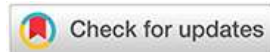


IMPLEMENTATION OF HEALTH SERVICES FOR PRISONERS WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN CLASS IIA PURWOKERTO CORRECTIONAL INSTITUTION



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ABSTRACT

This study aims to determine the implementation of health services for the fulfillment of human immunodeficiency virus (HIV) sufferers in Class IIA Purwokerto Correctional Institution. This study focuses on the provision of health services, including medical care, counseling, and support, to ensure the well-being of people with HIV. The research methodology uses a qualitative approach to explore the health services currently available, identify challenges faced, and recommend improvements needed to improve the quality of life of compensation for people with HIV. Data analysis conducted involved in-depth interviews with health assistants and prison administrators to understand their perspectives on the implementation of health services. The findings of this study are important in informing policies and practices that promote human rights and assisting people with HIV in Indonesian correctional institutions.

Keywords: Health Services; Implementation; Human Immunodeficiency Virus (HIV)



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INTRODUCTION

Health services to prisoners are prevention, treatment, and rehabilitation efforts in the health sector for prisoners. All prisoners, including those infected with the human immunodeficiency virus (HIV), must receive health services from the penitentiary without exception. When a person is infected with the HIV virus, it can interfere with the body's immune system to function properly. This is because HIV fights white blood cells, which are responsible for the immune system (Wiratma & Purba, 2022). The HIV virus attacks a person's immune system and then damages an important component of the immune system, namely Tlymphocyte or better known as lymphocyte cells (Hendrawan et al., 2022).

The main danger of HIV lies in its ability to weaken the immune system, making sufferers vulnerable to various diseases and infections. HIV is spread through various ways, such as unprotected sex, unsterilized needles, contaminated blood transfusions, and offspring from the mother, childbirth, or breastfeeding. Another danger is that there is no drug that can cure HIV directly, so patients must undergo lifelong treatment to control the virus and prevent the development of AIDS (Dwiana, 2020). It is important to raise awareness of the dangers of HIV and make preventive efforts, such as using contraceptives and avoiding other risky behaviors.

HIV in Indonesia is a serious health issue that continues to challenge prevention and treatment efforts. Although the prevalence is not comparable to some other countries, the number of HIV cases in Indonesia remains significant. Stigma and discrimination against PLHIV are also major barriers to prevention and care. Vulnerable groups such as sex workers, injecting drug users, and transgender people still face a high risk of transmission. Constraints in access to health services, as well as shared injecting drug use, are determining factors in the spread of HIV. The government and health organizations continue to raise awareness, educate, and provide accessible health services, hoping to reduce the serious impact of the disease in Indonesia (Salbila, 2023).

According to data from the Ministry of Health in 2022, the estimated population of People Living with Human Immunodeficiency Virus (ODHIV) reached a monumental figure of 543,100 people. Of these, approximately 393,538 people or about 72% have been confirmed as having ODHIV, signaling a high level of awareness and testing among the infected population. This figure illustrates the success of HIV testing and education campaigns in the community. A major challenge arises when looking at the number of people on treatment despite the relatively high rate of recognition of HIV infection status. Of those confirmed to be living with HIV, only about 160,249 people or about 41% are currently receiving treatment. This reflects the complexity of the care system and emphasizes the importance of accessibility to health services and support for HIV treatment. HIV treatment is not only about individual health, but also an effective strategy in preventing the spread of the virus to others.

In Jateng.solopos.com, the findings of HIV cases in Central Java in 2023 amounted to 2,882 cases. There was an increase in the number of deaths in 2023, reaching 224 cases, compared to 186 cases in 2022. Of the total 2,882 HIV case findings in Central Java, Semarang City has the most cases with 331 cases, followed by Kendal Regency with 129 cases and Jepara Regency with 127 cases. Of the total findings, about 67 percent occurred in men (1,930 cases) and 33 percent in women (951 cases). Risk factors for HIV transmission include young people's promiscuity and not using protection during sex. Most cases occurred in heterosexual relationships (1,970 people), followed by homosexuality (867 people). In an effort to reduce the spread of HIV, the Central Java Health Office continues to conduct education and counseling, in collaboration with

various communities, including lesbian, gay, bisexual and transgender (LGBT), sex workers, and prison residents. Recent efforts include the provision of Antiretroviral (ARV) drugs at health centers to facilitate access and ensure regular consumption of drugs by individuals with HIV/AIDS (Jateng.solopos.com on February 21, 2024).

