



2<sup>nd</sup> ICMHS & 2<sup>nd</sup> LSC

PROCEEDING

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## The 2nd International Conference of Medical and Health Sciences (ICMHS) and The 2nd Life Sciences Conference (LSC) 2016

*"Towards a Better Quality of Life  
through Interdisciplinary Research"*

Yogyakarta, 9<sup>th</sup>-10<sup>th</sup> December 2016  
The Alana Hotel and Convention Center

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**The 2<sup>nd</sup> International Conference of Medical & Health Sciences  
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**Committee of ICMHS & LSC 2016**

Supervisor	dr. Ardi Pramono, Sp.An, M.Kes
Chair	dr Iman Permana, M.Kes, Ph.D
Partner	Dr Zahid Iqbal, Ph.D
Secretary	Winnie Setyonugroho, S.Ked, MT, Ph.D
Secretariat	dr Bramantyas Kusuma H, M.Sc Futuh Hidayat, SEI Elida Tri Grahani, SE
Treasury	dr Hidayatul Kurniawati, M.Sc
Scientific section	Dr dr Ikhlas M Jenie, M.Med, Sc Dr Sri Nabawiyati Nurul Makiyah, S.Si, M.Kes Lia Fitriana, SP
Programme section	dr Ika Setyawati, M.Sc dr Imaniar Ranti, M.Sc dr Ahmad Ikliludin, SpM
Publication and Documentation section	dr April Imam Prabowo Arif Hadiano, ST
Logistic and Transportation	dr Muhammad Kurniawan, M.Sc Aris Nuryanta, SH Muhammad Ma'rifatullah Katiga Putra Dwi Hatmo Budi, S.IP
Fund Raiser	dr Maria Ulfa, MMR dr Akhmad Syaiful Fatah Husein, SpAn



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**Chair person of The 2<sup>nd</sup> International Conference of Medical and  
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Welcome to Jogja, sugeng rawuh!

For the second time, the Faculty of Medicine and Health Sciences Universitas Muhammadiyah Yogyakarta is going to conduct the 2nd International Conference of Medical and Health Sciences (ICMHS) this December in vibrant Yogyakarta, Indonesia. This year we are going to collaborate with the Life Sciences Society of Pakistan for their 2<sup>nd</sup> Life Sciences Conference (LSC) with Dr. Zahid Iqbal as the general secretary.

This year's conference theme "Towards a better quality of life through interdisciplinary research" will be celebrating an era of seamless interdisciplinary integration and collaboration in scientific innovations with the involvement of more extensive topics and disciplines in the conference. We aim to exhibit the products of that kind of approach in solving challenges, improving the quality of life, and creating sustainable developments. We are happy to announce that our conference is filled with Invited speakers from Pakistan, United States of America, Uni Emirates Arab, Malaysia and Indonesia. Presentations will be conducted in oral as well as poster that covers topics from medicine, public health, dentistry, pharmacy, biomedical to agriculture. To put more credibility to the conference we are collaborating with Isra Medical Journal and the Asian Journal of Agriculture and Biology to publish selected papers from the event. Other paper will be published in the ISBN Proceeding book.

The last but not least, enjoy the conference, start networking and sharing ideas, and let immerse yourself to the heritage cultural ambient of Jogja, sumonggo!

Yogyakarta, 1<sup>st</sup> December 2016

dr. Iman Permana, M.Kes, Ph.D.

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**Dean of Faculty of Medicine and Health Sciences,  
Universitas Muhammadiyah Yogyakarta**



Assalamu'alaikum Wr. Wb.

Science, especially in the areas of health and life growing more rapidly. We need to work together in the research of various disciplines to the advancement of science and to provide benefits to human life.

After successfully organized international scientific meeting last year, the Faculty of Medical and Health Sciences Universitas Muhammadiyah Yogyakarta, held the second scientific meeting ICMHS along with "2nd Life Sciences Conference". In this second scientific meeting, FKIK UMY collaborates with various researchers, among others from Pakistan, Malaysia, and the United States. Taking the theme "Towards a better quality of life through interdisciplinary research" we hope to establish cooperation with various parties to be able to contribute ideas to the civilization of human life.

Finally, we congratulate the scientific meeting in the city of Yogyakarta Indonesia. Enjoy the beautiful city of Yogyakarta with priceless historical relics. We hope that this meeting can run smoothly and provide benefits to the advancement of knowledge.

