
Implementation Policy Program Countermeasures Tuberculosis with a Direct Strategy Observed Treatment, Short-Course (Dots) at The Puskesmas Mandala

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ABSTRACT

This study aims to find out how the implementation of the tuberculosis control program policy with the DOTS strategy at the Mandala Health Center and to find out the inhibiting factors in the implementation of the tuberculosis control program policy with the DOTS strategy at the Mandala Health Center. This research uses Van Meter and Van Horn theories, including policy standards and objectives, resources, characteristics of implementing organizations, implementing attitudes, communication between organizations, as well as the social, economic, and political environment. This type of research is a type of descriptive research with a qualitative approach. The results of the study show that the implementation of the tuberculosis control program policy with the DOTS strategy at the Mandala Health Center is not optimal. The main obstacles include patient non-compliance in taking medicine, limited facilities, lack of cadres in the field, and unsupportive social and economic conditions. To be more effective, patient compliance, increasing the number of cadres, implementing a healthy lifestyle, and nutritional assistance from the government are needed for patients.

KEYWORDS: *Implementation, Tuberculosis Control, DOTS Strategy*

INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by the bacterium *Mycobacterium tuberculosis* and can be transmitted directly. Tuberculosis (TB) has the potential to cause high rates of illness and death (Hermayanty & Ningrum, 2019; Yударtha & Winaya, 2018). The incidence of tuberculosis in Indonesia in 2021 is around 969,000 people suffering from tuberculosis. The WHO report also estimates that the tuberculosis mortality rate in Indonesia is around 354 per 100,000 population, which means that for every 100,000 people in Indonesia, there are 354 people who suffer from tuberculosis in 2021 (Rafiqi et al., 2023; Yohana, 2015).

According to the Regulation of the Minister of Health No. 67 of 2016, the national tuberculosis control program implements six strategies: strengthening the commitment of the central to local governments, increasing access to quality services with active family-based discovery, controlling risk factors through the promotion of healthy living, strengthening partnerships through TB coordination forums, increasing community independence, and strengthening program management (Febrina, 2023; Junaidi et al., 2020; Putra et al., 2020).

The DOTS strategy, recommended by the WHO in 1995, has proven effective in breaking the chain of TB transmission (Achmad, 2022; Noerjoedianto & Subandi, 2022). The national guidelines for the DOTS strategy include political commitment, diagnosis with microscopic examination of BTA, provision of anti-tuberculosis drugs (OAT), short-term treatment with direct supervision by medication supervisors (PMOs), and recording and reporting of treatment outcomes. The main focus of DOTS is to find new cases and ensure patient recovery (Debataraja et al., 2023; Suryani & Suharyanto, 2016, 2016).

Medan City itself is the city that has the highest discovery of positive tuberculosis cases in North Sumatra, followed by the cities of Deli Serdang and Simalungun. Data recorded by the Medan City Health Office obtained from the SITB application, it was recorded that in 2022 the number of tuberculosis cases in Medan City reached 10,316 people and in 2023 from January to June 4,000 cases were recorded. If totaled as a whole from the two years, Medan City has a total of 14,316 tuberculosis cases. The Mandala Health Center is one of the health centers in Medan Tembung District that still has high cases of tuberculosis among the Teladan Health Center and the Glugur Darat Health Center in Medan City.

Faskes	Jumlah pasien TB 2022-Mei 2023
Puskesmas Mandala	284
Puskesmas Teladan	96
Puskesmas Glugur Darat Kota	89

Source: Data on Mandala Health Center, Teladan Health Center, and Glugur Darat City Health Center 2022-May 2023

Judging from the problems at Puseksmas Mandala, it is determined that the implementation of the tuberculosis control program policy with the DOTS strategy is not going well. This can be seen from the inhibiting factors, namely the lack of awareness of tuberculosis patients in routinely taking medicine, the lack of facilities and infrastructure at the mandala health center to reach patients to their homes and the limited movement of health workers in the room, the lack of human resources (cadres) in the field in visiting patients' homes for counseling and PMO, not supporting the socio-economic environment of patients to follow directions from officers and cadres. This study aims to find out how the implementation of the tuberculosis control program policy with the DOTS strategy in the Mandala Health Center and to find out the inhibiting factors in the implementation of the tuberculosis control program policy with the DOTS strategy in the Mandala Health Center.

Public policy is whatever government chooses to do or not to do (Anggraini et al., 2022; Aziz & Humaizi, 2013; Dharma, 2021). In this definition, public policy can be decided by the government to do and what the government actually does. Policy implementation is something important, perhaps even more important than policy-making (Lassa & Tiza, 2021; Silalahi et al., 2021). Policies are only in the form of good dreams or plans, which are carefully stored in archives if they cannot be implemented". Based on the views of experts on the definition of public policy implementation, it can be concluded that the policy implementation process actually does not only concern the behavior of the administrative

bodies responsible for implementing the program and causing obedience in the target group, but also concerns political, economic, and social networks that can directly or indirectly influence the behavior of all parties involved.

