

Affecting Factors in the Decision Making of the Banyuwangi Public Health Service Assurance Program (*JKMB* Program) to Achieve Health Security in Banyuwangi Regency

Bayu Mitra Adhyatma Kusuma^{1,3*}, Andy Fefta Wijaya², Boonruam Napachoti³

1. 2. Faculty of Administrative Science, University of Brawijaya, 163 MT. Haryono Street, Malang 65145, Indonesia

3. Faculty of Political Science and Law, Burapha University, 169 Long Hard Bangsaen Road, Chonburi 20131, Thailand

* E-mail of the corresponding author: bayumitraa.kusuma@yahoo.com

Abstract

This research was based on the decision making of the Banyuwangi Public Health Service Assurance Program (*JKMB* Program) to achieve health security in Banyuwangi Regency, East Java Province, Indonesia. In the development of a country, one of the indicators is the increased quality of citizen's health. Quality of citizen's health is very important because beside health is a basic human need, health is also one of the requirements in the form of human resources that good and qualified. Health is also very influential on the productivity of citizens, where citizen's productivity is necessary for the development. In order to improve the quality of citizen's health, takes the form of the right decision making from the government. *JKMB* Program is the answer to these problems which the program is the free primary health service for all community levels that was held without charge to the community. In the decision making of the *JKMB* Program, the decision maker faces with some affecting factors. That affecting factors include supporting and inhibiting factors, both from internal and external. Affecting factors in the decision making of the *JKMB* Program to achieve health security in Banyuwangi Regency is interesting to study because it have implications for health security in Banyuwangi Regency is achieved or not. This research is based on a qualitative type and descriptive approach.

Keywords: Affecting factors, Decision making, *JKMB* program, Health security

1. Introduction

Quality of citizen's health is very important for the development of a country. It is because beside health is a basic human need, health is also one of the requirements in the form of human resources that good and qualified. As proposed by Todaro and Smith (2003, p.404), education and health are fundamental development objective; apart from other things, two things are important. Health is at the core of the welfare and education is a key point to achieve satisfying and rewarding life. Both are fundamental to establish broader human capabilities that are at the core of the meaning of development. Health is a basic human need that can be defined as the achievement of a condition both physically and spiritually is to be enjoyed and preserved. The success of health development is strongly influenced by the availability healthy of human resources, skilled and expert and arranged in a health program with integrated planning supported by epidemiological data and information are valid (Ministry of Health, 2005).

In order to improve the quality of citizen's health, takes the right decision making from the government. Decision making is one of the most central processes in organizations and a basic task of management at all levels. According to Cole (2004, p.151), decision making is a process of identifying a problem, evaluating alternatives, and selecting one alternative. During the whole process, people are making the best choice from among several option based on the current situation. Additionally, Rollinson (2002) considered that decision making is the process of producing a solution to a recognized problem. The things that need attention is how the decision making process is done, how the pattern works, then the analysis and interpretation of the decision making. In the decision making, each model must have advantages and disadvantages of each. According Laswell as cited in Shafritz and Russel (2005, p.53), the stages in the decision making process are: intelligence phase, promoting and recommending phase, prescribing phase, invoking phase, application phase, appraisal phase, and the last is terminating phase.

Law No. 22 Year 1999 and then refined by Law No. 32 Year 2004 about Local Autonomy is spurring the local government to bring breakthrough. In the health sector, the Local Government of Banyuwangi Regency makes a decision that is manifested in a program, namely the Banyuwangi Public Health Service Assurance Program or

the *JKMB* Program. The purpose of the *JKMB* Program is providing primary health service for all community levels in Banyuwangi Regency regardless of social status or economic status. It is because health includes the interests of many stakeholders. As stated by Lin (2003, p.3), the problem of what works in health policy has long been of interest – to governments, health professionals, consumers, researchers, and decision makers generally.

The *JKMB* Program is very important for all community levels to achieve health security in Banyuwangi Regency. According Commission on Human Security, at its most basic, health security entails the protection against illness, disability, and avoidable death (2003, p.96). It is important to note as it will have implications for health security in Banyuwangi Regency is achieved or not. Health security entails the protection against illness, disability, and avoidable death. Health security is more than just a physical being or not just the absence of disease, but as a completely physical, mental, and social will being.

