burden of NCDs in adolescence. Previous studies have found that psychiatric disorders are the most common cause of adolescent disorders, with one-third being diagnosed by age 14, nearly half by age 18, and nearly two-thirds by age 18. people have been reported to have developed symptoms before that age. 25. However, only 20-40% of adolescents with mental health problems are diagnosed by health services and only 25% receive adequate treatment. This problem is exacerbated by low help-seeking behavior and may be exacerbated by barriers to access to mental health services such as stigma, cost of services, lack of medical services or the need for parental consent. This has become a trigger for prioritizing youth of all genders and age groups to become priority health targets. The study also highlights the need to scale up a wide range of interventions to address the challenges of non-communicable diseases among adolescents in EU Member States, especially with the aim of reducing the burden of disease. Interventions needed include a multi-level holistic approach to public health, including evidence-based preventive interventions, investments in dedicated primary and specialty health services, including adolescent care residencies, and wellness school programmes.

Second, Borle, A. L., Gangadharan, N., & Basu, S. conducted research discussing lifestyle practices that make youth vulnerable to non-communicable

diseases in Delhi. This study used interviews with adolescents aged 10–19 years through random sampling. In this study showed that almost 1.7% of male adolescents and 2.4% of female adolescents were overweight so that this would have an impact on increasing Prediabetes and hypertension rates in this age group. A recent survey also showed that nearly half of young people consume unhealthy junk food, and a third don't eat enough fruits and vegetables. Additionally, India recently found that her quarter of teenagers are less physically active, which is also reported to be more common among girls in urban areas. The study, conducted in India, found that the Journal of Pre-Evidence showed that tobacco and alcohol use among young people had declined over the past decade, but more young people in rural areas than in urban areas. It is reported that there are many young people.

This study identifies the prevalence of behavioral risk factors such as unhealthy diet, physical activity, alcohol, and tobacco use in adolescents and suggests that current lifestyles may lead adolescents to develop more NCDs in the future. I observed that Adolescents in this study (98.1%) were found to have inadequate levels of physical activity compared to previous studies as a result of restrictions during the pandemic which prevented them from traveling to public places such as playgrounds and gymnasiums which kept them from doing physical activity, things This is also reinforced by the time spent by adolescents watching TV or playing social media which is significantly higher for boys than for girls even though the proportion of girls is inactive is higher. Although the behavior caused by the lockdown kept teenagers from playing outdoors, tobacco use was much lower in this study compared to other studies. If some prevalences are dominated

by boys, there is a significantly higher prevalence in girls, namely obesity and overweight. The presence of a high prevalence of restricted physical activity among adolescents leads to increased sedentary behavior and the need to promote comprehensive public health interventions among adolescents at the community level for the prevention of NCD risk factors.

Third, Shorey, Shefaly, and Esperanza Debby Ng conducted research on the life experiences of children and adolescents with non-communicable diseases. This study used a qualitative systematic review conducted according to the Preferred Reporting Items for Systematic Review and Meta-analyses (PRISMA) guidelines (Liberati et al., 2009). This study shows that children and adolescents with chronic noncommunicable diseases value and are satisfied with the trust and support they receive from family, friends, and others. It's only natural that as children and adolescents they want to be heard and cared for for their right to get consultation, especially regarding health so that not only parents but also health service providers must be able to communicate directly in a simple way, so they understand and make them aware of their disease. so that in accepting this understanding they will not overreact and minimize their problems in the future. Children and adolescents with chronic noncommunicable diseases are often excluded from social activities due to poor physical health or self-imposed restrictions due to the perception that they are a burden to others, leading to stress and create a sense of insecurity, which makes it difficult to develop positive relationships with them. are at risk of delays in graduating and finding employment.

Fourth, Susilawati, M. D., Sulistiowati, E., & Hartati, N. S. conducted research on the Role of Provincial and District/City Health Services in the Implementation of the Healthy Indonesia Program with a Family Approach (PIS-PK) in Five Provinces, Indonesia. Using qualitative methods and operational research with a Participatory Action Research (PAR) approach, this research was then conducted in 5 provincial health offices, 4 district health offices and 1 city health office. The results of this study were the discovery of problems between the Health Office and the Community Health Center where these obstacles were in the form of a lack of optimal coordination and communication which caused the understanding of the Healthy Indonesia Program with a family approach not to run optimally. Several reasons were found in the form of regional development team decrees that had not been implemented, cross-border support the sector is still minimal, the internal integration of The Health Office has not run optimally, and limited funds for PIS-PK activities. Even though these obstacles were found, The Health Office continued to make optimization efforts such as efforts to equalize perceptions within The Health Office and innovative efforts to overcome budgetary, manpower and facility constraints encountered during the implementation of PIS-PK to apply minimum standards of health services in each region.