Banyumas is one of the districts in Central Java. Data on HIV/AIDS cases in Banyumas reflect a significant number. According to the records of the Banyumas District Health Office (Dinkes), there are 243 people infected with HIV/AIDS in the region. Mapping by age category reveals that there are 4 children under the age of 15 affected, and they are currently receiving assistance from the Health Office. Of the total 243 people recorded, the age distribution shows a certain trend. There was an increase in cases in the 25-34 age range, with the highest number occurring in this group. The 15-24 age category recorded 32 people, 35-44 years old had 55 people, while 45 years old and above reached 63 people. It is important to note that the peak of HIV/AIDS cases lies in the age range of 25-34 years. This reflects the fact that the productive age group, 25-34 years old, is the most vulnerable group to the transmission of this disease. Given this condition, the Health Office is actively conducting detection and data collection in the community (Serayunews.com on February 24, 2024).

The handling of HIV/AIDS cases in Banyumas involves cooperation between the Health Office and community social organizations. This joint effort aims to provide effective preparation in dealing with the impact of HIV/AIDS in the region. This approach demonstrates the commitment of the Health Office to not only conduct active detection but also involve various parties in the handling and prevention of this disease at the community level. The researcher's observation during the researcher's field practice at the Class IIA Purwokerto Correctional Institution, found that there were several prisoners living as People with Human Immunodeficiency Virus (ODHIV). The Correctional Database System (SDP) on January 31, 2024, obtained information that the Class IIA Purwokerto Correctional Institution has a total capacity of 488 people. The facts in the field show that there are 515 prisoners and 65 detainees, so the total number of residents reaches 571 people. By considering the ratio between the capacity and the number of residents, it can be concluded that Purwokerto Class IIA Penitentiary faces an overcapacity of about 18%. This overcapacity situation can have an impact on limitations in the provision of health services, which are currently general in nature and have not been specialized for certain prisoners.

LITERATURE REVIEW

Management plays a crucial role in various activities within an organization, aiming to achieve established targets. It can be defined as the knowledge required to organize, control, and utilize resources effectively to reach organizational goals. According to Kristiawan, management's primary purpose is to guide behaviors towards achieving predefined objectives. George R. Terry identifies four essential functions of management: Planning, Organizing, Actuating, and Controlling, collectively known as POAC. These functions are integral to the implementation of health services for inmates suffering from HIV, as they provide a structured approach to achieving the objectives of healthcare delivery in this sensitive context. The effective application of POAC functions is essential for enhancing the quality and efficiency of health services provided to these individuals.

Planning is the first step in the management process, serving as the foundation for setting targets and outlining the stages needed to achieve specific goals. It involves preparing all necessary resources, calculating potential obstacles, and designing the activities required to meet these targets. The decision-making aspect is vital in planning,

as it dictates the actions to be taken. This includes human resource planning, budget forecasting, and the arrangement of facilities and infrastructure. A well-structured planning process ensures that the tasks are aligned with the established framework, maximizing the likelihood of achieving the desired outcomes. Thus, planning is not merely about setting goals but also about ensuring that all components are adequately addressed to facilitate success.

Organizing follows planning and is focused on assembling individuals and allocating tasks based on their skills and competencies. It involves establishing, categorizing, and structuring the activities necessary to reach specific objectives. An effective organization requires placing employees in appropriate roles, arranging the physical factors needed for their tasks, and defining the authority levels necessary for each individual to perform their duties. A robust organizational structure is essential for effective division of labor among leaders, responsible individuals, and team members. This organization also encompasses clear goals and procedures that guide task execution, ensuring that all members work collaboratively towards the organization's objectives.

Actuating, or the implementation phase, is where management actively engages members to perform their tasks and achieve the set targets. This function emphasizes the importance of guidance and communication in executing activities, ensuring that efforts align with organizational goals. The role of actuating is to transform plans into reality by motivating team members to execute their responsibilities efficiently. The success of this phase hinges on the clarity of tasks assigned to each member, allowing for optimal performance and accountability. Effective execution occurs when all activities are carried out according to the designated roles, leading to the successful attainment of the organization's aims.

Controlling is the final function in the management process and involves monitoring ongoing activities to ensure they align with the established plans. This process includes evaluating and analyzing the implementation results against the original plans, facilitating necessary adjustments when discrepancies arise. Control is continuous, taking place throughout the entire process from inception to completion. Effective controlling is achieved through specific plans and clear instructions provided to team members. By offering precise guidance, managers can determine whether tasks are performed correctly and maintain oversight of the execution process. This oversight is crucial in ensuring that the organization remains on track to meet its objectives, fostering an environment of accountability and continuous improvement.

