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Submission date: 12-May-2020 06:04AM (UTC+0700)
Submission ID: 1322078254
File name: Community_health_policy_2020.docx (52.52K)
Word count: 4508
Character count: 25033

The Implementation of No-Smoking Area Policy in Improving Community Health: A Case of Semarang City in Indonesia

Abstract

Cigarettes smoking in Indonesia is rampant in spite of its harmful effects on human health and the environment, which calls for government intervention. This study examines the implementation of the No-Smoking Area Policy in increasing the degree of public health in Semarang city by focusing on the inhibiting factors of the policy, and the efforts taken by government to overcome obstacles in its implementation. The study used qualitative research with action research methods. Data collection tech- niques was by semi-structured interviews, observations, and documentation. The data analysis technique used was the triangulation method. Findings indicate that the No-Smoking Area policy has been implemented in Semarang city but it is still in the socialization stage. There are several obstacles in its implementation that still need proper handling by the Semarang City local government, especially its health office, notably the program's implementation, compliance and responsiveness, and resources involved. The efforts made by the city government to overcome the obstacles in the implementation of the policy include providing guidance to the entire staff of Semarang City Health Center, socialization of the policy to the community through community health units, making No-Smoking signs, stickers, leaflets, and banners, and performing activities during the celebration of the world no-tobacco day.

Keywords: Policy Implementation, No-Smoking Areas, Degrees Public health

INTRODUCTION

Health is an important foundation in the lives of human beings and government has the obligation to provide good basic health services to its citizens. Health will support everyone to carry out various activities in realizing their desires to be achieved. Health development must be seen as a form of investment in improving the quality of human resources. This is measured by the Human Development Index (HDI). The HDI can measure the qualifications of a country through the comparisons of life expectancy, literacy, education and living standards. In measuring the HDI health is one of the important components besides income and education. Therefore, health plays an important role in supporting economic development and in pursuing poverty reduction.

Indonesia is one country with a high commitment to improving health levels. This can be seen from the objectives of the Indonesian state as stated in the opening of the 4th paragraph of the 1945 Constitution which states in part that" to promote public welfare". This commitment can be seen in the government's efforts to improve the welfare of the people which is affirmed in the

1945 constitution, Article 28H paragraph (1), that" everyone has the right to live physically and spiritually, live in a good environment, live a good and healthy life and is entitled to health services ".

In addition, the state's obligation to fulfill the basic rights of the people in the health sector it is also affirmed in the 1945 Constitution Article 34 paragraph (3) that the state is responsible for the provision of adequate health service facilities and public service facilities. So, the state is fully responsible for ensuring that the rights of all levels of society are fulfilled, including the poor and / or those unable. Thus, health development is directed at increasing public awareness and its ability to live a healthy life, so that there is an increase in the quality of human resources through the health sector.

It therefore can be understood that health is an indicator of compulsory government affairs, where rights, authority and responsibilities must be carried out by the regional government as an autonomous regional authority. One of the causes of poor health in Indonesian people is smoking. According to WHO (World Health Organization) more than one billion people in all corners of the world smoke cigarettes, and more than 5 million people die every year. WHO reiterated that the dangers of smoking behavior, if the number of smokers is not suppressed are that by 2020, the death rate due to cigarette smoking will reach 10 million people.

Research carried out by Basic Health Research indicate that the prevalence of smokers in Indonesian was 29.2% in 2007, it increased to 34.7%, in 2011 rose to 36% and in 2014 the prevalence of smokers increased again to 42.8%. Smoking is clearly not a healthy pattern of behavior. Cigarettes have many negative effects on health and even lead to death. On the target of substantially reducing deaths from hazardous compounds and contamination of air and water pollution in 2030, there was strengthening the implementation of the WHO FCTC in all countries through the International agenda of the Sustainable Development Goals (SDGs). This strengthening was carried out with several strategic steps. One of them is through an increase in the percentage of districts / cities that implement the No-Smoking Area policy, with the initial reference data in 2013 of 3%, and the target for 2019 to be at least 50%; this still needs hard work to reach the set targets.

When viewed from the history of the formation of No-Smoking regional policies in Indonesia, it

actually does not originate from the SDGs. But this had been started with the MDGs program in 2000-2015, the emergence of international policies, the Indonesian government is- sued a regulation on No-Smoking areas through Government Regulation Number. 19 of 2003 concerning Safety of Cigarettes for Health. This regulation was following the implementation of the MDGs program for 2000-2015, after the issuance of Indonesia Law Number 36 of 2009 concerning Health. The law discusses cigarettes which are included in addictive substances and policies regarding no-smoking areas.

