



Evaluation of the Traditional Health Services Implementation at Kudus Regency Health Center

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Abstract

Traditional health service is a medication or treatment based on the empirically hereditary experience and expertise. The phenomenon of using traditional health services implies the responsibility of health and law. This research aims to evaluate the implementation of traditional health services in Kudus Regency Health Center in 2019. This research is a qualitative study, the selection of informants is determined with purposive sampling technique and then to complete the information is by snowball sampling. The method uses to collect the data is a deep interview with the health workers of the health center that had gotten training on traditional health, the head of the health center, and officers of the Kudus Public Health Office. The result of the research shows that the implementation of traditional health services in Kudus Health Center is not optimal yet. This is due to the limited human resources providing traditional health services, the lack of space to provide the traditional health service, and there is no policy from the government regarding the traditional health service.

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INTRODUCTION

Traditional health service is a form of health service that has developed long time ago, even before the existence of conventional medical treatment. Various countries have paid attention to the development of traditional health services, this is proven by the agreement of the World Health Organization (WHO) Congress on Traditional Medicine in Beijing November 2008, the International Conference on Traditional Medicine for South-East Asian Countries in India in February 2013, The The 5th ASEAN Traditional Medicine Conference and The 5th ASEAN Task Force on Traditional Medicine (ATFTM) Meeting August 2014 in Myanmar, Yangoon agreed that safe and beneficial traditional health services can be integrated into the health services system. At the WHO meeting in 2009 it was stated in one of its resolutions that WHO encourages its member countries to develop traditional health services in their countries according to local conditions (WHO, 2014).

The phenomenon of using traditional medicine services has implications for health and legal accountability because if the effects caused by these traditional medicine products cause harms and even fatalities for consumers, then consumers in this case the society will be the party who really feels the impact of the harms from the traditional medicine. The position of the community using traditional health services is greatly weakened if it is not guaranteed by the provisions of legislation that specifically regulate traditional health services (Pay, 2017).

According to research by Pilav (2017) about the description of the traditional health services implementation, it was found that a doctor who attended the Herbal Medicine Saintification training admitted that the training was very useful because it was able to open new horizons. The Herbal Medicine Saintification training material provides a new insight, that it turns out that apart from conventional medicine there is treatment using herbs that are scientifically based.

Traditional medicine is also a branch of alternative medicine which can be defined as a method of treatment that is chosen by a person when conventional medicine does not give

satisfactory results. Traditional health services have a role like that of medical treatment, which is essentially knowledge aimed at reducing anxiety about health maintenance and improvement, disease prevention, care and rehabilitation of sick people (Awodele, 2014).

Based on the results of Riskesdas in 2018, the proportion of utilization of traditional health services for the population of all ages was 31.4% with the proportion of types of traditional health efforts used mostly being manual skills (65.3%), ready-made ingredients 48% and homemade ingredients 31.8% . This is an increase when compared to the results of Riskesdas in 2013 which was 30.4% with the most widely used types of services being skills without tools at 77.8% and ingredients by 49%. This condition illustrates that traditional health services have considerable potential and need serious attention as part of national health development. While the proportion of the use of family medicinal plants (*TOGA*) by province, it was found that Central Java was only 18% and the highest province was North Sulawesi at 55.6% (Riskesdas, 2018).

The implementation of traditional health in Indonesia in health care facilities as of October 2016, the number of puskesmas that have implemented traditional health is 2.143 puskesmas or 21.97% of the target of 25% of the total 9.754 puskesmas in Indonesia. Meanwhile, the distribution of the number of personnel trained in *TOGA* and acupressure self-care was 919 people in 34 provinces. A total of 1.532 puskesmas or 15.7% in 2015 had implemented traditional health services. Public health centers that provide traditional health services must meet 3 types of criteria, including puskesmas having health workers who have been trained in traditional health services, puskesmas carrying out independent traditional health care with ingredients and skills. The Puskesmas carries out coaching including traditional health data collection, registration or licensing facilities and technical guidance as well as monitoring of traditional health services. Meanwhile, health workers are trained to practice traditional healing techniques such as acupressure (Koeppen, 2016).

Kudus Regency is one of the regencies in Central Java Province which is divided into 9 sub-districts where there are 19 Technical Implementation Units (*UPT*) spread over 9 sub-districts. Each existing Health Center has different facilities and human resources. Puskesmas is an integrated health service unit that has regional authority at the sub-district level. In Kudus Regency itself, there are several sub-districts where there are two and three Health Center. This is seen from the area of each district.