METHOD

This research adopts a qualitative methodology to explore the intricacies of social realities and cultural meanings, specifically within the context of health services for prisoners with HIV. Qualitative research is characterized by its emphasis on understanding processes and the significance of field realities, as it seeks to delve into the interactions of events through detailed analyses of situations. By prioritizing the researchers' direct involvement in the investigation, qualitative methods allow for a rich synthesis of theory and data that highlights themes emerging from firsthand observations. This approach fosters a comprehensive grasp of the complexities inherent in the lived experiences of individuals, making it particularly suitable for studying health services in correctional environments where nuanced understanding is crucial.

The qualitative approach is especially relevant for this study as it facilitates an in-depth examination of health service implementation for HIV-positive inmates. This method enables the author to dissect various components of health care, including service

provision, inter-unit coordination, oversight, and evaluation. Through qualitative analysis, the researchers are poised to uncover a diverse range of perspectives and insights regarding the health services offered to prisoners. Such depth of exploration not only highlights the efficacy and challenges of these services but also aids in identifying barriers to implementation and potential areas of improvement. By gathering comprehensive data, the study can illuminate the unique issues that arise within this context, providing a more thorough understanding of the conditions faced by HIV-infected inmates.

The research design employed is a case study, which focuses on specific events or situations involving individuals or groups. This approach allows for an in-depth investigation of the health service delivery framework within a defined time period, yielding insights that are both contextually relevant and substantively rich. By selecting a case study design, the researchers aim to develop a holistic understanding of the unique characteristics of health service implementation for HIV prisoners at Class IIA Purwokerto Prison. This method not only captures the complexities of individual and organizational interactions but also allows for a thorough exploration of the broader systemic factors influencing health service delivery.

In adopting a case study approach, the researchers emphasize the importance of intensive data collection and analysis to reveal the distinctive challenges and conditions that affect health services for HIV inmates. This methodology is instrumental in highlighting the nuances of the correctional health care environment, where various factors can hinder the effective delivery of services. By closely examining the specific context of Class IIA Purwokerto Prison, the study seeks to identify critical obstacles and formulate appropriate solutions that can enhance health service provision for this vulnerable population. The insights garnered through this case study are expected to contribute to a deeper understanding of the multifaceted nature of health care within correctional facilities, ultimately supporting efforts to improve health outcomes for HIV-positive prisoners.

RESULTS AND DISCUSSION

Implementation of Health Services for Prisoners with Human Immunodeficiency Virus (HIV) in Class IIA Purwokerto Penitentiary

Planning serves as a critical foundational step in management, establishing goals and outlining effective strategies to achieve them. Within the context of healthcare services for HIV-positive inmates at the Class IIA Purwokerto Correctional Facility, meticulous planning is essential to ensure that inmates receive adequate and sustainable health services. The initial phase of planning involves identifying the specific needs of the facility. Key requirements identified include the need for trained human resources, sufficient healthcare facilities, access to medications, and psychosocial support for HIV-positive inmates. The Class IIA Purwokerto facility has notably upgraded its healthcare standards, achieving accreditation as a primary clinic. This enhancement reflects the commitment of the facility to provide quality health services, especially in offering appropriate healthcare facilities. However, challenges persist, particularly regarding the limited availability of trained personnel. The clinic still relies heavily on external medical staff from local health centers, highlighting the necessity for ongoing improvements in human resource availability to support the health needs of inmates effectively.

Following the identification of needs, the next step in the planning process is the formulation of a comprehensive plan. This plan encompasses strategies aimed at delivering effective healthcare services to HIV-positive inmates. At the Class IIA

Purwokerto facility, the established plan emphasizes collaboration with various external agencies, including the Health Department and local health centers, to address internal resource constraints. Such partnerships facilitate access to a broader range of healthcare services, including laboratory tests, antiretroviral medications, and HIV counseling. The coordination between the correctional facility and the Health Department of Banyumas County exemplifies a proactive approach to healthcare planning, enabling inmates to receive necessary screenings for HIV, tuberculosis, and hepatitis. This strategic collaboration not only ensures the provision of optimal healthcare for HIV-positive inmates but also reflects a well-structured planning process that capitalizes on external resources to supplement internal limitations.