Wassalamu'alaikum Wr. Wb.

Yogyakarta, 1<sup>st</sup> December 2016

dr. Ardi Pramono, M.Kes, Sp.An.

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**Rector of Universitas Muhammadiyah Yogyakarta**



Assalaamu'alaikum Wr. Wb.

Ladies and Gentlemen,

Welcome to the 2<sup>nd</sup> International Conference on Medical and Health Science in conjunction with the 2<sup>nd</sup> Life Sciences Conference 2016

Welcome to Yogyakarta City of Tolerance

Our Faculty of Medicine and Health Sciences has been doing such international conference almost every year for the last ten years. This and other previous conferences are the things that supporting our vision as an excellence and Islamic university, a young and global university. We will always try to keep monitoring the development of science through sending more lecturers to do the sabbatical leave overseas, doing international research collaborations and also the international conference. Each department should do this strategy of internationalization so that each department has its own network. Faculty of medicine and health science is one of the most progressive units in implementing this strategy by inviting international experts on a regular basis. This program will certainly strengthen our vision.

International conference on medicine and health sciences is a smart choice to offer our lecturers access to the most recent development of the subjects. The participants will also gain the same knowledge and latest information on medicine and health sciences. As everyone knows that the development of science and technology are faster today compared to the previous period. Information technology, computer, and other development havefastened the transformation of medicine and health science into the different and more complex stage.

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Cellular technology, for instance, can be used for several functions including those that directly impacts our daily life. There is no long distance call anymore today because cellular phone can do everything we need to contact other people far from where we stand anytime anywhere. People will finally innovate cellular phone for the sake of personal health services. We will in the future using our simple cellular phone to detect our body temperature, blood pressure, even how much fat we have in our body and how much it is supposed to be. We may also be able to check the health of our body without leaving our house and order medicine without going into the drug store. Everything is almost possible as long as we think hard for the better of people in the future. Enjoy the conference and don't forget to visit our rich tourist destinations, mountains, beaches or caves (underground waterways).

Thank you

Wassalaamu'alaikum Wr. Wb.

Prof. Dr. Bambang Cipto, MA

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***Keynote Speech***

**by Head of Provincial Health Office Special Region of Yogyakarta  
in International Conference  
of Medical and Health Sciences and Life Sciences Conference**

**The Alana Hotel and Convention Center, Yogyakarta, December 9-10, 2016**

The honorable:

- Rector of Muhammadiyah University of Yogyakarta,
- The Dean of Medical and Health Sciences Muhammadiyah University of Yogyakarta,
- The chairman of organizing committee of the international conference of medical and health,
- Distinguished guests and colleagues.

*Assalamu'alaikum Warahmatullahi Wabarakatuh,*

First of all, we thank God for His blessings that today we may attend the International Conference of Medical Health Towards a Better Quality of Life Through Interdisciplinary Research in Yogyakarta.

My distinguished colleagues,

In Indonesia National Long Term Development Plan (2005-2024), the Indonesian Ministry of Health have determined a paradigm shift that have governed health services in health development plan. There has been a shift from Curative Health Services to Preventive and Promotive Health Services.

Recently, Indonesia suffers from a triple burden of diseases as health development challenges. The triple burden of diseases are: 1) the backlog of common infections, undernutrition, and maternal mortality; 2) the emerging challenges of non-communicable diseases (NCDs), such as cancer, diabetes, heart disease; and 3) mental illness, and the problems directly related to globalization, like pandemics and the health consequences of climate change.

Dear colleagues,

Here are some data that show several health problems in Indonesia:

1. Maternal mortality rate in 2015 is 4,809 cases, infant mortality rate in 2015 is 22,267 cases;
2. Regarding to children under the age of five, the national stunting rate is 37.2% which consists of 18% for very short dan 19.2% for short (Risikesdas 2013);

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3. HIV testing coverage is 14% dan antiretroviral (ARV) therapy coverage is 65.58% (Directorate General of Disease Control and Prevention Ministry of Health, 2015);
4. Tuberculosis (TB) notification rate in 2015 is 73.5% and tuberculosis treatment success rate is 72% (Directorate General of Disease Control and Prevention Ministry of Health, 2015).

