



System of Dental Care Services For Children at The Community Health Center in Lawang Gintung Bogor

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Abstract: Dental and oral health is a vital aspect of overall health that supports functions such as digestion, speech, chewing, and enhancing an individual's self-esteem and quality of life. Currently, the rate of follow-up visits by elementary school students in the Lawanggintung Health Center area remains low, leading to unmet indicators for dental services. The main issue is that students do not adhere to their scheduled dental care appointments and are permitted to seek treatment at other healthcare facilities. This study aims to analyze the role of the health center in addressing dental health issues among children in schools and to investigate the efforts made by the health center for elementary school students who have not received dental treatment. The research method employed is qualitative with a descriptive approach, utilizing interviews, observations, and documentation. The findings indicate that the health center's role in managing children's dental health issues at schools is reasonably effective through promotive, preventive, and curative efforts. The initiatives for elementary school students who have not received dental treatment mainly include referrals, providing feedback to parents and school authorities, as well as health education.

Keywords: Dental Clinic, Health Center, Service, System, Patients

1. INTRODUCTION

The goal of health development in Indonesia is to create a society that lives in a healthy environment, engages in healthy behaviors, and has access to quality healthcare services. In practice, healthcare services in Indonesia must be evenly distributed and provided fairly and optimally across all regions. An essential aspect of overall health is dental and oral health, which supports digestion, speech ability, and enhances self-esteem and quality of life.

According to data from the Basic Health Research (Riskesdas) in 2018, the prevalence of dental caries among children aged 5–9 years reached 92.6%, while for those aged 10–14 years, it was 73.4%. West Java province recorded the highest number of cases, totaling 176,728. This highlights the urgent need for special attention to improve dental health, particularly among children.

In the Minister of Health Regulation (Permenkes) No. 43 of 2019, the health center is defined as a primary healthcare facility responsible for implementing public and individual health initiatives. The health center focuses on promotive and preventive efforts to achieve the highest degree of health in its working area. Principles that must be applied by health centers in providing healthcare services include a healthy paradigm, accountability in the area, community independence, service accessibility, the use of appropriate technology, as well as integration and continuity of care. The principle of territorial responsibility emphasizes that

health center have the role of mobilizing and being accountable for health development in their respective work areas.

Urban health centers, such as Lawang Gintung Health Center, are characterized by services focused on public health efforts (UKM) that involve community participation, collaboration with other healthcare facilities, and efforts to provide services that meet the needs of urban populations. Lawang Gintung Health Center provides dental care services, which include examinations, cleanings, fillings, and tooth extractions. In 2023, dental and oral health services at this health center recorded 2,351 cases, with 326 cases referred to other facilities, accounting for approximately 9%. However, despite the availability of affordable dental services, many people, especially children, have yet to seek dental treatment. This may be attributed to a lack of knowledge and awareness about the importance of dental health, negative perceptions of dental care, limited access to dental services, and perceived high costs.

To improve dental health among school children, Lawang Gintung Health Center implements the School Dental Health Program (UKGS). This program aims to maintain and enhance the dental and oral health of students through promotive activities such as education about dental health and preventive activities like mass tooth brushing. UKGS includes various activities, such as dental health screening, dental health education, regular check-ups, and follow-up services for students in need. The program also involves behavioral interventions by engaging teachers, dental volunteers, and parents, providing training, and establishing healthy habits from an early age.

UKGS focuses on elementary school students, who are particularly vulnerable to dental and oral diseases. The government, through the Ministry of Health, has undertaken various health approaches to prevent dental issues among students, including integrated promotive, preventive, curative, and rehabilitative approaches. Currently, the working area of Lawang Gintung Health Center encompasses 14 elementary schools with a total of 2,159 students. In implementing UKGS, the health center collaborates with various sectors, including teachers and the school community, to jointly promote students' dental health.

Over the past three years, dental service achievements at Lawang Gintung Health Center have improved, rising from 55% in 2021 to 56% in 2022, and reaching 60% in 2023. However, this achievement still falls short of the established targets. Therefore, the health center continues to screen students in need of dental care to ensure that dental health programs meet their objectives. Each year, the results of the screenings are evaluated and refined to optimize dental health services.

This research focuses on three elementary schools with high rates of caries and locations that allow for effective assistance: SDN Lawanggintung 1, SDN Lawanggintung 2, and SDN Pakuan. During elementary school years, the transition from primary to permanent teeth requires extra attention to prevent caries issues. According to the dental problem table for students, dental caries is the most common issue, followed by swollen gums. Addressing these dental problems is expected to break the chain of caries in the future, ensuring the dental health of the younger generation is preserved.