In carrying out the services of the 19 Health Center, not all of them carry out traditional health services in accordance with Government Regulation Number 103 of 2014 concerning Traditional Health Services. This is because not all health workers have received training related to traditional health services. In 2017 there were only 2 health workers from two different Puskesmas received training, and in 2018 there were only 3 additional health workers who participated in the training. So that from 19 Health Center there are only 5 Health Center that carry out traditional health services.

The purpose of this study is to evaluate the implementation of Traditional Health Services at the Kudus Regency Health Center in 2019.

METHOD

This research is a qualitative research with descriptive analytic approach with case study method. The reason the researcher uses qualitative research is because this qualitative research is effectively used to obtain in-depth information because this study aims to explore the extent of the implementation of Traditional Health services.

Determination of informants in this study was carried out by researchers using purposive sampling technique, namely the selection of samples was carried out with certain considerations. The consideration in selecting respondents for this research is someone who from experience can provide information about traditional health services.

The informants consisted of the Head of the Traditional Health Service Division of the puskesmas and the Traditional Health Service

implementing staffs in each Health Center that had a traditional health service program used.

Furthermore, to meet the needs of informants and additional information was developed using the snowball sampling technique. The triangulation resource persons in this study were the Head of the Health Center and the Head of the Traditional Health Service Department of the Kudus Health Office.

RESULTS AND DISCUSSION

Based on the results of research to all informants, it was found that in carrying out traditional health services, the Health Center had communicated with other agencies, namely the Kudus Regency Health Office. Communication between the Health Center and the Kudus Regency Health Office is in the form of coordination to disseminate information to the community, report regularly and provide assistance to the Health Center in providing traditional health services.

In the world of health, communication is an important component. Good interpersonal relationships can be seen as the goal of communication. Important information conveyed between agencies serves to make a health program a success by using continuous communication and using strategies (Menawati & Kurniawan, 2015).

The Health Center itself in carrying out traditional health services to the community such as socialization or the teaching stage is carried out during Chronic Disease Management Program (*Prolanis*) activities so as to save energy and time. This was conveyed by I2 who stated that the socialization was carried out during the *Prolanis* activity.

This is in line with research (Handaka et al., 2016) which states that the communication pattern between Health Center officers and residents is usually carried out at Integrated Healthcare Center (*Posyandu*), homes, and Empowerment of Family Welfare, (*PKK*). Meanwhile, the communication pattern in groups is carried out by Health Center officers to residents at *Posyandu*, *PKK*, and recitation meetings.

The informants in this study stated that the form of communication between the Health Center and other agencies, in this case the Kudus Regency

Health Office, was in the form of routine reports, coordination of a program or in the form of consultation with the Health Center to the Kudus Regency Health Office.

Where every time they carry out an activity or program, the Health Center is required to report to the Kudus Regency Health Office. When the Health Center experiences problems related to an activity or program, they can also consult with the Kudus Regency Health Office. This is in accordance with research (Menawati & Kurniawan, 2015) which states that the importance of communication between health workers and between health workers and the community.

In a study conducted by (Skarbaliene et al., 2019) in Lithuania which stated that the importance of communication in health services. This is also in line with research in Belgium which states that the importance of written communication in health services is needed as a follow-up tool to measure service quality improvement (Vermeir et al., 2015).

The informants stated that there has been no communication between the Health Center and BPOM regarding traditional health services because some Health Center that have health workers who have certificates of training in traditional medicine have not provided traditional health services and some are still providing traditional health services in the form of acupressure. this socialization can increase public knowledge about acupressure and *TOGA*. There are so many benefits of acupressure and *TOGA*. One study conducted by (Mulyaningrat & Wulandari, 2019) stated that acupressure can provide a sense of comfort and can reduce nausea and vomiting in cancer patients.

Based on research (Juwita, 2015) acupressure is effectively used to reduce nausea and vomiting. This method should be more socialized to the public, especially to pregnant women who have complaints of nausea and vomiting.

In another study in Sleman Regency, it was stated that empowering family medicinal plant groups could increase community knowledge related to the use of family medicinal plants and could improve the community's economy, especially members of the family medicinal plant group (Febriansah, 2017).