Distinguished guests,

Indonesia Health Development Program in 2015-2019 strengths in improving human quality life through Health Indonesia Program with family approach. The Indonesian Ministry of Health issued The Minister of Health Regulation (Permenkes) No. 39 Year 2016 as a Guideline of Implementation of Health Indonesia Program with Family Approach. This program has 12 main indicators as markers of a family health status. Currently, many health programs have been implemented by Indonesian Ministry of Health, Provincial Health Offices, and District Health Offices. However, many health problems, some as mentioned above, still become health burdens. We may ask a question whether the programs that we conducted have answered the health problems we have in Indonesia.

It would be better if all health programs that we implement based on scientific health research, especially interdisciplinary research. The research should be related to detection, prevention, and treatment of diseases or problem solving for better health.

My dear colleagues,

Being a province with speciality, Special Region of Yogyakarta placed Traditional Medicine as one of the priority programs in Provincial Medium Term Development Plan (2017-2022). We still encounter many challenges in developing Traditional Medicine, especially in providing services which are based on scientific evidence.

Distinguished colleagues,

We look forward to results of interdisciplinary research which would support health problem solving, especially by developing traditional medicine in Yogyakarta. We believe that collaboration in interdisciplinary research would improve quality of human life.

Finally,

Thank you for your attention. We wish you a successful conference.

Wassalamu'alaikum Warahmatullahi Wabarakatuh,

On behalf of  
the Head of Provincial Health Office  
Special Region of Yogyakarta

**Drg. Pembajun Setyaningastutie, M.Kes**

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**SPEAKER OF  
INTERNATIONAL CONFERENCE**

**Zahid Iqbal**

Al-Nafees Medical College Isra University Islamabad Campus Islamabad, Pakistan  
*“One Health Program for Public Health Benefit”*

**Prof. Dr. Abdul Khaliq**

Professor, Department of Agronomy, University of Agriculture, Faisalabad  
*“Role of Agriculture in Poverty Alleviation of Rural Areas”*

**Fitri Arofati**

Universitas Muhammadiyah Yogyakarta, Indonesia  
*“Continuing Professional Development of Practicing Nurses in Indonesia”*

**Tri Wahyuliati**

Universitas Muhammadiyah Yogyakarta, Indonesia  
*“Diabetic Neuropathy - A Chance Towards A Better Treatment”*

**Mohammad Khalid Ashfaq**

University of Mississippi, USA  
*“Natural Products –Use or Misuse”*

**Muhammad Mukhtar**

American University of Ras Al Khaimah, United Arab Emirates  
*“Emerging Biotechnologies and Genomic Medicines in Human Health and Well-Being”*

**Muhammad Sasmito Djati**

Brawijaya University Malang, Indonesia  
*“Herbal Medicine a Holistic Approach: in case of food supplement formulation of Sauropusandrogynus and Elephantopuscaberto modulate immune and hormonal system in pregnant Salmonella typhi infected mice”*

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**REVIEWER**

1. Dr. Zahid Iqbal, Ph.D (Isra University, Islamabad, Pakistan)
2. Prof. Dr. Abdul Khaliq (University of Agriculture, Faisalabad)
3. Dr. Mohammad Khalid Ashfaq, DVM, DTVM, MS, Ph.D (University of Mississippi, USA)
4. Dr. Muhammad Mukhtar, Ph.D (American University of Ras Al Khaimah, United Arab Emirates)
5. Dr. Ir. Muhammad Sasmito Djati, MS. (Brawijaya University Malang, Indonesia)
6. Fitri Arofiati, S.Kep., Ns., MAN., Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
7. Dr. SN Nurul Makiyah, S.Si., M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
8. dr. Iman Permana, M.Kes, Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
9. Dr. dr. Ikhlas M. Jenie, M.Med, Sc (Universitas Muhammadiyah Yogyakarta, Indonesia)
10. Dr. dr. Arlina Dewi, M.Kes, AAK (Universitas Muhammadiyah Yogyakarta, Indonesia)
11. dr. Oryzati Hilman, M.Sc, CMFM (Universitas Muhammadiyah Yogyakarta, Indonesia)
12. Dr. Dra. Yoni Astuti, M.Kes, Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
13. Dr. drg. Tita Ratya Utari, Sp. Ort (Universitas Muhammadiyah Yogyakarta, Indonesia)
14. Dr. dr. Tri Wahyuliati, Sp.S, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
15. Dr. Elsy Maria Rosa, M.Kep (Universitas Muhammadiyah Yogyakarta, Indonesia)
16. Dr. dr. Titiek Hidayati, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
17. Dr. Shanti Wardaningsih, M.Kep., Ns., Sp.Kep.J., Ph.D. (Universitas Muhammadiyah Yogyakarta, Indonesia)
18. Dr. dr. Sri Sundari, M.Ke (Universitas Muhammadiyah Yogyakarta, Indonesia)
19. Dra. Lilis Suryani, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
20. Drh. Tri Wulandari K, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
21. Dr. dr. Wiwik Kusumawati, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
22. Sabtanti Harimurti, S.Si., M.Sc., Ph.D., Apt. (Universitas Muhammadiyah Yogyakarta, Indonesia)