Effective organization is crucial for the successful implementation of healthcare services, involving the systematic arrangement of resources and clear establishment of structures. In the Class IIA Purwokerto facility, the organizational framework for healthcare services integrates medical personnel, such as nurses and doctors, along with support from external institutions. A well-defined division of labor is in place, with medical staff responsible for medical assessments and medication administration, while correctional officers focus on administrative duties and oversight. This clear distribution of responsibilities is vital, especially given the limited availability of internal medical personnel. Moreover, inter-agency coordination is essential for delivering comprehensive healthcare services. The collaboration with external health entities not only alleviates the workload of internal staff but also enhances the quality of care provided to inmates. Additionally, the facility is structured to cater specifically to the needs of HIV-positive inmates, separating them from others to minimize the risk of transmission. Such careful management of resources and facilities demonstrates a commitment to delivering timely and appropriate healthcare services, although challenges related to human resource availability and external coordination remain critical considerations for effective healthcare delivery in the correctional context.

The implementation phase of healthcare services for HIV-positive inmates at the Purwokerto Class IIA Correctional Facility plays a crucial role in executing the established plans and structures. This phase includes a variety of essential services such as medical care, medication distribution, counseling, and psychosocial support. A successful implementation requires effective coordination and consistency in providing the planned services. Specifically, medical services encompass routine examinations and the administration of antiretroviral (ARV) medication, which are vital for managing HIV. Regular access to ARV medication is critical in preventing disease progression and maintaining the health of inmates. However, the facility faces significant challenges due to limited human resources. Currently, the available medical staff comprises only nurses, with a notable absence of general practitioners and dentists. This limitation constrains the ability to deliver comprehensive healthcare services, as the facility often relies on external medical personnel from local health institutions, which affects the timeliness and continuity of care.

Counseling and psychosocial support are also integral components of the healthcare services offered to HIV-positive inmates. These services aim to help inmates understand their health conditions, manage their illnesses, and combat the stigma often associated with HIV. While the Purwokerto facility has conducted outreach programs and counseling sessions in collaboration with external organizations, the frequency and quality of these sessions need improvement. Some inmates have reported a lack of awareness about available HIV-related information and support, highlighting a gap in the outreach efforts. Stigma surrounding HIV can deter inmates from seeking help or

discussing their health concerns, which further exacerbates their conditions and increases the risk of transmission. The need for consistent and comprehensive counseling services is imperative to ensure that all HIV-positive inmates receive the necessary information and support, facilitating their journey toward better health and reducing the stigma associated with their condition.

Moreover, the referral process is a vital aspect of healthcare services for inmates requiring intensive care or hospitalization. The Purwokerto facility has established procedures for managing cases involving HIV-positive inmates needing external treatment. The referral process involves reviewing medical records and coordinating with security for safe transit to healthcare facilities outside the prison. While this system aims to ensure that inmates receive appropriate care, challenges remain in maintaining effective communication and coordination between various units involved in the process. Timeliness in referrals is crucial, as delays can impact the health outcomes of inmates. Therefore, continuous evaluation and refinement of the referral protocols are necessary to enhance the efficiency of healthcare services provided to HIV-positive inmates, ensuring they receive timely and appropriate medical attention as needed.

Barriers in Health Services for Prisoners with Human Immunodeficiency Virus (HIV) in Class IIA Purwokerto Correctional Institution

The implementation of healthcare services for inmates suffering from HIV at Purwokerto Class IIA Correctional Facility faces several obstacles that can significantly affect the quality, effectiveness, and efficiency of care. One of the primary challenges is the limited availability of human resources. The facility struggles with a shortage of adequately trained and competent medical personnel, which directly impacts its ability to provide sufficient healthcare services, particularly for inmates requiring specialized care such as those living with HIV. A limited number of doctors and nurses can lead to an overworked healthcare staff, resulting in delayed responses to medical needs and a reduction in the overall quality of care provided. This situation necessitates reliance on external healthcare providers, which introduces additional complications, including scheduling conflicts and a potential lack of understanding regarding the specific needs of the inmate population, especially those with HIV. Consequently, the absence of sufficient healthcare personnel can undermine treatment effectiveness and diminish the overall well-being of inmates affected by this virus.