With concern for realizing healthy Indonesia, the government issued a joint regulation of the Minister of Health and Minister of Home Affairs No. 188 / 2011 No. 7 of 2011. In article 7, stating in part that "the Minister of Home Affairs through the Director General of Community and Village Empowerment has the task of encouraging local governments establish and implement No-Smoking areas in their respective work areas". However, due to the length of the regulatory drafting process in Indonesia, the MDGs target in 2015 was not maximally achieved. So, the program resumed for the next 15 years through the SDGs.

The city of Semarang is one of the cities in Central Java Province that has a very high commitment to participate in the successful implementation of no-smoking area regional policies. This was proven in 2009 with the Semarang Mayor's Regulation Number 12 Year 2009 concerning the No-Smoking Area and the Smoking Limited Areas. To improve the health status of Semarang city, the Semarang Mayor Regulation was upgraded to the Semarang City Regional Regulation Number 3 of 2013 concerning No-Smoking Areas. After the issuance of the Mayor's Regulation and the Regional Regulation on No-Smoking areas, the Semarang city government took steps, among others, to all stakeholders related to the health environment so as to provide intensive information to both policy implementers and the public.

Semarang City, the Capital of Central Java Province, is considered as a reference area that is spearheading the effort in order to encourage districts / cities in Central Java Province to implement and succeed national and international agendas, a very strong commitment from the Semarang City government in the problem of controlling cigarette smoking in regencies / cities in Central Java Province which is an autonomous region. The application of a No-Smoking areas is important to immediately implement because smoking has for some people in Semarang City been considered a culture in people's lives, this can be seen not only among the adult community

but in general the number of active smokers especially among students in Indonesia is very alarming, according to data from GATS 2011 (Global Adult Tobacco Survey) were male smokers are 67%, female smokers 2.7%, children smokers aged 13-15 years 30.4%, while passive smokers are 20.3%.

Based on the Semarang City Regulation No. 3 of 2013 the determination of No-Smoking areas aims to: (a) achieve clean and healthy spaces and environments, (b) provide protection to the public from the direct and indirect effects of smoking, (c) create public awareness for healthy living, and (d) prohibit / eliminate the production of sales, advertisements, promotions and / or use of cigarettes in No-Smoking areas. The places or areas declared as smoking free areas include:

- Health service facilities
- The place for teaching and learning
- Place for children to play
- Places of Worship
- Public transportation
- Workplaces
- Public places, and
- Other place

The No-Smoking Area is aimed at the community through efforts to administer health services. This effort does not only revolve around healing, curative, rehabilitative. But in this modern era these efforts are more directed towards a promotive and preventive pattern. So the No-Smoking policy is considered as a strategic policy to suppress and prevent the increase in mortality rates and the number of people who suffer from Non-Communicable Diseases. Health care institutions that implement No-Smoking policies include hospitals, maternity homes, polyclinics, health centers, pharmacies, and other health care facilities.

One of the problems that arose as a result of the application of No-Smoking areas was that there were still many people who continued to smoke in the area of health service facilities in Semarang City. This is a result of the socio-cultural community which includes habits from the community, mindset, environment, and still a lack of public awareness of the dangers of smoking. Even though there have been appeals to the community in the form of socialization through warning signs such as banners, posters, or leaflets that have been taped. But the community seemed to ignore it. In

addition, in these health care facilities there are also people who have suffered from smoking-related illnesses, both those who are hospitalized and those who are being consulted.

This lack of public awareness can be seen from the many violations committed by the community by smoking in the health service areas in Semarang City. This is because the Regional Regulation of Semarang City No. 3 of 2013 has not penalized perpetrators, leaders or those responsible for No-Smoking Regions who do not carry out their obligations as stated in administrative sanctions, then according to Article 33, they can be threatened with imprisonment for a maximum of 3 (three) months and or a maximum fine of Rp. 50,000,000 (fifty million rupiahs). This study is based on the limitation of the problem as stated earlier, thus the formulating the problem as follows: 1. How is the implementation of the No-Smoking area policy in improving the health status of the people in Semarang City? 2. What factors influence the inhibition of the implementation of No-Smoking area policies in improving the health status of the people in Semarang City? 3. What is the appropriate solution for overcoming the No-Smoking policy implementation in impediments in Semarang City?