As explained, based on several previous studies conducted by researchers, several important conclusions were made which are considered relevant to the current research. Some of the key findings from several previous studies are first, studies on health service programs or the role of Health Institutions in preventing the impact of non-communicable diseases are still not widely carried out in

Indonesia. Second, studies on the burden received by the state and youth as sufferers of non-communicable diseases provide a very big impact, especially on the individual teenager where they will suffer from non-communicable diseases due to lifestyle and also the environmental situation that makes them have the disease which will have an impact on their psychology where they will be disturbed and ostracized by other teenagers and unable to be productive optimally. Researchers are therefore interested in conducting further research related to the Alignment of Government Policy on Access to Prevention and Management of Non-Communicable Diseases in Adolescents in Semarang City.

## **1.6 Theoretical Framework**

### **1.6.1 Theory of Health Services**

Health is an important key for humans, without health humans cannot carry out their activities. To be healthy it is very important to maintain personal health by keeping the environment clean so that diseases that affect health cannot affect it. In addition, the state provides health services. This health service is needed by people who suffer from this disease.

Health Law No. 36 of 2009 defines health as a state of physical, mental, emotional and social well-being that enables everyone to lead a socially and economically productive life. doing. According to Levey and Lomba (1973) as cited in Azwar (1996) describes health services are all efforts to maintain and improve

individual, family, group, and community health, prevent disease, and promote and restore health.<sup>15</sup>

According to Hodgetts and Cassio (1983) as cited in Azwar (1996), they state that the forms and types of health services are divided into two types, namely:

a. Medical services

Medical services belonging to the group of medical services are characterized by organizations that can operate independently (individual practices) or within organizations. Their main goal is to cure disease and restore health, and their main target audience is individuals and families.

b. Public health services

Those included in public health service groups are typically characterized by a general style of organization whose primary goals are the maintenance and promotion of health and disease prevention, with groups and communities as primary goals.<sup>16</sup>

Although both have different definitions of good health services, they must meet the following conditions according to Azwar (1996):

1. Available and continuous, these services must be available and ongoing in the community.
2. Acceptable and reasonable, service is not contrary to community customs, culture, and beliefs and its reasonable.

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<sup>15</sup> Azwar, A. (1996). Menuju Pelayanan Kesehatan Yang Lebih Bermutu. Yayasan Penerbitan IDI, Jakarta.

<sup>16</sup> Azwar, A. (1996). Pengantar Administrasi Kesehatan. Binarupa Aksara, Jakarta.

3. Accessible, to implement good health services, equal distribution of health services is very important. Health services that are too concentrated in cities and not in rural areas are not good health services.
4. Affordability, primarily from a cost perspective. To realize this condition, health services must be commensurate with the financial capacity of the community.
5. Quality, here is that which shows on the one hand can satisfy service users and on the other hand the administrative procedures are in accordance with established ethical principles and standards. Indicates the level of sophistication of the healthcare services provided. On the one hand, this allows service users to be satisfied, and on the other hand, administrative procedures adhere to established ethical principles and standards.<sup>17</sup>

In addition to the conditions that must be met, there are also levels or types of health services according to Azwar (2010):

- a. Primary health care

Primary health care is the primary stage of service aimed at soft public health services or health improvement. The types of services are: Community Health Center (Puskesmas), Mobile Health Center (Pusling), and Sub-Health Health Center (Pustu).

- b. Secondary health care

Secondary care services are services for those who need hospital care and access to general practitioners and specialists.

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<sup>17</sup> Azwar, A. (1996). *Menjaga Mutu Pelayanan Kesehatan*. Pustaka Sinar Harapan, Jakarta.

c. Tertiary health care

Tertiary care is third-level care for groups of people who cannot afford secondary care and need special staff.<sup>18</sup>

From this it can be concluded that health services are services provided by individuals or collectively, the purpose of which is to cure disease and also to improve the health of a person or community. Although health services have different levels or types, the conditions to characterize health services must be available and sustainable, acceptable, and appropriate, easily accessible and of high quality.