Research in Tangerang Regency says that counseling about *TOGA* can increase people's

knowledge and understanding. In this study, 9 plants were clinically tested, including: guava, Dutch teak, Javanese chili, temulawak, red ginger, turmeric, noni and bay leaf (Harjono et al., 2017).

All informants in this study stated that the main requirement to become a traditional health service implementer was to have a certificate in accordance with the form of traditional health services.

This was stated by Informant (I1) who stated that the conditions were that he had attended training and had a certificate.

In this study, the informant (I2) said that in the past to be able to take part in health training, the condition was that they had to be health workers such as doctors, nurses, midwives or physiotherapy officers. But not for laboratory personnel. Doctors, nurses, midwives and physiotherapists are allowed because they are considered to better understand the anatomy of the human body.

Informant (I3) stated that the main thing is to have a certificate and be a health worker in the working area of the Health Center. In acupressure training, nurses or midwives prefer to take part in traditional service training.

In a study in Semarang City, it was shown that one of the factors related to improving the performance of Health Center is training and education for health workers so that they can increase knowledge, develop skills so that they can provide optimal health services (Rubandiyah, 2019).

In a study in India, it was shown that having certificates owned by health workers can encourage increased knowledge and skills of health workers (Koeppen et al., 2020).

Human resources that provide traditional health services in several Health Center in Kudus Regency are still relatively lacking. The officers who provide traditional health services are health workers who have attended traditional health service training and have received a certificate from the training. The health workers who have attended this training previously had their own duties at the Health Center where they were assigned so that traditional health services had not run optimally because health workers who already had health service certificates had a double workload.

A study in Jember showed that a Health Center in Jember had limited human resources and funds so that some activities in a program could not be carried out optimally because there were no officers and funds for transportation (Wardani et al., 2018).

In a study in Tabalong Regency, South Kalimantan, it showed that the assessment of the quality of Human Resources in a Health Center had not used the standards from the Ministry of Health. This shows the importance of improving the quality of human resources in health care settings with standards from the government or a health agency (Saputra et al., 2015).

According to (De Sousa & Tesser, 2017) traditional medicine is a treatment that is considered as complementary medicine. In a study in Brazil, traditional medicine was included in the National Health System, especially those related to primary care, so that in research (Pilav & Sacic, 2016) the importance of increasing the knowledge and skills of health workers in carrying out traditional health services so that they can provide optimal services where users are expected traditional health services were satisfied.

Another study in Bosnia showed that as many as 41% of patients felt distrustful of health services due to low quality management of health services and many treatments were not carried out (Pilav & Jatic, 2017).

This shows the importance of focus and seriousness of all parties in providing a health service so that people feel satisfied and believe in the services provided so that health status can be achieved optimally.

All informants in this study stated that there were funds used for the socialization of traditional health care programs. They usually use socialization funds from the Health Operational Assistance which are used to provide health services, both promotive and preventive. Informants stated that they had carried out socialization at the stage of introducing and practicing, meaning that these traditional health practitioners have shown the types of plants that can be used as medicine and how to mix them.

This is in line with research in Sleman Regency which stated that the *TOGA* garden extension was carried out to the community by

introducing the *TOGA* plant species itself, providing information about the efficacy of plants, how to make a *TOGA* garden to the process of making the right herbal medicine (Febriansah, 2017).

In a study in Tarakan, it was stated that in the interior of Indonesia, local wisdom is still very strong in the form of massage using natural ingredients, reading mantras or prayers which are also combined with herbs that are believed to cure diseases. Seeing this requires attention from the government, especially local governments. The main concern is that the funds can be used to develop traditional medicine so that local wisdom can be maintained and scientifically proven efficacy (Lesmana et al., 2018).

Research in Bandar Lampung shows that if the production of traditional medicines is adequate, there can be large consumption of traditional medicines so that health problems can be solved. However, there are obstacles, namely the funds allocated by the Lampung government are still limited (Astuti et al., 2018).

Limited funds can also cause the circulation of traditional medicines which also contain dangerous chemicals to circulate illegally (Ganda & Zulkarnaini, 2016).

According to (Handayani & Nadjib, 2017) the allocation of health funds in a regency still depends on the central government because the percentage is still under the General Allocation Fund The largest allocation of health funds is used for health financing.

A study in Jordan showed that in order for the health care system to be efficient and equitable, long-term sustainable progressive health funds are needed (Rawabdeh & Khassawneh, 2018).