The UKGS program also includes activities to protect permanent teeth surfaces and the use of sealants to prevent caries on children's molars. Additionally, education is provided to parents to enhance family involvement in maintaining their children's oral hygiene at home. The health center continues to coordinate with various parties, including sub-districts and related sectors, to achieve optimal dental health outcomes and support the Healthy Living Community Movement (Germas).

2. LITERATURE REVIEW

Human Resource Management (HRM) and Service Quality. First, HRM is the process of managing the workforce, which includes planning, organizing, directing, and controlling to achieve organizational goals. HRM is responsible for attracting competent labor, training them, and creating systems that ensure the continuity of productive work relationships. By involving recruitment, training, compensation, and maintenance, organizations can maximize workforce productivity, which will support the achievement of objectives (Sundari, 2023).

Furthermore, the scope of HRM focuses on the human dimension within organizations by ensuring that the workforce obtained can have their skills developed and be motivated to work effectively. This objective is achieved through various activities such as planning human resource needs, recruitment and selection, and training and development aimed at enhancing individual skills. The implementation of these activities involves analyzing internal and external needs, ranging from the necessary skills, workforce numbers, to managing organizational change. Components such as organizational development, job design, and performance management systems are also critical elements in creating a conducive work environment (Sundari, 2023).

In the context of healthcare, the service system is defined as a series of interrelated procedures aimed at achieving desired service goals (Nuraeni et al., 2024). This service system involves interactions between service providers and recipients. In the dental clinic at the community health center, the service system is designed to provide quality dental services to

children through a comprehensive approach, starting from promotive, preventive, to curative activities. This service is conducted so that children can maintain their dental and oral health from an early age, ultimately supporting their overall health (Maramis et al., 2023).

Service quality itself encompasses several important dimensions that serve as standards in assessing the effectiveness and efficiency of services. According to Tjiptono and Chandra (2016, as cited in Sinay et al., 2024), there are five main dimensions in evaluating service quality: tangibles, reliability, responsiveness, assurance, and empathy. Tangibles refer to the physical evidence associated with the condition of facilities, equipment, and the appearance of healthcare providers that can be directly observed by patients. Reliability pertains to the service provider's ability to deliver services accurately and on time. Responsiveness emphasizes the readiness and promptness of healthcare providers in addressing patient needs, which is crucial in dealing with children to ensure they feel comfortable and safe during treatment.

Assurance relates to the healthcare providers' ability to instill a sense of security in patients and their families through professional demeanor and adequate expertise. Finally, empathy involves the attention and sensitivity to the needs of patients, including the ability of healthcare providers to communicate kindly and give personal attention to each child patient (Sinay et al., 2024). These dimensions indicate that achieving high-quality services requires the integration and effective functioning of all service components.

Additionally, indicators of service quality in dental clinics include several important aspects, such as physical facilities, timeliness, non-discriminatory service delivery, responsiveness, friendly attitudes of healthcare providers, and understanding of children's specific needs. Adequate facilities in the dental clinic are crucial factors for patient comfort and trust. Moreover, providing timely information regarding treatment is part of reliability, ensuring that patients receive services according to the established schedule and procedures (Arbayah et al., 2024).

In Indonesia, healthcare services are regulated by various regulations, including Law No. 17 of 2023, which states that healthcare service is a series of direct activities provided to individuals and communities to maintain and improve health status. This law outlines health efforts that include promotive (health awareness enhancement), preventive (disease prevention), curative (treatment), rehabilitative (function recovery), and palliative (improving the quality of life for patients with severe diseases). The dental clinic at the community health center provides promotive services through dental care education for children, preventive measures with dental disease prevention programs, and curative services addressing dental issues in children to prevent further complications (Kemenkes RI, 2019).

Thus, the fundamental concept of the dental service system at the community health center for child patients aims to provide comprehensive services based on the quality of interaction between patients and healthcare providers. The implementation of an effective service system, supported by competent human resources, is expected to deliver a positive experience and promote children's dental health from an early age. This is essential not only for maintaining dental health but also for fostering long-term health awareness among children.

3. METHODS

This study employs a qualitative approach with a descriptive method, aiming to delve into the data to obtain high-quality research results. The qualitative approach allows the research to focus on descriptions in the form of words or sentences that are systematically arranged, starting from data collection to interpretation and reporting. According to Fadli (2021), this approach is designed to yield deeper and more meaningful results, with data quality maintained through a comprehensive analysis process. Additionally, although the qualitative approach targets a limited audience, it prioritizes the depth of data that is unlimited.

The subjects in this study were selected as primary data sources using purposive sampling techniques. These research subjects were specifically appointed based on certain considerations related to the research topic, allowing them to provide relevant and in-depth data. This purposive sampling method was carried out by considering individuals who have a deep understanding of the research object, such as the head of the community health center (Puskesmas), school principals, school health coordinators, nursing staff, and administrative staff at Puskesmas Lawang Gintung. This selection facilitates researchers in exploring relevant social situations and gathering significant information (Sugiyono, 2022).