### **1.6.2 Health as a Basic Right of Citizens including Adolescents**

Health is one of the important factors for general welfare which must be carried out in accordance with the ideals of the Indonesian people enshrined in the Preamble of the 1945 Constitution. In accordance with Maskawati, et al. health is the main value for the growth and life of a nation and it plays an important role in creating a fair, prosperous society.<sup>19</sup> The state as the bearer of the obligation to fulfill and protect human rights, especially the right to health, is obliged to provide comprehensive guarantees to citizens for the fulfillment of rights related to health. This is so important not only for the people but also very valuable for the development and fostering of human resources as one of the capitals for implementing sustainable national development. In this case, human development

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<sup>18</sup> Azwar, A. (2010). Program Menjaga Mutu Pelayanan Kesehatan. Jakarta: Yayasan Penerbit IDI.

<sup>19</sup> Maskawati, A. M., & Iswanti, M. (2018). Hukum Kesehatan Dimensi Etis dan Yuridis Tanggung Jawab Pelayanan Kesehatan. Yogyakarta: Litera.



as it is essentially the key to national development cannot be separated from the involvement of the role of young people as objects of the guarantee of the right to health which should be obtained as future successors of the nation which will bring hope and changes in the country towards a more developed one.

Why is the health of young people very important because young people will go through adolescence which will greatly affect their quality of life until adulthood, both in behavior such as sleep patterns and consumption of food or substances. Adolescence is a time when young people learn to develop their life skills so that they will be vulnerable to environmental factors such as relationships or the surrounding culture. Even though youth health is still relatively neglected and in some countries health services are still found to be underdeveloped, young people's health must be considered and managed carefully to minimize adverse health consequences for young people in the long term.

Walsh, Ó., & Nicholson, AJ highlight several issues that pay attention to the health of young people and why young people are so unique, namely:

a. Puberty

Boys generally experience puberty between the ages of 10-17 years and girls at the ages of 9-14 years. Variations in the onset and completion of puberty for an individual can cause significant anxiety if they are disproportionate to their peers. Puberty tends to be at risk for young people because there is a desire to join an older peer group that makes them have bad health behaviors such as sexual experiences or drugs. Not only that, puberty is also

a time when young people experience changes in sleep patterns and bad eating habits.

b. Psychological Problems and Mental Illness

Suicide is the second leading cause of death among adolescents and young adults because mental illness causes adolescents to die earlier than the general population. Depression, schizophrenia, social anxiety disorder, panic attacks, and eating disorders all peak in adolescence. Furthermore, this is reinforced by data that intentional self-harm is becoming increasingly common in emergency departments.

c. Sexual Health

Adolescents tend not to talk to adults when problems arise, preferring to rely on peers and the Internet. Both can be inaccurate and unreliable sources of information, and if you consult a professional such as a doctor, you are afraid that your parents will find out. There are still many teenagers at risk of engaging in it.<sup>20</sup>

Health as a human right is the main issue that demands the state to fulfill this right, because it is directly related to the development of each individual towards a quality life. Therefore, society, especially adolescents, must obtain the right to optimal health, where special measures taken by the state to protect public health, enabling all people, regardless of origin or qualifications, to have the right to medical care and health protection, to medical services, and to social order.

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<sup>20</sup> Walsh, Ó., & Nicholson, A. J. (2022). "Adolescent health." *Clinics in Integrated Care*, 14, 100123.

Hendrik L. Blum said that health is a basic right of citizens, that public health is influenced by four main factors, namely:

1. Environment

The environment includes the physical environment, both natural and man-made, for example garbage, water, air, socio-culture (economic, political, social and cultural).

2. Behavior (Lifestyles)

Healthy and unhealthy environment of a person or society is very dependent on the behavior of the person himself. Besides that, it can also be influenced by habits, customs, beliefs, education and socio-economic problems.

3. Health care services

Health services are one of the factors that affect public health because the existence of health services greatly influences the prevention and cure of diseases experienced by the community.