In addition to human resource limitations, infrastructure and facility constraints further hinder the delivery of healthcare services at the correctional facility. Although the clinic has been upgraded to a primary clinic, it still lacks essential medical facilities capable of adequately addressing the health needs of inmates, particularly those with specific conditions such as HIV. A significant issue is the absence of an on-site laboratory for essential diagnostic tests, which are crucial for monitoring the progression of HIV and evaluating treatment effectiveness. Without an adequately equipped laboratory, medical examinations must be conducted externally, resulting in logistical challenges and delays in diagnosis and treatment initiation. Such delays can negatively impact the health outcomes of inmates and complicate their medical management. Furthermore, the facility is also hindered by inadequate isolation and special care areas for HIV-positive inmates, which can compromise both their recovery and the safety of other inmates. These infrastructural challenges ultimately lead to inefficiencies in the healthcare system within the facility and restrict the quality of care available to inmates living with HIV.

Moreover, the issue of inadequate oversight exacerbates the situation. Weak monitoring mechanisms within the healthcare system can contribute to inconsistencies

in service delivery and can hinder effective management of health programs aimed at addressing HIV/AIDS. Without robust oversight, the adherence to healthcare protocols may falter, leading to lapses in the administration of necessary treatments and care. Furthermore, the lack of ongoing training and education for existing medical personnel can perpetuate gaps in knowledge and skills, which in turn affects the quality of care provided to inmates with HIV. This cycle of inadequate oversight and limited training creates an environment where optimal healthcare delivery is challenging to achieve, further compromising the health and well-being of affected inmates.

Lastly, the stigma associated with HIV/AIDS within the correctional environment poses a significant barrier to effective healthcare service implementation. Inmates suffering from HIV may hesitate to disclose their condition or seek medical assistance due to fears of discrimination or social ostracization. This stigma not only deters inmates from accessing necessary treatment but also impacts their mental health and overall rehabilitation process. Moreover, correctional staff may lack adequate knowledge about HIV/AIDS, leading to misconceptions that contribute to stigma and discriminatory practices within the facility. This situation creates an environment where HIV-positive inmates experience social isolation and increased psychological distress, further complicating their healthcare needs. To mitigate these challenges, it is essential to enhance awareness and education surrounding HIV/AIDS among both inmates and correctional staff. Implementing comprehensive educational programs can foster a more supportive and understanding environment, ultimately improving healthcare access and quality for inmates suffering from HIV and facilitating their rehabilitation and reintegration into society.

CONCLUSION AND SUGGESTION

Research on the implementation of health services for prisoners with HIV in Purwokerto Class IIA prison shows that the fulfillment of health rights for prisoners, especially those infected with HIV, still faces various challenges. Although access to health services is a basic right that must be fulfilled without discrimination, the reality on the ground shows that there are limitations in terms of facilities, availability of medical personnel, and treatment for prisoners with diseases such as HIV.

The main obstacle in the implementation of health services in this prison is the limited number of medical professionals. Under current conditions, health services at Purwokerto Class IIA Prison are only handled by two nurses without the presence of a permanent doctor. This limitation is a major inhibiting factor in providing quality and responsive care, especially for prisoners who need ongoing care. This situation is exacerbated by the overcapacity of the prison population, which causes a high workload for medical personnel and makes it more difficult to optimize health care efforts.

This study also found that existing health services are still limited to the provision of ARV drugs. Although basic care is available, there is no rehabilitation program focused on treating patients with HIV. As a result, the care provided tends to be generalized and does not take into account the specific conditions and vulnerabilities of prisoners with HIV.

In addition to the medical aspects, this study highlights the social challenges of stigma and discrimination against prisoners with HIV. In the prison environment, the stigma attached to prisoners with HIV is one of the barriers for them to get care openly and comfortably. Both prisoners and some prison officers still have a limited understanding of HIV/AIDS, which leads to discriminatory behavior and reluctance to provide full support to infected prisoners. This condition not only affects the mental

health of the sufferers, but also worsens their physical health status because it can reduce the motivation to follow therapy consistently.

Overall, this study concludes that the implementation of health services in Purwokerto Class IIA prison is still not optimal, especially in the context of meeting the special needs of HIV prisoners. There is still a gap between policies that regulate the right to health for prisoners and their implementation in the field. Shortages in human resources, health facilities, and educational programs are the main factors that hinder the realization of inclusive and quality health services. In addition, the need for improvements in health management in prisons is evident, especially to ensure that every prisoner, including those infected with HIV, has equal and proper access to health services.

These findings confirm that improving health services for HIV-infected prisoners requires comprehensive interventions that include improving infrastructure, providing adequate medical personnel, and strengthening education and socialization about HIV/AIDS. Only with holistic improvement measures can the health rights of prisoners be optimally fulfilled and the risk of HIV spread in the prison environment be minimized.

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