Since the Regional Regulation on No-Smoking Areas was implemented in 2013 until now, there is still fostering of the community through a socialization approach, from observations and documents that have many violations committed mainly by visitors both in health centers and hospitals, often only given sanctions in the form of verbal reprimands. In addition, the absence of the involvement of the Civil Service Police Unit actively in enforcing the Semarang City Regulation is also another obstacle which has led to the No-Smoking area policy increasingly being regarded as a mere slogan for the people of Semarang City.

Literature Review

Regulations that cover how important public health and the dangers of smoking are regulated from policies that are very basic starting from the 1945 Constitution affirming the rights of citizens of being able to carry out a prosperous life both physically and mentally and reside and enjoy environmental conditions that support their health.

At policy level, laws relating to health and the dangers of smoking as well as mandatory affairs in service regulations are Law Number 23 of 2014 concerning Regional Government and Law Number 36 of 2009 concerning Health.

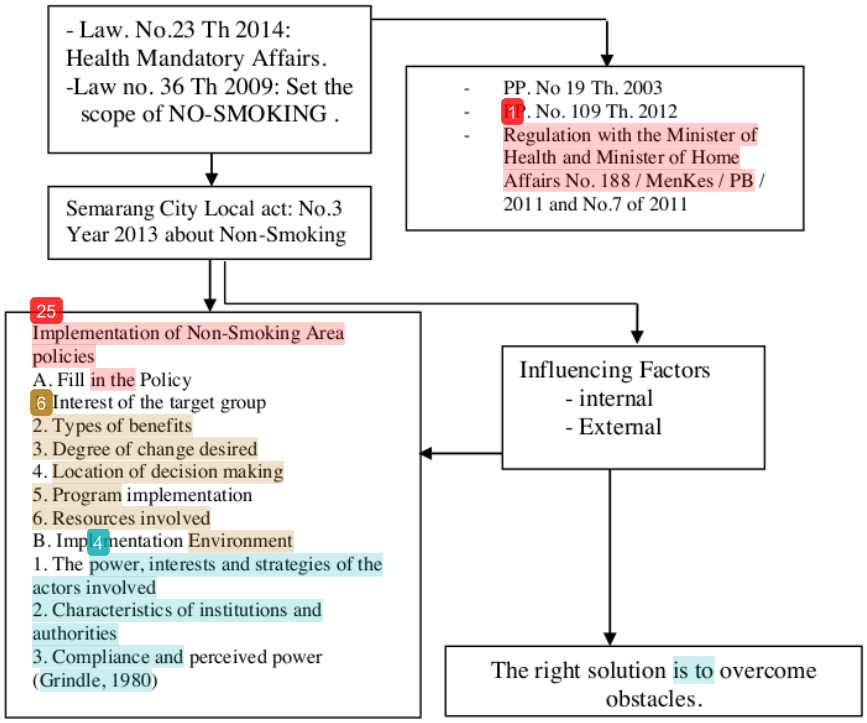
At the level of the implementing regulations are: Government Regulation Number 19 of 2003

concerning Cigarette Safeguards for Health, Government Regulation Number 109 of 2012 concerning Safety of Materials Containing Addictive Substances in the Form of Tobacco Products for Health, Joint Regulation of the Minister of Health and Minister Domestic Number 188 / 2011 Number 7 of 2011 concerning Guidelines for Implementing No-Smoking Areas, Minister of Health Regulation Number 40 of 2013 concerning Road Map for Controlling the Impact of Smoking for Health 2009-2024, and the Regional Regulation of Semarang City Number 03 of 2013 concerning No-Smoking Areas.

As a point of analysis, the Grindle theory uses the first problem statement; the Content of the policy includes: (1) Interest of the target group, (2) Type of benefit, (3) Degree of desired change (Extent of change envisioned), (4) Location of decision making (Site of decision making), (5) Program implementation, (6) Resources involved / committed. Secondly the Implementation Environment (Context of implementation) that includes: (1) Power, interests, and strategies of actors involved (Power, interest, and strategies of actors involved), (2) Characteristics of institutions and authorities (Institutions and regime characteristics), (3) Compliance and responsiveness.

As an analysis point in answering the second problem formulated related to the factors that influence the implementation of the No Smoking Area policy in improving public health in Semarang City, it combines the findings that have been operated with Grindle's theory supported by secondary data and observations that led to the implementation of the No Smoking Area policy. Whereas in the form of an appropriate solution to overcome obstacles as the answer to the third problem formulation, the author tries the appropriate form based on normative approaches and empirical facts found in this study.