4. Heredity

The heredity factor becomes influential because there are several diseases that are inherited through genetics, diseases that are congenital are usually difficult to intervene and are also quite expensive.<sup>21</sup>

These four factors are closely related and affect public health, especially behavioral factors which are the most dominant in influencing the degree or level

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<sup>21</sup> Basuki, U. (2020). "Merunut Konstitusionalisme Hak Atas Pelayanan Kesehatan Sebagai Hak Asasi Manusia." *Jurnal Hukum Caraka Justitia*, 1(1), 21-41

of health of an individual or community and also these factors are the most difficult to overcome.

All members of society have the right to health. Improving public health requires the cooperation of all parties, both individuals and the state. When a healthy culture has developed in the community, there must be institutions for the community to understand the importance of health, and of course also assisted by increasing the availability of supporting services so that health services can function optimally.

### **1.6.3 Health Governance System in Indonesia**

Good governance is the general use of economic, political and administrative power to manage national affairs at all levels. Governance includes all mechanisms, processes and institutions through which people can express their desires and interests in fulfilling their rights and obligations. Chhotray and Stoker define governance as the rules of collective action and decision-making (both formal and informal) in systems containing multiple actors and There is no formal control mechanism that can manage relationships.<sup>22</sup> Governance is becoming a key issue as it concerns how government officials operate in the world and the reasons behind their decisions.

Governance is closely related to management where Governance directs the organization towards a common strategy while management plans and uses

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<sup>22</sup> Chhotray, V., & Stoker, G. (2009). *Governance: From Theory to Practice* (hal. 214-247). Palgrave Macmillan UK.

resources efficiently to achieve predetermined goals. Effective management plays an important role and vice versa good governance will also assist management in providing objectives, resources and accountability.

In relation to Health, the World Health Organization (WHO) introduced governance in its 2000 World Health Report under the term 'services', a strategic policy with elements of effective oversight, regulation, incentives and accountability. Balabanova et al. characterize The Health Governance System as 'the aggregation of normative values such as equality and transparency within the political system in which the health system functions'.<sup>23</sup> Efforts to strengthen health systems and services have accelerated in recent years amid growing attention to governance. Governance enables effective management of people, money, drugs, and information. Efficient management facilitates the work of doctors, nurses and other health care workers, provides safe and timely care and services that meet the needs of patients, and enables effective and efficient use of health care services. It can also help by doing Governance interventions are not done to improve governance for the sake of governance. Rather, the goal is to improve the performance of healthcare organizations or systems through improved governance.

Indonesia with a decentralized government will help the health system, local governments will be entrusted with playing the role of government with responsibility for coordinating, implementing and supervising health services. They may be closer to communities and better able to address unmet district and state

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<sup>23</sup> Balabanova, D., Mills, A., Conteh, L., Akkaziya, B., Banteyerga, H., Dash, U., ... & McKee, M. (2013). "Good health at low cost 25 years on: lessons for the future of health systems strengthening." *The Lancet*, 381(9883), 2118-2133.

public health needs, while having more resources to address them. Local health policy initiatives can have a positive impact on health system performance, as it is not easy to capture community issues and needs at the national level and make them visible to policy makers. Health authorities at the local level have the potential to improve health services and the health of the population. In many cases, the necessary support is not available in the form of clear authority, authority and resources. Different levels of roles are therefore needed to improve governance in the health sector.

#### **1.6.4 The Complexity of Non-Communicable Diseases Policy in Indonesia**

In order to achieve success of preventing and handling non-communicable diseases in Indonesia, a system is needed to guide the preparation and implementation of health development programs from both the government and the community. Responding to this problem, the 2012 Presidential Regulation Article 1 Paragraph 2 forms the basis for the creation of the National Health System (SKN) in which this will play a major role as a guideline for all levels of Indonesian society to organize health services in an integrated and mutually supportive how to achieve the highest level of public health.

SKN's mission is not only to encourage the government to achieve success in the health system in improving public health, but also to encourage all components of the nation to work together and support each other to create an atmosphere that can encourage the implementation of health services with effective

health actions. As a regulator, the government must make policies and design, implement and continuously evaluate good programs.