In the decision making process of the *JKMB* Program to achieve health security in Banyuwangi Regency, the decision maker faces with some affecting factors. That affecting factors include supporting and inhibiting factors. Normatively, the things that become supporting and inhibiting factors on a decision making usually is related to budget, facilities and competent personnel, and the seriousness support of the decision makers in charge. Similarly, the decision making of the *JKMB* Program to achieve health security in Banyuwangi Regency also find things that are supporting or inhibiting, both from internal and external.

Affecting factors in the decision making of the *JKMB* Program to achieve health security in Banyuwangi Regency is interesting to study because like researcher mention before that it will have implications for health security in Banyuwangi Regency is achieved or not. Based on the above reasoning, the authors are interested in taking research with the title: Affecting Factors in the Decision Making of the Banyuwangi Public Health Service Assurance Program (*JKMB* Program) to Achieve Health Security in Banyuwangi Regency (Study at Banyuwangi Regency, East Java Province). The objectives in this research are to find out, describe, and analyze the affecting factors in the decision making of the Banyuwangi Public Health Services Assurance Program (*JKMB* Program) to achieve health security in Banyuwangi Regency including supporting and inhibiting factors.

2. Literature Review

2.1 Decision Making

Public policy making involves so many aspects, so many players, and so many issues. So that it is very difficult to grasp it as one single think. According Shafritz and Russell (2005, p.50) public policy making process consist from four stages namely agenda setting, decision making, implementation, and evaluation or criticism. While, the stages of policy making that will be discussed and analyzed in this thesis is the decision making.

In public policy sciences, decision making is described as a stage where a government decision maker or an official decision making body selects a course of action or non-action among a small set of policy options identified at the policy formulation stage with a view towards policy implementation (UNEP, 2009, p.36). According Hastie (2001, p.657), decision making refers to the entire process of choosing a course of action. Judgment refers to components of the larger decision making process that concerned with assessing, estimating, and inferring what events will occur and what the decision makers will evaluate reactions to those outcomes will be. While according to Baker et al. (2001), decision making should start with the identification of the decision makers and stakeholders in the decision, reducing the possible disagreement about problem definition, requirements, goals and criteria.

So, based on the various definitions of the above can be concluded that decision making is a process in establishing a best decision, logical, rational, and ideally based on data, facts, and information from a number of alternatives to achieve the goals set by the smallest risk, effective, and efficient to be implemented in the future. Decision making in this research is intended to achieve health security.

2.2 Health Security

With the demise of the cold war, new concept of security that addressed not only the military realities of the contemporary world but also the political, economic, and social realities were developed (Snyder, 2008, p.1). As one element of security that is needed by humans is health security. According Commission on Human Security, at its most basic, health security entails the protection against illness, disability and avoidable death (2003, p.96). Health security is more than just a physical being or not just the absence of disease, but as a completely physical, mental, and social will being.

Health security is more than just a physical being or not just the absence of disease, but as a completely physical, mental, and social will being. The securitization of health suggest that health can be prioritized along the same

reasoning as defense and military investments are given priority in the concept of state security (Burgess, 2008, p.75). To achieve health security in Banyuwangi Regency, the local government makes a decision embodied in a program namely the Banyuwangi Public Health Service Assurance Program (*JKMB* Program).

2.3 Banyuwangi Public Health Service Assurance Program (*JKMB* Program).

Based on Decree of the Banyuwangi Regent No.13 Year 2011, the Banyuwangi Public Health Services Assurance Program (*JKMB* Program) is a program launched by the Government of Banyuwangi Regency to fulfill the primary rights of Banyuwangi citizens and the protection in the field of health care in order to improve health status by shifting the burden of proper retribution health service costs, so that primary outpatient in the public health center level and the network are borne by society make a burden Banyuwangi Regency Government. *JKMB* Program aimed at residents in Banyuwangi Regency who has *JKMB* cards, National Identity Card (*KTP*) of Banyuwangi Regency, or other identification card is able to demonstrate as citizens of Banyuwangi regency. The program manager of *JKMB* performed by a team executing under the auspices of the Department of Health of Banyuwangi Regency and its formation through Decision of the Banyuwangi Regent.