Based on the Regulation of the Minister of Health No. 67 of 2016, health promotion in the prevention of tuberculosis is carried out through community empowerment strategies, advocacy, and partnerships (Febrina, 2023; Junaidi et al., 2020; Putra et al., 2020). In addition, in accordance with the Ministry of Health Regulation No. 75 of 2014, Puskesmas are divided into three groups in an effort to overcome tuberculosis: Satellite Health Centers (PS), Microscopic Referral Puskesmas (PRM), and Independent Implementing Puskesmas (Mawasti & Amalia, 2022; Surgana & Novita, 2023).

Previous research on the implementation of the DOTS strategy in various health centers showed mixed results. At the Panyabungan Jae Health Center, communication and disposition of the TB program with the DOTS strategy are going well, but the role of village authorities in efforts to reduce the number of TB cases is still not optimal. Another obstacle found is the low knowledge of patients about TB and the mistaken view in the community that TB is caused by "toxins," which is an obstacle in ensuring complete patient treatment.

At the Glugur Darat Health Center, the implementation of TB control policies has not run optimally, as evidenced by the recovery rate of patients which only reached 46.15%, far below the national target of 85%. Likewise, the treatment success rate is only 65.38%, less than the national target (Debataraja et al., 2023; Nurhidayati & Ramadhani, 2022; Triyanto & Efendi, 2019).

Meanwhile, at the Bangsal Health Center, the DOTS policy has been implemented, but there are obstacles in public awareness that tend to unilaterally stop treatment when feeling cured, as well as public fear of COVID-19. Government funding support for socialization and health promotion is also limited. In 2020, the Bangsal Health Center only achieved the target of 53% in case achievement, and communication with the Health Office for monitoring and reporting of STIB has not been optimal.

Overall, although the DOTS strategy has been implemented according to the guidelines, greater support from the government and increased public awareness are still needed for the implementation of TB control policies to achieve optimal effectiveness. The purpose of this study is to achieve the policy of the tuberculosis control program with the DOTS strategy is implemented well, effectively and according to expectations.

RESEARCH METHODS

This type of research is a type of descriptive research with a qualitative approach. This research was chosen because it presents data systematically, factually, and accurately according to facts in the field. Qualitative research is research that aims to understand the phenomena experienced by research subjects related to the study of the subject's behavior, attitudes, motivations, perceptions, and actions. In other words, quantitative methods cannot be used in this type of research.

The location of this research was carried out at the Mandala Health Center which is located at Jl. Cucak Rawa, District. Medan Tembung, Medan City, North Sumatra. The informants in this study are the key informants, namely the Head of the Mandala Health Center which totals

1 person, the main informant is the laboratory officer who totals 1 person, the TB officer who totals 1 person, and the cadre who totals 1 person, and the additional informant is the TB patient at the Mandala Health Center.

The data collection techniques used in this study are as follows: Observation is a deliberate and systematic study of social phenomena and psychological symptoms through observation and recording. An interview is a conversation that is conducted to get information that focuses on the problem with a direct question and answer process between two or more people. Documentation is a record of an event that has occurred, in the form of drawings, writings, or a person's work. Triangulation is a technique used to verify the data obtained to ensure that the data obtained can guarantee the validity and validity of the data of the research subjects carried out.

Data analysis techniques are techniques for processing data into information so that it is easier to understand and analyze the data obtained. Data reduction is a step used in qualitative data analysis techniques. Data presentation in qualitative research data analysis techniques can be in the form of brief descriptions, charts, relationships between categories, and so on. Drawing conclusions or verification is taken after the previous two stages so that the author can search and find problems that arise in the field.

RESULTS AND DISCUSSION

Implementation of the tuberculosis control program policy with the DOTS strategy at the Mandala Health Center

The implementation of the tuberculosis (TB) control program policy with the DOTS (Directly Observed Treatment, Short-course) strategy at the Mandala Health Center is carried out based on the Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2016 concerning TB control. This program is designed to ensure effective TB disease control at the national level and is implemented by community health service units, including health centers as the front line. This policy aims to reduce the number of illnesses and deaths due to TB through structured treatment and comprehensive support for TB patients.

The main focus of the DOTS program is to ensure the responsibility and role of the central and local governments in controlling the spread of TB. At the Mandala Health Center, the standard for the success of this program is the recovery of patients within six months through adherence to continuous treatment. Health workers at the Mandala Health Center have work standards that include negative laboratory results after the treatment period as an indicator of success. Public awareness to undergo regular phlegm examinations, not lie to officers, and consistently take medication is an important part of the success of this program.