Even though SKN is a reference for implementing health programs, it still has its own complexities in controlling non-communicable diseases, it has its own complexities in health efforts, health financing and management, health information and regulations for non-communicable disease control in Indonesia. First, improve public health at three levels, namely primary, secondary, and tertiary. At the primary level, there are Community Health Center which according to the Ministry of Health have an obligation to socialize NCDs Integrated Service Post with the following roles:

1. Management of NCDs Integrated Service Post framework.
2. Provision of health material about NCDs risk factors.
3. Analysis of NCDs Integrated Service Post performance results.
4. Receive, process and provide input on referral cases from NCDs Integrated Service Post.
5. Coordinate with related parties.<sup>24</sup>

Even though the government has set indicators for NCDs management activities, there are still many indicators that have not been implemented in various other districts/cities where NCDs integrated service achievements have only reached  $\geq 80\%$  in 70 districts/cities out of the 103 targets in 2020. Not only that, but there are also gaps in availability, NCDs Integrated Service Post such as in East

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<sup>24</sup> Kementerian Kesehatan Republik Indonesia. (2012). "Petunjuk Teknis Pos Pembinaan Terpadu Penyakit Tidak Menular (Posbindu PTM)".

Java, which has 10,208 Integrated Service Post while in North Kalimantan there are only 125. The growth of NCDs is increasing rapidly due to the unhealthy lifestyle of the Indonesian people, exacerbated by the lack of public sports facilities, modern culture of life, and air pollution. The government should be able to promote and carry out more preventive measures to prevent the risk of non-communicable diseases, consistent with this, health improvement efforts through SKN may also involve the private sector in working together to facilitate improvements in health services related to NCDs according to points.

At the secondary and tertiary levels, the hospital is a place of service and care according to Law no. 44 of 2009 is further strengthened by providing capacity and infrastructure for NCDs processing. Other measures aimed at hospitals include improving quality by accrediting caregivers and requiring them to report on active surveillance of non-communicable diseases, so that surveillance of NCDs at this level is strengthened through case management, ongoing monitoring, and the introduction of NCDs Transfer. Of course, the hospital must pay special attention to systematic transfers, so that the surrounding Community Health Center areas can easily enter the hands of the community.

Other health improvement efforts needed to combat non-communicable diseases are health promotion where health promotion actively involves the community, such as implementing Clean and Healthy Behavior (PHBS) to reduce NCDs risk factors. The health promotion strategy through community empowerment is effective because the community participates in maintaining their



own health, which impacts the people around them. Health interventions need to be further improved so that the treatment of NCDs is more optimal.

Second, the willingness to pay for health care for non-illness management is often a problem in many sectors of society. Based on Presidential Regulation Number 72 of 2012 concerning SKN, it is stated that the current social security mechanism will be implemented through the National Health Insurance Fund (JKN) organized by BPJS Health by dividing it into two types of membership, namely Recipients of Aid Divided into Payment Assistance (PBI) and beneficiaries who do not participate in payments (non-PBI). The existence of health financing aims to ensure that health resources are sufficient, distributed fairly and evenly, and used efficiently and effectively. The principles of health financing that are applied and adhered to are appropriate, effective, efficient, fair and transparent. With adequate and stable health financing, health services including NCDs care can be optimized. According to the Ministry of Health of the Republic of Indonesia, the total allocation for the prevention and control of NCDs in 2021 is IDR 118,664,518 while the estimated need is IDR 122,477,158.<sup>25</sup> This shows that the NCDs control budget is still lower than the estimated needs. Therefore, the government must increase the budget allocation to control NCDs as much as possible.

Third, the successful management of NCDs requires management readiness, information and regulation in the management of NCDs when policies are needed with strong government commitment, the availability of information to be treated

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<sup>25</sup> Mulya, Faradisa. (2022). "Analisis Kesiapan Pencegahan dan Pengendalian Penyakit Tidak Menular di Indonesia Berdasarkan Sistem Kesehatan Nasional"

as information, and of course the management process that is implemented. Therefore, management capacity, information and regulation of SKN Health were formed which covered various activities in the management of health policies, health administration, health legislation, health information and other supporting subsystems of SKN. One of the government's efforts to eradicate non-communicable diseases is Presidential Directive No. 1 of 2017 on Community Movement for Healthy Living in order to improve the community's healthy lifestyle. RPJMN 2020-2024. The aim is based on the Ministry of Health (2020) to determine an implementation strategy for disease control:

1. Prevention and control of disease risk factors by expanding early detection, real-time monitoring and vector control.
2. Strengthening health resistance in the form of increased activity and a faster response to disease.
3. Strengthening disease control.
4. Strengthening community-based total renewal (STBM).