Data were collected through various methods, including observation, interviews, questionnaires, and documentation. The data analysis process was conducted systematically, from organizing to interpreting the data. The collected data were then organized, categorized, and analyzed to identify patterns and alignments between the issues and research outcomes. The data analysis model adopted is the Miles and Huberman model, which includes data collection, data condensation, data presentation, and conclusion drawing, thereby allowing the research results to be clearly articulated and aligned with the research objectives (Sugiyono, 2022). This research was conducted at three elementary schools: SDN Lawanggintung 1, SDN Lawanggintung 2, and SDN Pakuan, all of which are located in the City of Bogor.

4. RESULTS

The Community Health Center, hereafter referred to as Puskesmas or PKM, is a healthcare facility that organizes public health efforts, abbreviated as UKM, and individual health efforts, abbreviated as UKP, at the primary level, with a greater emphasis on promotional and preventive efforts within its operational area.

The functions of Puskesmas include:

- a. Organizing UKM at the primary level within its operational area; and
- b. Organizing UKP at the primary level within its operational area.

Puskesmas Lawanggintung is located at Jalan Lawanggintung No. 12, Lawanggintung Village, South Bogor District, Bogor City, overseeing two auxiliary health centers in Harjasari and Muarasari villages. The operational area of Puskesmas Lawanggintung consists of four villages: Lawanggintung Village, Pakuan Village, Muarasari Village, and Harjasari Village, which are formed from 35 neighborhood units (RW) and 138 community units (RT), with a total population of 41,174 people. The area covers 497.869 hectares.

The vision of Puskesmas Lawanggintung is “To Realize Bogor City as a Family-Friendly City.”

The mission of Puskesmas Lawanggintung includes:

1. Realizing a Healthy City
2. Realizing an Intelligent City
3. Realizing a Prosperous City

The health development objectives of Puskesmas Lawanggintung are:

1. To foster healthy behaviors that include awareness, willingness, and the ability to live healthily.
2. To ensure access to quality health services.
3. To live in a healthy environment; and
4. To achieve optimal health status for individuals, families, groups, and the community.

Puskesmas Lawanggintung includes the School Dental Health Program (UKGS), aimed at maintaining and improving students' oral health through promotional and preventive approaches. The organizational structure of UKP includes various health services, including general examinations, dental and oral care, emergency services, and nutritional services, which are provided by dentists and dental nurses in the dental and oral health department. Activities are conducted both indoors, such as dental examinations and treatments, and outdoors through health education and health screenings at schools. All actions are carried out according to the

competencies of the medical staff at the health center, and if there are needs for more complex treatments, patients will be referred to higher-level healthcare facilities.

This study involves SDN Lawanggintang 1, located at Jalan Lawanggintang No. 22, Lawanggintang Village, South Bogor District, Bogor City, West Java Province, led by Yanti Widyawati, S.Pd. This school also has a School Health Teacher named Rina Nurlina, S.Pd., SD. Meanwhile, SDN Lawanggintang 2 is located at Jalan Lawanggintang No. 28, still within the same village, with the principal Ida Zuraida, S.Pd, and supported by School Health Teacher Wahyu Kusumaningrum, S.Pd. Lastly, SDN Pakuan, located at Jalan Dahlia Raya No.1, RT.01/RW.03, Pakuan Village, South Bogor District, is led by Joko Hadasro, S.Pd., MM.Pd, with two School Health Teachers, Raru Gita Fiany Uswatun Hasanah, S.Pd., and Janky Dewi Amar, S.Pd.Gr. These three schools are committed to providing quality educational services and supporting student health through the UKS program, which is implemented professionally.

Results of Data Analysis

Role of the Community Health Center

According to various informants, the relationship between schools and the health center includes annual dental health activities such as health education, mass tooth brushing, and dental health screenings, the results of which serve as feedback for the schools. The head of the Puskesmas stated that these activities are part of the health center's obligations according to the Minister of Health Regulation. The principals of SDN Lawanggintang 1 and 2 view this relationship as a collaboration for dental health education and care for students. Various informants from the schools and health center, including nurses and UKS staff, emphasize the importance of educational activities, referrals, and coordination to ensure students' dental health through programs such as UKGS (School Dental Health Program). Based on interview results, the relationship between schools and the health center focuses on efforts to maintain students' dental health through screenings, health education, and referrals.