In Indonesia itself, research (Timumun, 2018) in Buol Regency, Central Sulawesi Province shows that the national health fund concentrates and operates on health services at the Community Health Center (Health Center). Meanwhile, regional health funds are allocated to local community health services and hospitals. The budget allocation for national health is relatively higher than that for Regional Health.

All informants in this study stated that the infrastructure in traditional health services was not adequate because the various parties had not focused on traditional health services so that they

were still considered as complementary medicine where there had not been a special place to provide traditional health services and special health workers who provided health services. Traditional health services are inadequate.

Research in Tuban Regency states that there is an influence of infrastructure in determining traditional health services in addition to factors of knowledge, attitudes, references from others and service quality (Safitri et al., 2016).

The results of research in the city of Semarang stated that the implementation of a health service in a Health Center X had not reached the 75% indicator due to the lack of good communication, the lack of health workers, the lack of infrastructure in the form of places for services, limited funds and no written SOP (Rosdiana). et al., 2017).

According to (Luxon, 2015) shows that the infrastructure and management of health workers is the key to health services in the future. Other indicators that appear in this study that affect health services include: patient access to health care facilities, use of technology, adequate medical equipment, good organizational infrastructure, organizational structure and sustainable health services.

All informants in this study stated that basically they are very happy when they get new knowledge, but these health workers feel that their duties are doubled because they continue to provide health services according to their previous job descriptions and are given new responsibilities as traditional health care workers because they have attended training and have certificates.

Due to the dual workload, according to (Sadikovic et al., 2019) in Bosnia stated that stress exists in all health professions where stress is one of the predictors of work ability. Stress can cause the ability to work, lack of empathy and the risk of leaving the profession.

One of the informants who attended the acupressure training said that they enjoyed participating in the training because they got new knowledge that was very useful for themselves and for those in need.

One of the benefits of acupressure is that it can stimulate the regulatory system in the body and can activate endocrine and neurological

mechanisms, by stimulating the hypothalamus to release endorphins that provide a sense of relaxation. This means that by attending acupressure training these health workers gain knowledge about what acupressure is, how to do it and the benefits of acupressure itself where they can teach it to the surrounding community or people closest to them.

In this study, most of the health workers who provide traditional health services often provide socialization during *PKK* and *Prolanis* activities. Where at the time of *Prolanis* there were many elderly people with hypertension and diabetes. It is hoped that the elderly will be able to take advantage of the surrounding plants to maintain their health through this socialization.

All informants in this study stated that there was no support from the Kudus Regency government in the form of this traditional health service. So that the implementation of health services has not been able to run optimally. One of the informants said that when they do a service but there is no umbrella, it feels like a waste of time.

This is in line with research (Sihabuddin et al., 2018) which states that the success of a program cannot be separated from organizing which is supported by three components, namely regulations that run properly, authority, and specialization.

The government is needed when a health service place has limitations in human resources, infrastructure and monitoring of a health program. In this case, government support is needed, including health operational costs to optimize health services. The government also needs to monitor the use of health funds on a regular and tiered basis to increase the coverage of health services (Pay et al., 2017).

All informants stated that there was no strong commitment in implementing traditional health. The informants stated that the health service that is most often carried out is the socialization of family medicinal plants to the community which is usually carried out in *PKK* or *Prolanis* activities. Some of the things that are done are introducing various types of plants and how to mix these plants as treatment such as pounding, boiling or chewing.

This is in line with research conducted in Gowa, South Sulawesi which states that the processing of medicinal plants is: pounded, chewed,

boiled, burned or mashed by grating and then squeezing (Wahidah & Husain, 2018).

Based on a study in Brebes Regency, it was stated that the implementation of a program in the working area of the Health Center went well where the supporting factors were the activeness, attitude of health workers, community participation and the existence of cross-program collaboration. While the inhibiting factors are the lack of precise delivery of information and the lack of optimal infrastructure (Normalasari & Mardiana, 2017).

The implementation of a program is going well due to the number of qualified and skilled health workers, adequate medical equipment and facilities, the existence of policies from the government and the Health Office in the form of Standard Operating Procedures (Yuriati et al., 2016).

All informants in this study stated that there was no seriousness of supervision and control of traditional health services at the Health Center in Kudus Regency due to several factors. One of these factors is that the traditional health program has not run optimally at the Health Center in Kudus Regency.