Although there are many policies to prevent and control NCDs, this does not guarantee the effectiveness of the program. The need for synergies between policies in the health sector and other sectors increases the likelihood of program success. For example, Health in all Policy (HiAP) as a joint concept to integrate health policy with policies in other sectors with health problems. It is influenced by other factors such as education, economy and environment.

Program success requires accurate and timely information. Therefore, quality information is needed and can be used when needed. Currently the

availability of data for program management is still weak. This is due to the weakness of the NCDs control system. The monitoring system must be designed taking into account the budget and key factors, eg Human resources and facilities, such as internet network, must be designed to ensure successful monitoring and the availability of information to ensure a better management process.

## **1.7 Research Methodology**

### 1.7.1 Type of Research

The research in this study is qualitative research. Qualitative research is a research method that investigates natural conditions, the researcher is the primary instrument, data collection techniques can be triangularly (combined) performed, data analysis is inductive, qualitative research results emphasize relevance rather than generalization. In the process of collecting data, researchers collected as much data as possible through various policies for the prevention and management of non-communicable diseases in young people in the city of Semarang.

While the approach in this study is a descriptive approach that describes the conditions or circumstances in a phenomenon that occurs in society. By using this descriptive qualitative research method, the researcher wanted to identify variables related to the Alignment of Government Policy on Access to Prevention and Management of Non-Communicable Diseases in Adolescents in the City of Semarang, which the researcher then described descriptively the various social realities found.

### 1.7.2 Research Objects

Informant selection for this study was conducted carefully, considering various relevant factors. The chosen informants include the Head of the P2 PTM & Surveillance Section at the Health Office, providing insights into health aspects and disease prevention related to social and cultural aspects at the regional level; representatives from the Regional Planning Agency, offering perspectives on planning and policies related to social and cultural aspects at the local level; the Chairperson of the Semarang City Children's Forum, providing insights from a community organization focused on children's interests in the city; and a group of teenagers from Semarang city, representing demographic and social background variations within the teenage population, offering direct insights from the research's target perspective. The informant selection was designed to ensure diversity of viewpoints and knowledge acquired from various relevant aspects of this study.

### 1.7.3 Data Sources

Data sources in qualitative research are collected and displayed in the form of words or sentences originating from speech, opinions, ideas, or ideas and actions obtained by researchers from conducting interviews with informants. Written data in this research will be obtained from official documents and non-official documents held by research subjects that are relevant to the research topic. Then, in conducting this research, researchers used the following data sources:

## 1. Primary Data

Primary data sources are data obtained through direct interviews with study subjects. Including interviews with authorized agencies/agencies such as the Semarang City Health Office (Dinkes) regarding the Implementation of Non-Communicable Disease Prevention and Control Policies in Young Children in Semarang City.

## 2. Secondary Data Sources

According to Sugiyono, a secondary data source is a source that does not provide data directly to the data collector. For example, we provide data through other people or documents. Secondary data sources were obtained from literature, online media and journals related to the prevention and control of infectious diseases in young people.<sup>26</sup>

### 1.7.4 Data Collection Techniques

The techniques used to collect data in this research are based on time, conditions, available costs, and other considerations to make the research process effective. In this research, there are three techniques used in the data collection process, namely:

#### 1. Interviews

Interviews are meetings between two people where information and ideas are exchanged through questions and answers to give meaning to a particular topic. Interviews were conducted to obtain accurate information

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<sup>26</sup> Abdussamad, Z. (2022). Buku Metode Penelitian Kualitatif.

and data regarding the Policy for the Prevention and Control of Non-Communicable Diseases in Young Children in the City of Semarang through direct questioning of the research subjects consisting of the Head of the Semarang City Health Service (Dinkes) or their representatives, the Head of the Youth and Sports Service (Dispora) of Semarang City or their representatives, Head of the Semarang City Women's Empowerment and Child Protection Service (DP3A) or their representatives, the Head of the Semarang City Social Service (Dinsos) or their representatives, Head of the Regional Development Planning Agency (Bappeda) of Semarang City or their representatives, and related DPRD members directly with the Policy for the Prevention and Control of Non-Communicable Diseases in Young Children in the City of Semarang. Then this study also conducted interviews from the community side, namely youth organizations, both male and female, groups of students, schools, parents, NGOs, and individual young people themselves, both male and female.