Figure 1. Framework



METHOD

Qualitative research models are carried out by action research. According to Carr and Kemmis (1986) also quoted by Kemmis & McTaggart and by Burns in Madya (2007: 9) interpreting action research as "A form of collective self-reflexivity carried out by participants in social situations to improve educational practice reasoning and justice and their social practices, as well as their understanding of their practices and the situation in which these practices are carried out ". In taking research data through observation, interview, and documentation techniques. Data analysis in this study was carried out using the triangulation method.

ANALYSIS AND RESULTS

Fill in the Policy

If viewed from the aspect of fulfilling the interests of the target group, namely the general public, indicating the support of the stipulation of the No-Smoking policy, the implementing parties agreed that this policy was intended for the wider community, so that it was not the group's interests but the interests of the community, so that the community fully supports the implementation of this policy, in order to create a healthier environment.

It is known that the correlation between the rate of Non-Communicable Diseases and the number of active smokers has never been studied in the relationship between the two. But Community Health Center leaders

assume that there seems to be a correlation between the two. The above matter certainly will benefit the community as the object or target of this policy. With the reduced number of sufferers of Non-Communicable Diseases caused by these unhealthy behaviors, the government will be able to save money in the field of health that can be transferred to treatment and / or revamping health facilities and infrastructure for the people of Semarang City. By repairing the health facilities and infrastructure, they will get maximum treatment for the entire city of Semarang, which will certainly be appropriate for them.

The results show that the non-smoker Semarang City community also supports the No Smoking Area policy. Almost all passive smokers feel disturbed by active smokers who smoke around them. To implement No-Smoking policies in accordance with the objectives of expectations of a good degree of change, there must be support from the community. Most of the active smokers stated that they had the desire to stop being smokers. So that the authors are optimistic that this No-Smoking policy will run well in the city of Semarang.

It is known that regulatory changes that are expected to bring about people's behavior are strongly influenced by the example of the apparatus in Semarang, that all necessary components must take responsibility for making changes, even if viewed from the main tasks and role functions. Health technical implementers such as health centers in the city of Semarang.

The No-Smoking program implementer is very clear that socialization is a task and function in the field of Health Promotion, which is the mandate of the Semarang City Health Office that has been running so far, only what has not been maximized is the implementation of the main tasks and functions of each program implementer, especially the element of enforcing the provisions in the No-Smoking policy.

This No-Smoking policy must be upgraded to a priority program implemented by the Semarang City Health Office. So that in its implementation there are human resources and financial resources that are truly clear, because in reality now this policy is more integrated with other programs like the Clean and Healthy Behavior Program.

Implementation Environment

The power, interests and strategies of the actors involved various strategies carried out by the parties involved in the No-Smoking policy, the Semarang City Health Service have made various efforts so that this policy can truly be conveyed to the public. Likewise, Community Health Centers made several efforts that help in socializing and providing additional understanding by the community. The strategy can be seen in the table below.

Table 1. Strategies carried out in the Implementation of No-Smoking Area Policies in Semarang City

	ACTOR	STRATEGY	RESULTS
1	Mayor	Symbolic Submission of No-Smoking Area Plaques to all Community Health Centers in the City area	The implementation of No-Smoking policies in all Community Health Centers Semarang City legally.
		Establishing a No-Smoking Area in Semarang City after the issuance of the Semarang City Regional Regulation No. 3 of 2013	Implementation of No-Smoking policies in all SKPD and All Districts / Sub-Districts legally.
		Prohibiting smoking for civil servants and non-civil servants in workplaces within the Semarang City Government	Reaffirmation of the total implementation of smoking activities in the Semarang City government.
2	Semarang City	Helping the Health Office to succeed in the PHBS program in Semarang City	- Pakarti Main Champion 1 in 2015 & 2016
		Socialization of No-Smoking Areas by distributing leaflets with sweets, disseminating information on No-Smoking, and tips on stopping smoking through banners and direct counseling (05/31/2013)	Increased level of public understanding
		No-Smoking policy outreach was included in the PHB program.	Increasing the number of people who have PHBS
		Making leaflets, posters, book notes, and banners about Not Smoking	Increased public knowledge
		Health promotion cadres training in all health units	Increased skills of experts
		Providing assistance with technology tools to facilitate information display in all Semarang City Health Centers	Increased public enthusiasm to see the various kinds of information displayed.
4	Health Units	Providing counseling to the community every Monday for one month in order to provide information on the main themes of health to the community.	Increased public knowledge
		Hold a grunt of "turn off cigarettes" on public facilities on world tobacco day	Increased public knowledge
		Making leaflets, posters and banners about No-Smoking policies	Increased public knowledge

Source: Results of data processing by the author, 2017

Characteristics of institutions and authorities

Exemplary at the supervisor's office developed in the agency under Community Health Centers, which showed that in the three Community Health Centers that were used as observations the authors were able to implement the No-Smoking policy properly. Likewise, some people who were the informants of the author said the point was that they already knew the smoking ban in the Community Health Centers area, which is one of the health service facilities, so that this policy had been developed and supported by a good environment, namely the health agency more broadly implemented so that people really get a clean and healthy environment.