3. Methodology

This research use qualitative type of research with descriptive approach, where the data are primary data and secondary data. The data collecting technique are using observation method, interview, and related text document. The research instruments are the researcher themselves, interview guide, field note, and supporting device. This research is conducted in the Department of Health of Banyuwangi Regency, Local Parliament of Banyuwangi Regency, and NGO Senyum Madina that focus on the health sector in Banyuwangi Regency

3.1 Data Collecting Method

Data collecting method are the strategic step in the research, because the main objective of the research is to get the data. Data collecting method used in this research is:

3.1.1 Interview

The interview is one of the main data collection tools in qualitative research. It is a very good way of accessing people's perception meaning, and definitions of situations and constructing of reality (Punch, 2004, p.168). A series of interviews will be done with the local government officials, local parliament, communities or NGO, and so on. These interviews are aimed to identify the topics related to the research question.

3.1.2 Observation

Observation has a long tradition in social science (Punch, 2004, p.178). A direct observation done after the collection of the secondary data and after conducting the result of interviews. It used to recheck the information collected from the secondary data and the interviews. The observation results could be written in a clear report to support the researcher to solve the problem and provide additional data that support the result.

3.1.3 Related Text and Document

Text and document are not only produced, but also, in turn, productive (Prior, 2010, p.101). According Punch (2004, p.168), document, both historical and contemporary, are rich source of data for social research. It is mean to obtain or to get accurate theories and references regarding data of the result findings by studying relevant rules, regulations, reports, documents and literatures.

3.2 Data Analysis Technique

Data analysis technique in this research is using interactive models by Miles and Huberman. Data analysis techniques of Miles and Huberman (1994, p.12) consist from four activities, namely: data collection, data reduction, data display, and conclusion.

3.2.1 Data Collection

Data collection is an activity when researchers collect data needed for the study through the steps in the data collecting process.

3.2.2 Data Reduction

Data reduction refers to process of selecting, focusing, simplifying, abstracting, and transforming the data that appear in written up field notes or transcription.

3.2.3 Data Display

Data display is an organized, compressed assembly of data and information that permits conclusion drawing and action Data display can be done in the form of a short description, charts and or relationships category.

3.2.4 Conclusion

Conclusion may not appear until data collection is finished, depending on size, coding, storage, and retrieval method used. The meanings of data have to be tested for their validity

4. Result and Discussion

Below are affecting factors in the decision making of the Banyuwangi Public Health Services Assurance Program (*JKMB* Program) to achieve health security in Banyuwangi Regency, consist from supporting factors and inhibiting factors.

4.1 Supporting Factors

4.1.1 The Hard Willingness of Banyuwangi Regent

One of biggest supporting factor in the decision making of the Banyuwangi Public Health Service Assurance Program (*JKMB* Program) is a hard willingness of Banyuwangi Regent. At that time, the Banyuwangi Regent, Ratna Ani Lestari has a very strong desire to implement free health service for the community as soon as possible. Although many people who say that the magnitude of the Regent Ratna desire to immediately implement *JKMB* Program is because it was already promised in the community, when the campaign period and eventually she was elected as Regent of Banyuwangi Regency. Or in other words, the Regent Ratna wants to create a populist policy in the public eyes.

But whatever the reason, the position of Regent Ratna Ani Lestari has great power to press for free health service program implemented immediately. Or also it can be said that the implementation of the free health services are realized through the *JKMB* Program is hindered Ratna's position as regent so that it can determine the policy and ordered the apparatus.

4.1.2 The Deftness from the Department of Health of Banyuwangi Regency

As have been describe in above that one of supporting factor in the decision making of the *JKMB* Program is the hard willingness of Banyuwangi Regent, namely Ratna Ani Lestari. But also has been described as well above that in the decision making of the *JKMB* Program, Regent Ratna impressed exert even without enough preparation. Lucky, Regent Ratna has a range of staff in the Department of Health that deft. As evidence was initially impressed despite a rush and enforced, *JKMB* Program is able to survive to this day, accompanied by a good record in improving the quality of public health in Banyuwangi Regency.

Based on a few excerpts of the interview, the most important supporting factors in the decision making of the *JKMB* Program is the deftness by the Department of Health of Banyuwangi Regency officials and their staffs. As has been mentioned above that the *JKMB* Program initially decided to hurry and forced running without any preparation. But the Department of Health and their staff were able to prove to the various limitations that they remain with a sincere heart and as much as possible. Although there may still be shortcomings, but the Department of Health was able to show good performance so as can improve the health status of the community in Banyuwangi Regency, on the leadership of Mr. Hariadji Sugito, SKM, MM. and now dr. Widji Lestario.