In a study showed that public acceptance of jamu (traditional medicine) was generally high (58%). This requires the role of the government, through an innovation in health care policies, the need for assistance, the need for the development of medicinal plants, the need for research, standardization of herbal medicine, tax reduction and supervision and control (Andriati & Wahjudi, 2016).

in West Java Province shows that there are several traditional medicine manufacturing techniques that are not in accordance with the correct drug manufacturing guidelines. This shows the need for supervision and control of traditional health practices in general (Wiwaha et al., 2016).

In general, the government is making efforts to strengthen the supervision and control of drugs and food by strengthening institutions. This means that the government forms an agency or institution in charge of supervising and controlling (Yuningsih, 2017).

In a study (Kartika et al., 2016) stated that the supervision and control of traditional health services has been regulated in the Act and

strengthened by the Regulation of the Minister of Health to provide legal protection for users and providers.

Traditional health services are fostered and supervised by the government so that their benefits and safety can be accounted for scientifically and do not conflict with existing norms. The law also regulates equipment and the development and application of traditional medicine. Several laws and the Minister of Health that regulate traditional medical services are Law No. 36 of 2009 concerning Health, Government Regulation of the Republic of Indonesia No. 103 of 2014 concerning Traditional Medicine Services and Minister of Health Regulation No. 37 of 2017 concerning Integrated Traditional Health Services.

In reality, in the field, there are many obstacles encountered by Health Center related to the implementation of traditional health services, such as limited human resources, rooms that are not specifically available, and the absence of policies regarding the implementation of traditional health in Kudus Regency.

According to a study at the Health Center in the city of Semarang, it showed that the factors that influence the use of health services include: the attitude of health service providers, public perceptions of health services, accessibility in reaching health services, and ease of obtaining information (Fatimah & Indrawati, 2019).

If the quality of health services is improved and can run optimally, it can improve the quality of life of patients, especially in terms of social and psychological. This means that everything that supports it needs to be maintained and even improved, while things that hinder a health program need to be reviewed, adjusted or minimized (Peace et al., 2020).

At the time of the study, the informants stated that there was no SOP applied by the Health Center for traditional health services. Even some Health Center that already have some trained human resources have not opened these traditional health services. They only do socialization and teach about *TOGA* Independent Care and accrepresure. This is in line with research (Mistar & Dewi, 2017) which states that the inhibiting factors for a program are the absence of a fixed SOP, the

response is not immediate, not utilizing the online system (in the network) and the unstructured communication team.

Informants who work in Health Center that have provided traditional health services stated that they made their own SOP because there was no SOP from the Health Office. However, the Health Center health workers who had the opportunity to take part in traditional health training had time to make SOP together according to the steps they took.

A study in China shows that the importance of a standard operating procedure because with standardization there will be an indicator that helps improve health services (Wu et al., 2018).

All informants in this study stated that there was no written job description distribution because some Health Center had not served traditional health services and for Health Center that had provided traditional health services, they still considered traditional health services as an additional service and had not become a priority due to limited facilities, infrastructure and limited human resources.

A study in Kenya stated that health workers need a clear job description which contains a description of what actions will be expected, what is allowed and what skills they need to provide health services. The benefit of the job description is that health workers can increase productivity. Some cases with unclear written job descriptions can cause health workers to do the wrong job. Job descriptions can prevent misunderstandings, minimize unnecessary work because it is not in the job description (Ndanu Musyoka, 2016).

In this study, all informants stated that their Health Center had not implemented ISO 9001:2008. They only said that their Health Center had been accredited.

According to (Tawalujan et al., 2018) there is a relationship between accreditation and patient satisfaction. So that the quality of health services must be maintained and improved by regularly conducting satisfaction surveys and continuing to increase patient satisfaction and comfort.

According to a research result in Manado in 2018 stated that there is a relationship between the level of patient satisfaction and the accreditation status of the Health Center. This is expected for

Health Center to further improve the quality of health services by providing adequate facilities and increasing patient comfort (Tawalujan et al., 2018).

Another study conducted in the city of Semarang stated that after the accreditation assessment of Health Center in the city of Semarang, the results showed that it was necessary to strengthen commitment to infrastructure and facility standards in order to improve health services to the community and the need to increase knowledge for health workers about the clinical service quality system by providing training, as well as support from the Health Office and across sectors and carry out continuous evaluations (Wijyantiningrum et al., 2020).