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**SPEAKER OF  
INTERNATIONAL CONFERENCE**

ICMHS-O-1-32

## Qualitative Study of Stakeholders' Knowledge Regarding Alert Village Program in Ogan Ilir Regency

**Asmaripa Ainy<sup>1</sup>, Iwan Stia Budi<sup>2</sup>**

<sup>1,2</sup> Faculty of Public Health, Sriwijaya University, Indonesia

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### Abstract

The implementation of community empowerment through alert village program in Ogan Ilir regency was not optimal. Morbidity rates of some aspects of public health such as maternal and child health as well as environmental health were still high. Stakeholders' knowledge are very essential to be analyzed as a step in order to implement effective alert village program. This study aimed to analyze the stakeholders' knowledge regarding alert village program in Ogan Ilir regency. This was qualitative study. The research location is Ogan Ilir regency. Informants were determined referring to the guidelines of active alert villages from MoH of Republic Indonesia. Informants consist of 29 people involved in the alert village program at level regency/district, sub-districts and villages. The data were primary data from in-depth interviews, direct observation and secondary data were collected through documents review. Basic health services in alert villages held in community health sub-center, village health post and integrated health post including health services for pregnant women, breastfeeding mothers, children, elderly and patients. Stakeholders obtained information concerning alert village program from several sources. Most of the information was obtained through dissemination activities organized by the provincial health department and district health offices. In general, stakeholders' knowledge was good and it must be also expanded through facilitating information exchange among stakeholders.

Keywords: Knowledge, Stakeholders, Alert village

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## INTRODUCTION

Alert Village program is one of health promotion programs with the concept of community independence in the form of community empowerment. Independent communities will gradually be able to overcome their health problems in order to improve their health status. The main concept of community empowerment is joint efforts among communities continuously. Community empowerment strategies in dealing with health issues in the Alert Village program are conducted through expanding function of community-based health efforts / UKBM.<sup>1</sup>

Alert Village policy has been initiated in 2006 stipulated by the Decree of the Minister of Health Republic Indonesia number 564/Menkes/SK/VIII/2006,<sup>2</sup> regarding guidelines for implementation of alert village development. In accordance with the vision of Healthy Indonesia, one of the most important objectives to be achieved in the end of year 2008 the whole villages in Indonesia had become Alert Village. Until year 2009, it has recorded only 42,295 (56,1%) villages and villages in urban area (in Indonesia called Kelurahan) have begun efforts to realize the alert village. The number has not reached the target of 100% by the end of 2008.<sup>3</sup>

Alert Village policy has been accelerated into Active Alert Village policy stipulated by the Decree of the Minister of Health of the Republic of Indonesia number 1529 / Menkes/SK/X/2010,<sup>3</sup> regarding General Guidelines for Development of Active Alert Villages. Based on the Regulation of the Minister of Health number 741 /Menkes /Per/ VII/2008,<sup>4</sup> coverage target of active alert villages is 80% in 2015.

Based on data from the Health Profile of Ogan Ilir 2014,<sup>5</sup> there were 76,34% Alert Villages (184 villages out of 241 total villages) with the proportion of Pratama alert village 149 villages, Madya alert villages 35 villages and no villages are categorized as Purnama and Mandiri. It means that the alert village program in Ogan Ilir need to be further developed. It is required comprehensive understanding about alert village program from stakeholders in order to implement the program effectively. This study aimed to analyze qualitatively the knowledge of stakeholders alert village program in Ogan Ilir.