Compliance and perceived power

The observations of compliance in the Office in general have been carried out, on the contrary it is precisely after the completion of working hours that compliance is not based on high awareness as can be seen in the table as follows.

Table 2. Observation Results on Compliance in No-Smoking Areas

No.	Implementer/ Policy Target	Observation Frequency	Number of violators	Observation results	Interpretation
1.	Semarang City Health Office staff	Seven hours	-	-	Obey
2.	Semarang Tugu Health Center staff	One hour	-	-	Obey
3.	South Semarang Community Health Center staff	One hour	-	-	Obey
4.	Gunungpati Health Center staff	One hour	-	-	Obey
5.	General public	After working hours	1 offender	1 offender	Disobey
Number of Offenders			**1 Person**	**High responsiveness and compliance**	

Source: observation data processed by the author, 2017

From the table above, it can be concluded that the community in the No-Smoking area for health service facilities has high compliance with the policy. This can be seen from the absence of violations that occurred during the observation carried out by the author. Violations only occur once, even if they are done outside the working hours of the community.

Normatively, the implementation of the No-Smoking policy is analyzed by Regional Regulation No. 3 of 2013, the factors that influence the implementation of No-Smoking policies cover many things, but the authors make exceptions to some items due to limitations in research. The influential factors include 1) Rights, 2) Obligations, 3) Prohibitions, 4) Community Participation, 5) Guidance and Supervision, and 5) Sanctions.

Maximizing the duties and functions of the field of health promotion at the Semarang City Health Office and Community Health Centers in providing innovative learning / education. Advertisement campaigns on television broadcasts in general and innovative shows can appear on television in the waiting room of health service facilities. These shows can contain the dangers of smoking, the effects of smoking activities, or financial losses resulting from a lifestyle that cannot be separated from smoking activities.

Increasing the participation of the community, so that the Semarang City Health Office completes the process of submitting suggestions in accordance with the provisions to the community either through leaflets, posters, banners, etc. Then on the signs, telephone numbers can be listed to enlist

suggestions and reports from the community. Besides that enforcement of Regional Regulations can be stepped up.

Semarang City Health Office can apply No-Smoking Policy Broadcasts through automatic SMS when people enter a No-Smoking area so that the public is automatically notified that they are in a No-Smoking area. This further increase people's knowledge of the scope of the No-Smoking policy.

There needs to be an understanding on the part of each stakeholder on their duties in the implementation of the No-Smoking policy. Implementation activities should be then coordinated with each other so that a pattern of checks and balances exist in the implementation of the No-Smoking policy.

CONCLUSION

Implementation of the No-Smoking Areas policies, where the implementers in the Health Office normatively base on Semarang City Regulation No. 3 of 2013, has not run optimally. There are still fundamental obstacles to the implementation of this policy, among others, the provision of information to the public that is still less innovative, the responsiveness of the community that is still low in responding to existing No-Smoking policies, the lack of good coordination between in terms of supervision, a task force has not been formed to enforce the policy and sanctions cannot be made on violators.

The No-Smoking policy contained in the Semarang City Regulation No. 3 In 2013, still has obstacles in its implementation in the field. While in terms of the policy environment there are still shortcomings in its implementation. Where the strategy of the actors involved has been done quite a lot and has produced results. However, the community's responsiveness to No-Smoking policies is still lacking.

Semarang City Regulation No. 3 of 2013 listed the actors involved, but in the implementation, these actors have not carried out their duties and responsibilities to the fullest. One of the reasons is because there are not yet technical guidelines for the actors in carrying out the policy. Whereas based on the policy environment, the obstacles found include the creation of a community environment that is truly responsive to the policy, resulting in apathy towards the environment.

The form of a solution to overcome obstacles in policy implementation is strengthening the Semarang Mayoral Regulation Number 12 of 2006 on No-Smoking areas, Semarang City Regional

Regulation No. 3 of 2013 has content that involves many existing resources. While in terms of the policy environment, there has been an improvement, where initially this policy was only a symbol, but after a strong commitment from the Mayor through the Health Office as the leading sector and supported by other stakeholders in its implementation. Even though it is not optimal, community compliance with the applicable regulations has grown.

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