4.1.3 Good Community Response

With the support from the inside, then it will affect the external support. When the local government of Banyuwangi Regency shows good faith to provide free health service is embodied in the *JKMB* Program then most people were welcomed with joy. Their aspirations regarding their need for free health service either through health workers, local parliament, or through NGO Senyum Madina.

It is clear that a good community response to supporting factor for the course of the free health services or *JKMB* program. Interview result from two officials in the Department of Health of Banyuwangi Regency and two officials of the Local Parliament of Banyuwangi Regency has the support of the statement from the chairman of NGO Senyum Madina. Thus this is not a unilateral declaration of public officials, but also recognition of the NGO Senyum Madina. It is certainly encouraging for the local government of Banyuwangi Regency, the Department of Health of Banyuwangi Regency as service providers of the *JKMB* Program and Local Parliament of Banyuwangi Regency as representatives of the people.

As explained earlier, that in addition to the support that comes from the internal, the decision maker is also getting support from external. Support in the form of positive public response to the discourse of a free health

service program which is then realized in *JKMB* Program. They are aware that *JKMB* Program was held with the aim of realizing free primary health service for all community levels. It means every person in Banyuwangi Regency get equal rights in getting free health services which covered under the *JKMB* Program. This is certainly because the heightened awareness of the importance of health from the community. Because health it will affect toward work productivity of the community. Especially with the *JKMB* Program, primary health service is free of charge so that the public awareness to check their health condition in the public health center will increase.

Thus it can be said that most of the people in Banyuwangi Regency has awareness to distribute their aspirations about their need of a free health service through the existence of the *JKMB* Program. Nevertheless, the decision maker must continually strive to improve its services over time more and more people are using the service *JKMB* program. In this case, besides the public awareness toward the importance of health, also based on free health service which is guaranteed in the *JKMB* program is free. Society is no longer seen as a customer but citizens who deserve the best service, so that people feel their interests are noticed and appreciated. That's why people no longer hesitate to check their health and the public health centers and the networks.

4.2 Inhibiting Factors

In the decision making of the Banyuwangi Public Health service Assurance Program (*JKMB* Program) to achieve health security in Banyuwangi Regency, the decision maker also experienced various obstacles that may affect the smoothness of the decision making efforts. These constraints must immediately find a way out to the end that the public need for free primary health service can be realized. These constraints derived from the internal and external of the decision maker.

4.2.1 Influence of Political Interests

decision making of the Banyuwangi *JKMB* Program is the influence of powerful political interests. Banyuwangi Regent at that time, Ratna Ani Lestari does not have a strong base in Local parliament. This is because Ratna comes from a coalition of small parties. The composition of the legislative power in Local parliament of Banyuwangi Regency itself was more male dominated with forty men and five women. The composition is from the National Awakening Party (*PKB*) some sixteen people, the Struggle Indonesian Democratic Party (*PDI-P*) some twelve people, the Group Work Party (*Golkar*) with eight people, the Democratic Party (*PD*) with five people, and the United Development Party (*PPP*) with four people. Ratna supporting parties are among others: the Prosperous Justice Party (*PKS*), the National Mandate Party (*PAN*), Caring Nation Work Party (*PKPB*), the Freedom Party, and the Freedom Bull National Party (*PNBK*). But all parties which supporting Ratna are not have seats in the Local Parliament of Banyuwangi Regency.

Because departing from the coalition of small parties that do not sit on the Local Parliament of Banyuwangi Regency, practically in the legislative Ratna had no representation in the legislature amounting to a total of 45 people. Up by many parties, Ratna considered prone position in a rocking power. Various programs, decisions, and policies issued by Ratna often stuck in the Local Parliament of Banyuwangi Regency, including in the field of health. Decision making of the *JKMB* Program is often confronted with obstacles in front of the local Parliament of Banyuwangi Regency.

But on the other hand, Local Parliament of Banyuwangi Regency actually claims that they have a significant role in every stage of the decision making process of the *JKMB* Program. Even Local Parliament also claims to be the initiator *JKMB* Program.

Based on the result of interview, cannot be denied that one of the major inhibiting factors in the decision making of the *JKMB* Program to achieve health security in Banyuwangi Regency is a different political interests. Different political interests become a big gap for Local Government and the Local Parliament of Banyuwangi Regency at that time. It is just because they are from different parties. Eventually, they were dropped to bring the interests of each party.