Research in another country, specifically in Gorgia, stated that the accreditation of health care facilities there was divided into 3 types of accreditation, namely: encouraged or supported, discussed but did not make recommendations and were not discussed (Shah et al., 2018).

Accreditation is expected to be able to represent the picture of Health Center in providing good service to the community, meaning that when a Health Center has not implemented ISO 9001: 2008 but has been well accredited, it is expected to be able to provide optimal service to the community. The quality of good Health Center services can increase public trust in Health Center and reduce the number of patients seeking treatment at the hospital (Anita et al., 2016).

CONCLUSION

The implementation of traditional health services at the Kudus Regency Health Center has not run optimally. This is because there are still limited human resources that provide traditional health services, the lack of places or rooms to provide traditional services at the Health Center, the absence of policies from the Kudus Regency government regarding Traditional Health Services and the absence of operational standard (SOP) at the Health Center regarding Traditional Health Services.

REFERENCES

Andriati, A., & Wahjudi, R. M. T. (2016). Tingkat Penerimaan Penggunaan Jamu Sebagai

- Alternatif Penggunaan Obat Modern Pada Masyarakat Ekonomi Rendah- Menengah dan Atas. *Masyarakat, Kebudayaan Dan Politik*, 29(3), 133.
- Anita, B., Febriawati, H., & Yandrizar, Y. (2016). The Role of Public Health Centers (Puskesmas) as the Gatekeeper of National Health Insurance. *Jurnal Kesehatan Masyarakat*, 12(1), 76–89.
- Astuti, H., Judhaswati, R. D., Syafrizal, M., Hendra, J., & Rangga, A. (2018). Perspektif Pengambil Kebijakan dan Strategi Pengembangan Tanaman Obat Asli Lampung Berdasarkan Persepsi Pemerintah Provinsi Lampung. *Jsep (Journal of Social and Agricultural Economics)*, 11(3), 1–16.
- Awodele, O., Amagon, K. I., Wannang, N. N., & Aguiyi, J. C. (2014). Traditional Medicine Policy and Regulation in Nigeria: An Index of Herbal Medicine Safety. *Current Drug Safety*, 9, 16–22.
- De Sousa, I. M. C., & Tesser, C. D. (2017). Traditional and complementary medicine in Brazil: Inclusion in the Brazilian unified national health system and integration with primary care. *Cadernos de Saude Publica*, 33(1), 1–15.
- Fatimah, S., & Indrawati, F. (2019). Faktor Pemanfaatan Pelayanan Kesehatan di Puskesmas. *Higeia Journal of Public Health Research and Development*, 1(3), 84–94.
- Febriansah, R. (2017). Pemberdayaan Kelompok Tanaman Obat Keluarga Menuju Keluarga Sehat Di Desa Sumberadi, Mlati, Sleman. *BERDIKARI*, 5(2), 80–90.
- Ganda, F. R., & Zulkarnaini. (2016). Prosedur Registrasi Obat Tradisional Oleh Balai Besar Pengawas Obat dan Makanan (BBPOM) Di Kota Pekanbaru. *Jom Fisip*, 3(2), 1–14.
- Handaka, T., Trisilowaty, D., & Mulyaningsih, H. (2016). Pol Komunikasi Kesehatan Masyarakat Pedesaan Di Jawa Timur. *Sosiohumaniora*, 18(1), 71–75.
- Handayani, T., & Nadjib, M. (2017). Analisis Pembiayaan Kesehatan Daerah Bersumber Publik: Studi Kasus di Dinas Kesehatan Kabupaten Bogor Tahun 2012, 2013 dan 2014. *Jurnal Ekonomi Kesehatan Indonesia*, 1(2), 35–43.
- Harjono, Y., Yusmaini, H., & Bahar, M. (2017). Penyuluhan Pemanfaatan Tanaman Obat Keluarga dan Penanaman Tanaman Obat Keluarga di Kampung Mekar Bakti 01 / 01 , Desa Mekar Bakti Kabupaten Tangerang. *JPM Ruwa Jurai*, 3, 16–22.
- Juwita, L. (2015). Literature Review: Terapi Komplementer Akupresur Pada Titik Perikardium 6 Dalam Mengatasi Mual dan Muntah Pada Kehamilan. *Jurnal Ners Lentera*, 3(1), 40–50.
- Kartika, D., Sewu, P. L. S., & W, R. (2016). Pelayanan Kesehatan Tradisional dan Perlindungan Hukum Bagi Pasien. *Jurnal Hukum Kesehatan*, 2(1), 1–16.
- Kementerian Kesehatan Indonesia. 2016. Profil Kesehatan Indonesia Tahun 2015
- Koeppen, D., Aurich, M., Pasalar, M., & Rampp, T. (2020). Medicinal leech therapy in venous congestion and various ulcer forms: Perspectives of Western, Persian and Indian medicine. *Journal of Traditional and Complementary Medicine*, 10(2), 104–109.
- Lesmana, H., Alfianur, A., Utami, P. A., Retnowati, Y., & Darni, D. (2018). Pengobatan tradisional pada masyarakat tidung kota Tarakan: study kualitatif kearifan lokal bidang kesehatan. *Medisains: Jurnal Ilmiah Ilmu- Ilmu Kesehatan*, 16(1), 31.
- Luxon, L. (2015). Infrastructure – the key to healthcare improvement. *Future Hospital Journal*, 2(1), 4–7.
- Menawati, T., & Kurniawan, H. (2015). Pentingnya Komunikasi Dalam Pelayanan Kesehatan Primer. *Jurnal Kedokteran Syiah Kuala*, 15(2), 120–124.
- Mistar, G., & Dewi, M. (2017). Komunikasi Krisis Pemerintahan (Studi Kasus Pada Biro Hubungan Masyarakat Sekretariat Daerah Provinsi Riau Pasca Kasus Suap Annas Maamun Tahun 2014). *Jurnal Komunikasi*, 11(2), 177–187.
- Mulyaningrat, W., & Wulandari, A. T. (2019). Terapi Akupresur untuk Menangani Mual dan Muntah pada Pasien Kanker : Literature Review. *Journal of Bionursing*, 1(2), 193–204.
- Ndanu Musyoka, F. (2016). Influence of Job Description on Performance of Health Workers in Public Hospitals: A Case of