## MATERIALS AND METHODS

This research was conducted in Ogan Ilir with a qualitative approach. The informants were stakeholders of alert village program at level district /sub-district /village. Districts and villages were chosen based on recommendations from the District Health Office. Primary data were collected directly from the informants through interviews and direct observation while secondary data such as documents /reports on the alert village that gathered from various relevant agencies. Informants were selected using purposive method in which respondents were selected based on a specific purpose refer to the

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regulation of Ministry of Health on guidelines for active alert village program. Total informants were 29 people.

## RESULTS

### *Characteristics of Research Area*

Ogan Ilir district has an area of 2,666.07 km<sup>2</sup>. It is geographically located between 20 55 'to 30 15' south latitude and between 1040 20 'to 1040 48' east longitude. Ogan Ilir administrative borders as follows:

North : Banyuasin district and Palembang city

South : Ogan Komering Ulu district

East : Ogan Komering Ilir and East Ogn Komering Ulu district

West : Muara Enim district and Prabumulih city

### *Characteristics of Research Informant*

The total informants were 29 people. The informants are stakeholders of active alert village program in the area of Ogan Ilir district. They were chosen in accordance with the guidelines for active alert village program. The following table is characteristics of the informants.

**Table 1. Characteristics of Informants**

No	Stakeholders	Inisial	Sex
1	Facilitator of alert village at district level	SA	Man
2	District health office	WP	Woman
3	Operational working group at district level	BR	Man
4	Government of Tanjung Raja subdistrict	MC	Man
5	Government of Indralaya Utara subdistrict	YA	Woman
6	Head of subdistrict forum of Indralaya Utara	HA	Woman
7	Community health center of Tanjung Raja	RK	Woman
8	Community health center of Sungai Pinang	FB	Man
9	Community health center of Payakabung	DR	Woman
10	Alert village forum of Tanjung Raja	EY	Woman
11	Alert village forum of Sungai Pinang	PA	Woman
12	Government of Tanjung Raja village	SY	Man
13	Government of Sungai Pinang village	LS	Woman
14	Government of Payakabung village	FR	Man
15	Village consultative body of Tanjung Raja	MA	Man
16	Village consultative body of Sungai Pinang	HK	Man
17	Village consultative body of Payakabung	JH	Man

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No	Stakeholders	Inisial	Sex
18	Cadre of Tanjung Raja village	SM	Woman
19	Cadre of Tanjung Raja village	NM	Woman
20	Cadre of Sungai Pinang village	LI	Woman
21	Cadre of Sungai Pinang village	ZA	Woman
22	Cadre of Payakabung village	RH	Woman
23	Cadre of Payakabung village	YT	Woman
24	Residence of Tanjung Raja village	SR	Woman
25	Residence of Tanjung Raja village	SO	Woman
26	Residence of Sungai Pinang village	NU	Woman
27	Residence of Sungai Pinang village	SB	Man
28	Residence of Payakabung village	SL	Woman
29	Residence of Payakabung village	SD	Woman

*Source: Research primary data (2016)*

*Analysis of Stakeholder knowledge regarding Alert Village Program*

Basic health services in alert villages held in community health sub-center, village health post and integrated health post including health services for pregnant women, breastfeeding mothers, children, elderly and patients.<sup>6</sup> Stakeholders obtained information concerning alert village program from several sources. Most of the information was obtained through dissemination activities organized by the provincial health department and district health offices.

Implementation of efective Alert Village program requires a good level of knowledge from the stakeholders. Based on the results of in-depth interviews that the level of knowledge of stakeholders in Ogan Ilir regarding Alert Village program was quite good. These were in-depth interviews quoteswith stakeholders:

*“... Villages where people have the readiness of resources, ability and willingness to prevent and overcome health problems, disasters and emergencies independently ...” (DR)*

*“... The government’s efforts in addressing a variety of health problems in the community such as maternal and infant mortality, poor nutrition and others ... (WP)*

*“... It has a lot of community-based health effeorts (UKBM) like posyandu, posbindu, elderly posyandu, gymnastics for chronics diseases...” (RK)*

*“mainly, it is about empowerment of rural communities ....” (NU)*

Stakeholders understood that the concept of Alert Village is village where people have the readiness of resources, willingness and ability to prevent and handle the existing health problems in their villages independently in which one of its goals is to reduce Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), and malnutrition