It should not have happened if both parties are equally willing to think that this is in the interest of the people. However they sit in a comfortable chair is as chosen by the people. The people have chosen them so that they are supposed to serve the people well and maximum. If what is programmed by the Regent is good, it should support the Local Parliament. However, if the program of Regents is bad and Local Parliament provides input, suggestions, criticisms, or even reject, the Regents should be able to accept it gracefully. Neither the Regent and members of Local Parliament is political officials, but when they discuss the interests of the people, it would be nice if it really has the interests of the people and leave the personal or group egoism. So that the people's needs really well served and satisfied.

4.2.2 Limited Budgets

Local revenue and expenditure budget of Banyuwangi Regency in recent years in the number under 1 trillion rupiah. In the context of local development in Banyuwangi Regency, Local revenue and expenditure budget occupy a very strategic position in order to stimulate the economy in Banyuwangi Regency. Actually, the Banyuwangi Regency's budget is large enough to exceed in the rate of 1 trillion rupiah. However in the term of contribution is very small compared to the total circulating in the local economy of Banyuwangi Regency. Banyuwangi Regency budget contribution is only five percent of the Gross Regional Domestic Product of Banyuwangi Regency which is 20 trillion rupiah.

For it must be balanced by the right strategy. Local revenue and expenditure budgets must be prioritized to improve the quality of public services more efficiently and effectively as well as responsive to the needs and potential of the Banyuwangi Regency. The great expectations can be implemented, if the budget plan in any activity put forward the principle of efficient, effective, fair, not underfinancing (less) or overfinancing (excess). The difficulty was also influence in the decision making of the *JKMB* Program becomes blocked.

Based on these interviews we can know that the budget for health programs should be adapted to programs in other sectors. Moreover, local revenue and expenditure budgets of Banyuwangi Regency are still supported by the majority of balance fund from national government. The challenge is to synchronize the development of each area of activity in every field so intertwined, mutually supportive, and mutually reinforcing. Limited budget must be ensured that each unit of development in the region carrying out each field with a strong commitment to the achievement of objectives and vision of regional development. To achieve that is needed synergies through the process of communication, consultation, and coordination by promoting mutual success in achieving development goals. Good synergy between the various parties to open access across the network in order to play an active role in bringing about development in Banyuwangi Regency, development in the health sector particularly.

4.2.3 Limitations of Capacity and Quality of the Bureaucracy

The success of the development process depends on the quality of the bureaucracy, as well as on improving the quality of health services in the Banyuwangi Regency. At this time the quality of the bureaucracy still need to be improved to deal with improving the performance and image of public service. High economic costs that occur at this time cannot be separated from the low quality of the bureaucracy.

Therefore, the success of the reform of the bureaucracy is the key to bringing in enhancing local competitiveness. The low quality and capacity of the bureaucracy impacted on the decision making process of the *JKMB* Program are inhibited. With the capacity and quality of the bureaucracy, the process of public service, especially in the health sector will be improved.

Result of interview show that so far the capacity and quality of the bureaucracy in Banyuwangi Regency still need improvement and serious attention. Local government and Local Parliament of Banyuwangi Regency are expected to always strive to improve the capacity and quality of the bureaucracy. This is because the efforts to improve the quality public services, particularly in health services, would be best if done by bureaucrats who have good quality and capacity. So it is not wrong to say that the poor capacity and quality of the bureaucracy is the bottleneck for the decision making process of the *JKMB* Program to achieve health security in Banyuwangi Regency.

4.2.4 The Absence of Strong Regulation

The last of inhibiting factors from internal in the decision making of the *JKMB* Program to Achieve health security in Banyuwangi Regency is absence of strong regulation or the lack of a strong legal framework which issued from the Local Parliament of Banyuwangi Regency. That is until now the lack of regulations issued by the Local Parliament of Banyuwangi Regency specifically for the *JKMB* program.

Based on the description of the officials of the Department of Health, the absence of a clear and strong legal framework makes decision making of the *JKMB* Program become quite hampered. Because for the convenience in the implementation of the *JKMB* Programs not only need instruction of Banyuwangi Regent and decree of Banyuwangi Regent but also local regulations issued by the Local Parliament of Banyuwangi Regency. This is because the local regulation has a higher position and stronger than the instruction of Banyuwangi Regent and decree of Banyuwangi Regent.