The implementation of the DOTS policy at the Mandala Health Center has successfully targeted the most at-risk populations and provided TB treatment according to the established guidelines. Prevention efforts carried out through early detection and routine treatment are important steps in ensuring the success of TB control. In addition, this policy is expected to be able to create awareness in the community about the importance of lung health, so that the community is actively involved in prevention and treatment.

Based on the results of the research, health workers at the Mandala Health Center include doctors, nurses, laboratory officers, and TB officers who are responsible for the

implementation of the DOTS program. Although in general the availability of health workers is adequate, there are still shortages in the field, especially in the number of health cadres in each village. This cadre plays an important role in visiting patients' homes, counseling, and monitoring medication taking. The limited number of cadres in each region hinders the implementation of home visits, which is one of the crucial aspects of the DOTS program.

The availability of facilities and infrastructure at the Mandala Health Center to run the DOTS program is still lacking. For example, the need for motorized vehicles for cadres to make home visits is urgently needed so that cadres can reach patients more easily. In addition, the current laboratory space is too narrow, making it difficult for laboratory staff to check patient sputum. The addition of equipment such as microscopes is also an urgent need, especially since currently the laboratory only has two officers. According to Permenkes No. 67 of 2016, the government should ensure the availability of facilities and infrastructure to support the enforcement of diagnosis, treatment monitoring, and the quality of laboratory services.

Health workers at the Mandala Health Center show good characteristics in running the DOTS program with full responsibility. They carry out their duties in accordance with the guidelines given by the government, including making home visits if patients do not come to the health center. Cooperation between health workers and various stakeholders, including cadres and the Health Office, allows the DOTS program to be implemented properly and effectively. This collaboration makes it easier to treat TB patients, especially in reducing the spread and encouraging consistent treatment.

The competence and readiness of the Mandala Health Center health workers in carrying out their duties is quite high. They are given training to improve their knowledge, attitudes, and skills so that they can serve patients well. Despite the differences in the character of each patient, health workers still try to serve optimally according to existing policies. Healthcare workers also show empathy and professionalism, especially in serving patients who require special attention.

Communication between the Mandala Health Center, cadres, and the Health Office in providing education and counseling to TB patients went well. Health workers conduct routine counseling, such as teaching cough etiquette, the importance of maintaining a clean environment, and reminding patients to always consume nutritious food. This kind of education aims to encourage clean and healthy living behaviors, especially to prevent TB transmission. In the implementation of this counseling, the Mandala Health Center uses funds from the Health Operational Costs (BOK) provided by the government.

Based on the Minister of Health Regulation No. 67 of 2016, health promotion related to TB can be carried out at all levels of administration, including through direct communication such as home visits and public meetings, as well as indirect communication through social media or other media. In addition, community organizations can also be involved as partners in counseling. The involvement of cadres and community organizations is an important step in creating public understanding of TB, so that it is expected to reduce the stigma against TB patients.

Social, economic, and political factors have a significant influence on the implementation of DOTS program policies. Support from the government (politically) is manifested in the form of free treatment for TB patients and the provision of BOK funds for health workers and

cadres involved in this program. This fund is important to support home visit activities and provide incentives for cadres to be more motivated in carrying out their duties.

However, there are several obstacles in the implementation of this program. An unsupportive social environment, such as discrimination against TB patients, often discourages patients from having their sputum checked regularly. Discrimination from the surrounding environment adds psychological pressure to the patient, hindering the treatment process. In addition, patients' poor economic condition also affects their ability to meet nutritional needs during treatment, which is an important factor in recovery. Permenkes No. 67 of 2016 underlines the importance of reducing stigma against TB sufferers through public education about transmission and prevention.

In its implementation, supervision from the government is well seen through the provision of BOK funds, the provision of adequate laboratory facilities, and routine supervision to ensure that the implementation of policies runs optimally.

Inhibiting Factors in the Implementation of Tuberculosis Control Program Policies with DOTS Strategy at Mandala Health Center

The inhibiting factors in the implementation of the tuberculosis control program policy with the DOTS strategy at the Mandala Health Center include several significant aspects. The DOTS (Directly Observed Treatment, Short-course) program aims to break the chain of tuberculosis transmission through short-term treatment that is directly supervised by health workers. Although proven to be effective in various regions, its implementation at the Mandala Health Center faces a number of challenges that affect the effectiveness of the program as a whole. These obstacles are mainly related to patient factors, limited facilities and infrastructure, lack of human resources, and the influence of the social and economic environment.