- Mbagathi Hospital, Nairobi City County. *Science Journal of Public Health*, 4(2), 88.
- Normalasari, E., & Mardiana. (2017). Evaluasi Program Konseling Menyusui Di Puskesmas Klirikan Kabupaten brebes. *HIGEIA (Journal of Public Health Research and Development)*, 1(1), 52–58.
- Pay, D. M. N., Sinaga, M., & Pelokilla, M. R. (2017). Utilization of Health Operational Assistance (BOK) in Nutrition Services in Public Health Center. *Jurnal Kesehatan Masyarakat*, 12(2), 313–322.
- Perdamaian, T. K., Manus, W. C., Periska, S. D., & Steffiasih, N. N. putri A. (2020). The Impact of Bina Keluarga Lansia Program On The Quality of Life of Elderly in Sleman, Yogyakarta. *Jurnal Kesehatan Masyarakat*, 15(3), 304–313.
- Pilav, A., & Jatic, Z. (2017). The impact of organizational culture on patient satisfaction. *Journal of Health Sciences*, 7(1), 9–14.
- Pilav, A., & Sacic, E. (2016). Self-assessment of managerial knowledge and skills of medical doctors in primary health care. *Journal of Health Sciences*, 6(1), 16–22.
- Rawabdeh, A. A., & Khassawneh, A. S. (2018). Health Financing Policies in Jordan: The Allocation of Public Expenditures in Global Context. *Makara Journal of Health Research*, 22(3), 153–166.
- Riset Kesehatan Dasar. 2018. Badan Penelitian dan Pengembangan Kesehatan, Departemen Kesehatan, Republik Indonesia. Jakarta
- Rosdiana, A. I., Raharjo, B. B., & Indarjo, S. (2017). Implementasi Program Pengelolaan Penyakit Kronis (Prolanis). *Higeia Journal of Public Health Research and Development*, 1(3), 140–150.
- Rubandiyah, H. I. (2019). Faktor Kinerja Puskesmas di Kota Semarang. *HIGEIA: Journal of Public Health Research and Development*, 3(1), 87–98.
- Sadikovic, A., Kurtic, A., Sadikovic, O., Mulic, M., Džubur-Alic, A., Smajovic, M., & Pašalic, A. (2019). Road to health-care professional's burnout: Poor empathy and impaired workability, are the cause or effect? *Journal of Health Sciences*, 9(2), 99–107.
- Safitri, E. M., Luthviatin, N., & Ririanty, M. (2016). Determinan Perilaku Pasien Dalam Pengobatan Tradisional dengan Media Lintah (Studi pada Pasien Terapi Lintah di Desa Rengel Kecamatan Rengel Kabupaten Tuban). *E Jurnal Pustaka Kesehatan*, 4(1), 181–187.
- Saputra, M., Marlinae, L., Rahman, F., & Rosadi, D. (2015). Program Jaminan Kesehatan Nasional Dari Aspek Sumber Daya Manusia Pelaksana Pelayanan Kesehatan. *Jurnal Kesehatan Masyarakat*, 11(1), 32.
- Shah, G. H., Sotnikov, S., Leep, C. J., Ye, J., & Corso, L. (2018). Local Boards of health Characteristics Influencing Support for Health Department Accreditation. *J Public Health Manag Pract*, 24(3), 263–270.
- Sihabuddin, Muktiyo, W., & Sudarmo. (2018). Komunikasi Organisasi Dinas Kesehatan Dalam Program Eliminasi Malaria. *Jurnal Sospol*, 4(1), 118–131.
- Skarbaliene, A., Skarbalius, E., & Gedrime, L. (2019). Effective Communication In The Healthcare Settings: Are The Graduates Ready For It? *Journal of Contemporary Management Issues*, 24(Special Issue), 137–147.
- Tawalujan, T. W., Korompis, G. E. C., & Maramis, F. R. R. (2018). Hubungan Antara Status Akreditasi Puskesmas Dengan Tingkat Kepuasan Pasien Di Kota Manado. *Jurnal KESMAS*, 7(5).
- Timumun, F. (2018). Analisis Komparasi Pembiayaan Program Jaminan Kesehatan Nasional Dan Program Jaminan Kesehatan Daerah Dalam Pencapaian Efektifitas Anggaran Paada Dinas Kesehatan Kabupaten Buol. *E Jurnal Katalogis*, 6(1), 41–51.
- Vermeir, P., Vandijck, D., Degroote, S., Peleman, R., Verhaeghe, R., Mortier, E., Hallaert, G., Van Daele, S., Buylaert, W., & Vogelaers, D. (2015). Communication in healthcare: A narrative review of the literature and practical recommendations. *International Journal of Clinical Practice*, 69(11), 1257–1267.
- Wahidah, B. F., & Husain, F. (2018). Etnobotani Tumbuhan Obat Yang Dimanfaatkan Oleh Masyarakat Desa Samata Kecamatan