## 2. Desk Study

Desk Study is a type of research based on materials published in public libraries, reports, and similar documents available on websites, survey data, data coming from organizations or Institutions, and others. Research conducted using a desk study emphasizes efficiency and effectiveness to produce quality research. The principle of the desk study research approach is optimal research results.

### 3. Observation

Observation is a data gathering technique performed through observation which involves recording the state or behavior of the subject.<sup>27</sup> Observation is used to directly observe and analyze behavior, work processes and symptoms that occur. Systematic mutilation was also carried out during this research, especially regarding the phenomenon under study.

#### 1.7.5 Data Analysis

Data analysis is an attempt or method to process data into information in such a way that the characteristics of the data can be understood and are useful for solving problems, especially problems related to research. There are several ways to analyze qualitative data, namely:

##### 1. Data Reduction

Data reduction is defined as a selection process focused on simplification, abstraction, and transformation of the raw data generated from the described records of the field.<sup>28</sup> Data reduction activities occur continuously as part of a quality-oriented project or data collection. Reduction steps are performed during data collection, i.e. create summary, code, trace themes, create clusters, create sections, and write notes. Data reduction is a form of analysis that captures data, categorizes it, directs it, removes what is

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<sup>27</sup> Abdurrahman Fatoni. (2011). "Metodologi Penelitian dan Teknik Penyusunan Skripsi". Jakarta: Rineka Cipta. hlm. 104.

<sup>28</sup> Matthew B Miles. (2007). "Analisis Data Kualitatif. Penerbit Universitas Indonesia". Jakarta. Hlm.16.

superfluous, and organizes data in such a way as to allow drawing conclusions and verification.

## 2. Data Presentation

A number of possible data arguments can be used to draw conclusions and take action.<sup>29</sup> In this case, the information presented is in the form of stories, images, networks, action links, tables, etc. All of this serves to structure the information in such a way that it is easier to understand and infer.

## 3. Data Analysis

This section is the process of organizing and sorting the data into categories and basic descriptive units so that hypotheses as suggested by the data can be found. This process is more about understanding the meaning of the data set presented and more about understanding and interpreting the contents of the data presented.

## 4. Data Verification or Drawing Conclusion

After data reduction is complete and the data is presented in an easy-to-understand form that helps identify what happened, the final step is to review the data to draw conclusions by looking for the meaning of each symptom obtained in the field, identifying regularities and configurations. the causality of phenomena and the flow of prepositions. Drawing conclusions is only part of the activity of full composition. The conclusions

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<sup>29</sup> Matthew B Miles. (2007). "Analisis Data Kualitatif. Penerbit Universitas Indonesia". Jakarta. Hlm.17.



are also checked during the investigation. Making conclusions is only part of the full configuration activity, conclusions are also checked during the investigation.<sup>30</sup>

#### 1.7.6 Research Ethics

In this study, the author adheres to research ethics as follows:

1. Respect for human dignity

The researcher considers the subject's right to information about the research process as well as freedom of choice and freedom to participate in research activities. Part 44 of the activities related to the principle of respect for human dignity is the preparation of the researcher's informed consent.

2. Respect for privateness and confidentiality

Research always leads to the disclosure of personal information, including personal data, and researchers respect and comply with the fundamental rights of these individuals.

3. Respect for fairness and inclusion

Research is conducted honestly, thoroughly, professionally and humanely, paying attention to the thoroughness, intimacy, psychological and religious feelings of the subjects. The essence of research policy is to share benefits and burdens fairly or according to social needs, abilities, contributions and free choice. Researchers will consider gender equality and the right to equal treatment of subjects before, during and after participation in research.

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<sup>30</sup> Matthew B Miles. (2007). "Analisis Data Kualitatif. Penerbit Universitas Indonesia". Jakarta. Hlm.19.

#### 4. Balance between pros and cons

Researchers apply research methods to obtain results that are useful to the research topic and generalizable to the population level. The researcher minimizes harmful effects on the subject.