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cases. Good level of of stakeholders' knowledge is needed in order to facilitate the stakeholders in implementing Alert Village program. But there were also some stakeholders who lack an understanding of Alert Village program. It can be seen from several in-depth interviews quotes as follows:

*"... A new program, I also still confused ... (BR)*

*"... Alert village is for mothers in giving birth ... (HA)*

*"... clearly, we must understand concerning our village condition... (SY)*

*"... alert village program? I do not know much, but I ever heard about it ..." (HK)*

Some stakeholders have limited knowledge of the Alert Village program. Based on the interview quotes above are known that the informants cannot give comprehensive information about the concept of Alert Village. Some informants stated that their only just heard about the Alert Village program.

The following table describes in detail on the grouping of the level of stakeholders' knowledge .of on the program prepared village in Ogan Ilir.

**Table 2. Analysis of stakeholders' knowledge about Alert Village Program in Ogan Ilir District**

Group 1 : Low	Group 2 : Medium	Group 3 : High
1. Operational working group at district level	6. Facilitator of alert village at district level	29. Government of Tanjung Raja subdistrict
2. Residence of Tanjung Raja (1)	7. District health officer	
3. Residence of Payakabung (1)	8. Community health center of Tanjung Raja	
4. Village consultative body of Payakabung	9. Alert village forum of Tanjung Raja	
5. Residence of Sungai Pinang (2)	10. Government of Tanjung Raja village	
	11. Cadre of Tanjung Raja (1)	
	12. Cadre of Tanjung Raja (2)	
	13. Residence of Tanjung Raja (2)	
	14. Village consultative body of Tanjung Raja	
	15. Government of Indralaya Utara subdistrict	
	16. Head of subdistrict forum of Indralaya Utara	

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Group 1 : Low	Group 2 : Medium	Group 3 : High
	17. Community health center Payakabung	
	18. Government of Payakabung village	
	19. Cadre of Payakabung (1)	
	20. Cadre of Payakabung (2)	
	21. Village consultative body of Payakabung	
	22. Residence of Payakabung (2)	
	23. Community health center of Sungai Pinang	
	24. Village consultative body of Sungai Pinang	
	25. Government of Sungai Pinang village	
	26. Cadre of Sungai Pinang (1)	
	27. Cadre of Sungai Pinang (2)	
	28. Residence of Sungai Pinang (1)	

*Source: Research primary data (2016)*

## **DISCUSSION**

In the Alert Village program implementation, stakeholder requires a good knowledge for implementing the program. Knowledge is a necessary thing in order to change patterns of thinking and the behaviour of an individual, group, or community.<sup>7</sup> Based on the research results, it has been showed that stakeholders' knowledge about Alert Village program is quite good. But there are some stakeholders who have less knowledge of the Alert Village program so that the stakeholders cannot explain fully and comprehensively about the concept of Alert Village. The basic science of stakeholders about Alert Village program will affect the implementation of the program. It therefore requires enough knowledge for stakeholders to be able to implement the program properly prepared village.

Farida (2014),<sup>8</sup> explained that there is a significant association between knowledge of alert village and behaviour in the development of Alert Village program. This indicates that the stakeholders' knowledge will affect the implementation of Alert Village program. Surjaningsih (2014),<sup>7</sup> described that a person who has a good knowledge about Alert Village program will decide to get involved directly in all activities of alert village program

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because he/she knows and understands the purpose of the alert village is to improve community health.

According to Palutturi (2007),<sup>9</sup> knowledge is the result of knowing due to sensing a particular object through the human senses, such as sight, hearing, smell, taste and touch. The knowledge is such things about a particular field that have been learned previously. Asrini in Sudiharti et al. (2012),<sup>10</sup> stated that there were several factors that affect knowledge, ie: socioeconomic factors, cultural factors, educational factors, and the experience factor. Behaviour based on knowledge will be lasting. With good knowledge, hopefully a person can behave well in preventing diseases as expected. Before showing a new behaviour, a person must know in advance what the meaning or benefit of the behaviour for himself or family.<sup>11</sup>

## CONCLUSION

Stakeholders' knowledge was good and it must be also expanded through facilitating information exchange among stakeholders.

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