- Somba Opu Kabupaten Gowa Sulawesi Selatan. *Life Science*, 7(2), 56–65.
- Wardani, A. P., Witcahyo, E., & Utami, S. (2018). Efektivitas Biaya Program Pengelolaan Penyakit Kronis (Prolanis) di Puskesmas. *HIGEIA (Journal of Public Health Research and Development)*, 2(4), 622–633.
- Wijyantiningrum, T., Wijayanti, Y., & Raharjo, B. B. (2020). Analysis of The Individual Health Efforts Quality After Accreditation Assessment at Public Health Centers of Semarang City in 2019. *Public Health Perspective Journal*, 5(1), 36–46.
- Wiwaha, G., Jasaputra, D., Budiastuti, N., & Sarifudin, S. (2016). Konsep Pembuatan Obat Tradisional Yang Baik Pada Pengobatan Tradisional Di Provinsi Jawa Barat. *Jurnal Sistem Kesehatan*, 1(1), 21–23.
- World Health Organization. (2014). *Tradisional Medicine*
- Wu, L., Ji, C., Lu, H., Hong, X., Liu, S., Zhang, Y., Li, Q., Huang, S., Zhou, P., Yao, J., & Hu, Y. (2018). Standardization of medical service indicators: A useful technique for hospital administration. *PLoS ONE*, 13(11), 1–13.
- Yuningsih, R. (2017). Penguatan Kendali Pemerintah Terhadap Peredaran Obat dan Makanan. *Jurnal Aspirasi*, 8(1), 13–27.
- Yuriati, P., Handayani, O. W. K., & Rustiana, E. R. (2016). Evaluasi Pelaksanaan Kegiatan Prevention of Mother To Child Transmission (PMTCT) Pada Ibu Hamil Di Kota Tanjung Pinang. *Public Health Perspective Journal*, 1(1), 29–34.