4.2.5 Community that Apathetic towards Improving the Public Health

Inhibiting factor which derived from outside is coming from the community. In this case is the public apathy

towards the effort from Local Government of Banyuwangi Regency to improve public health service. The communities still often indifferent toward the local government of Banyuwangi Regency's effort. This is what should be pursued by the decision maker is how to motivate people to no longer be apathetic to the existence of this program. However, because of free health service program that was later named *JKMB* Program was held for the benefit for the community.

From the result of interview, it is known a fact that there are still people who are apathetic about the free health care program embodied in *JKMB* program. It is also influenced by the mindset of local communities where most of them still believe in traditional medicine so that it does not matter on the medical services provided to them. In an effort to address the above, so that people are apathetic to understand more about the importance of health for life, the decision maker has to take some action such as by asking for help from community health centers and government level under direct extension into the territories concerned. Because after all, free health service or are held *JKMB* Program as an effort to improve the health status of community in Banyuwangi Regency.

5. Conclusion and Recommendation

5.1 Conclusion

Quality of citizen's health is very important for the development of a country. In order to improve the quality of citizen's health, takes the right decision making from the government. In the decision making process of the *JKMB* Program to achieve health security in Banyuwangi Regency, the decision maker faces with some affecting factors. That affecting factors is including supporting and inhibiting factors.

In the decision making of the *JKMB* Program to achieve health security in Banyuwangi Regency find things that are supporting, both from internal and external. Supporting factors are the hard willingness of Banyuwangi Regent, the deftness from the Department of Health of Banyuwangi Regency, and a good community response. Inhibiting factors are influence of political interests, limited budgets for local development, limitations of capacity and quality of the bureaucracy, the absence of strong regulation, and the community that apathetic towards improving the public health status.

5.2 Recommendation

For making a decision of *JKMB* Program to achieve health security better implemented in the future, researcher gave some recommendation among others develop a good communication and reduce political interest between the Local Government of Banyuwangi Regency and Local Parliament of Banyuwangi Regency, collaborate between stakeholders in order to all stakeholders can be directly express their aspirations refer to the mission to make the best decision for improving quality of public health service and support each other to achieve health security in Banyuwangi Regency, and obtain pure aspirations from the community through persuasive approach in order to the community can give their aspiration in every decision making of a program by the government.

References

- Baker, D. et al. (2002). *Guidebook to decision making methods*. Washington D.C.: Department of Energy USA.
- Burgess, J. P. (2008). Non-military security challenges. In Snyder, C. A. *Contemporary security and strategy*. (2nd ed). New York: Palgrave Macmillan.
- Cole, G. A. (2004). *Management theory and practice*. (6th ed). London: Thomson.
- Commission on Human Security. (2006). *Human security now: Protecting and empowering people*. New York: Commission on Human Security.
- Decree of the Banyuwangi Regent No.13 Year 2011 about Guidelines for the Banyuwangi Public Health Services Assurance Program.
- Hastie, Reid. (2001). Problems for judgment and decision making. *Annual Review of Psychology*, 52, 653– 683.
- Law No. 22 Year 1999 About Local Government.
- Law No. 32 Year 2004 About Local Government.
- Lin, V. (2003). Competing rationalities: Evidence based-health policy. In Lin, V. and Gibson, B. *Evidence based health policy*. Oxford: Oxford University Press.
- Miles, M. B. & Hubberman A. M. (1994). *Qualitative data analysis: A sourcebook of a new method*. London: Sage Publication.

- Ministry of Health R. I. (2005). *Pembangunan kesehatan*. Jakarta: Pusdatin-Ministry of Health R. I.
- Prior, L. (2010). Using documents in social research. In Silverman, D. *Qualitative research*. (3rd ed). London: Sage Publication.
- Punch, K. F. (2004). *Introduction to social research: Qualitative and quantitative approach*. (2nd ed). London: Sage Publication.
- Rollinson, D. (2002). *Organizational behaviour and analysis: An integrated approach*. New Jersey: Pearson Education.
- Shafritz, J. M. & Russell E. W. (2005). *Introducing public administration*. New Jersey: Pearson Education.
- Snyder, Craig A. (2008). *Contemporary security and strategy*. (2nd ed). New York: Palgrave Macmillan.
- Todaro, M. P. & Smith, S. C. (2004). *Economic development in the third world*. Jakarta: Erlangga.
- United Nations Environmental Program. (2009). *Integrated policy making for sustainable development*. Geneva: UNEP.