One of the main factors is the patient's involvement in undergoing treatment and following the officer's instructions. Tuberculosis patients are often undisciplined in taking medication and following a routine control schedule. This non-compliance is caused by a variety of factors, such as a lack of understanding of the importance of ongoing treatment and discomfort with the side effects of medications. In some cases, patients feel cured after symptoms subside and unilaterally stop treatment, which risks leading to drug resistance and worsening their health condition. The patient's decision not to follow the directions of health workers at the Mandala Health Center, especially in long-term treatment such as DOTS, is one of the biggest obstacles in the fight against tuberculosis in the region.

In addition, the limited facilities for health workers at the Mandala Health Center also hindered the implementation of the DOTS program. Adequate means of transportation, such as motorized vehicles, are urgently needed to allow officers to make home visits to tuberculosis patients who are often unable to come to the Health Center. The vehicles currently available are still limited, so it is not enough for officers and cadres to carry out counseling and regular home visits. Home visits are critical to DOTS strategies, as they allow officers to ensure patients are following medication correctly, provide counseling on the importance of full recovery, and provide moral support to patients. This limited access to transportation results in a lack of visits, which has an impact on the effectiveness of the program.

The lack of human resources at the Mandala Health Center is also a significant obstacle in the implementation of this program. The lack of health officers and cadres in the field results in less than optimal home visit services, which are very important to monitor the progress of TB patients and provide comprehensive counseling. Without an adequate number of officers, the Mandala Health Center is not able to reach all patients effectively, especially for those who live in remote areas. This reduction in the frequency of home visits due to labor limitations reduces the opportunity for officers to monitor patients directly, which ultimately has the potential to lower the recovery rate and increase the risk of spreading TB infection.

Social and environmental factors also have a considerable impact on the implementation of the tuberculosis control program. In some environments, social stigma against tuberculosis is still quite high, so TB patients experience discrimination in their environment. This negative view often makes patients reluctant to open up about their condition or reluctant to follow treatment, fearing that they will be ostracized by the surrounding society. Slum social environmental conditions also complicate the recovery process, because inadequate environmental health conditions can worsen the health of TB patients and increase the risk of disease transmission to others. Social support from the surrounding environment is urgently needed so that patients do not feel alone in dealing with this disease, but in the case of the Mandala Health Center, this support is often lacking or even absent.

In addition to the social environment, the economic condition of patients also affects the implementation of the DOTS program. Some TB patients in the Mandala Health Center area come from the low economic class, so they are unable to meet optimal nutritional needs for the recovery process. Adequate nutritional needs are essential in the treatment of tuberculosis, as good nutrition helps the body fight infections and speed up recovery. However, economic limitations make it difficult for patients to maintain the necessary nutritional intake. The distance between the patient's residence and the Mandala Health Center is also an obstacle, especially for those who do not have personal transportation and have to pay additional money to go to the Health Center. This situation often causes the patient to be lazy or unable to attend the control regularly, which ultimately hinders the healing process.

Overall, the implementation of the tuberculosis control program policy with the DOTS strategy at the Mandala Health Center faces various obstacles that affect its effectiveness. Factors from the patient side, limitations of facilities and human resources, and the influence of the social and economic environment all contribute to hindering the optimal implementation of this program. To overcome these obstacles, it is necessary to improve transportation facilities for officers, increase health workers in the field, and greater support for patients in terms of social and economic aspects. The government also needs to consider a nutrition assistance program for TB patients with economically disadvantaged conditions, so that it can support the recovery process and increase the success of the DOTS program in this region.

CONCLUSION

The implementation of the tuberculosis control program policy with the Directly Observed Treatment, Short-Course (DOTS) strategy at the Mandala Health Center has not been carried out well, judging from its management and the indicators used by the researcher. Of the six indicators used by the researcher, only four indicators were well implemented, namely:

Policy standards and targets, goals and standards for the success of health workers at the Mandala Health Center have been achieved, on target and directed to the community. The characteristics of the implementing organization at the Mandala Health Center are in accordance with the policy and have stakeholders in supporting the policy of the tuberculosis control program. The attitude of the actors has been ready and competent in implementing policies. Communication between related organizations and implementing activities has done well to the community in providing counseling and education. Two indicators that are not running well are human resources (cadres) in the field and infrastructure facilities are still limited to implement the policy. As well as a social environment where there is still discrimination and low economics in meeting nutritional needs.

Factors inhibiting the implementation of the Tuberculosis Control Program policy with a Directly Observed Treatment, Short-Course (DOTS) strategy at the Mandala Health Center are, the lack of awareness of tuberculosis patients in routinely taking medicine, the lack of facilities and infrastructure at the Mandala Health Center to reach patients to their homes and the limitations of health workers in the room, the lack of human resources (cadres) in the field in visiting patients' homes to counseling and PMO, do not support the patient's social and economic environment to follow the directions of officers and cadres.

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