Efforts of the Community Health Center

The efforts of the health center for students who have not received dental care include notifying parents through the school to access care at the health center, either through BPJS or privately. School principals from various elementary schools in the area mentioned that they provide dental health education, conduct health education sessions, and coordinate with the health center for referrals. The healthy school program and healthy canteen initiated by the schools aim to support students' health by limiting the consumption of sweet foods. Additionally, various health staff record students' health conditions in the UKS book and

provide written referrals. In conclusion, these health center efforts involve coordination with schools and parents to ensure continuous access to dental care for elementary school students.

5. DISCUSSION

The research in this thesis employs a qualitative approach, aimed at factually describing the research object in accordance with the observed reality. This approach emphasizes a deep understanding of the phenomena occurring, which is then linked to existing theories or opinions to provide a more comprehensive understanding of the relationships among variables.

The primary data source for this research is derived from in-depth interviews, which serve as analytical material to address the research questions. The interviews were conducted to obtain accurate and relevant information regarding the issue under investigation, namely the role of the Community Health Center in addressing dental health problems among children in schools, as well as their efforts in managing the conditions of elementary school students who have not received dental care.

From the established research questions, the researcher conducted analysis and interpretation of the data. This process yielded in-depth findings regarding the complex relationships among the variables influencing children's dental health in the school environment, as well as the strategies implemented by the Community Health Center to address these issues.

Table 1. Summary of the Role of the Community Health Center with Elementary Schools.

No	Question	Findings
1.	The Relationship Between Schools and the Community Health Center	According to the informants, the Community Health Center has health programs specifically designed for elementary school children, which include the School Health Unit (UKS) for general health and the School Dental Health Unit (UKGS) specifically focused on dental health. These health programs are implemented regularly and systematically by the health center staff. Activities frequently conducted include health education sessions, training for teachers or school staff, and health screenings. Furthermore, schools also support these programs; in fact, some schools have

		<p>initiated innovations such as “Healthy Schools” and “Healthy Canteens,” which primarily aim to bolster the objectives of both UKS and UKGS.</p> <p>From a systems perspective, these activities represent a collection of elements that interact within a unified framework to execute a process aimed at achieving a primary goal (Sutarman, 2016, as cited in Sihombing & Arnomo, 2023).</p> <p>From the standpoint of human resource management, the activities encompass planning, organizing, directing, and controlling functions related to the acquisition, development, compensation, and maintenance of human resources to achieve the organization's goals or objectives (Sundari, 2023).</p> <p>From a service perspective, the activities carried out by the Community Health Center are grounded in material factors through specific systems, procedures, and methods aimed at fulfilling the interests of others in accordance with their rights (Fitriani & Noor, 2022).</p>
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Data source: processed by the Researcher (2024).

From the description above, it can be concluded that the role of the Community Health Center in collaboration with schools regarding children's dental health issues is effective, as it fulfills the elements of a system, the components of human resource management, and the aspects of service delivery.

Table 2 Summary of the Efforts of the Community Health Center

No	Question	Findings
1.	Efforts of the Community Health Center in Addressing Dental Issues Identified in Schools	According to the informants, the efforts made by the community health center include providing first aid for cavities, recording students' health in the health service book (UKS), giving feedback to the schools, conducting health education, informing parents

		<p>through the schools, making referrals to health facilities, and scheduling dental care for students at the Lawanggintung Community Health Center.</p> <p>From a systems perspective, these activities constitute a system made up of integrated elements that work together to achieve the system's objectives. A system is also part of a larger system (Nuraeni et al., 2024).</p> <p>In terms of human resource management, the activities aim to unify expertise and skills organically. This approach helps foster an attitude that encourages a group to effectively and economically achieve organizational goals (Sundari, 2022).</p> <p>From the perspective of service, the activities carried out by the community health center are a subsystem of health services, whose primary objectives are preventive (prevention) and promotive (health enhancement) services aimed at the community (Notoatmodjo, 2003 in Hariyoko et al., 2021).</p>
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Data source: processed by the Researcher (2024).

The theory of roles, according to various studies, identifies roles as actions or behaviors performed by individuals in a societal position that reflect rights and obligations and influence social conditions. According to Slamet et al. (2024), roles encompass rules that indicate a person's position in society and serve as norms for social life. Naila et al. (2024) differentiate between two perspectives: structuration, which emphasizes roles as part of a cultural system, and interaction, which highlights activity in social life. Meanwhile, Setiyawan et al. (2023) view roles as self-actualization in social environments, which is expected to bring about positive change. In conclusion, a role is an action that reflects responsibility and has social impact, relating to a person's status.

In the context of the relationship between schools and community health centers (Puskesmas), this theory describes the actions and obligations of Puskesmas in improving students' dental health as part of its duties, as regulated by the Ministry of Health. This research also relates to previous studies, such as that conducted by Siahaan (2022) on the quality of public services in North Sumatra, which employed qualitative data analysis techniques by Miles and Huberman to describe field conditions. Additionally, research by Jamal & Asmarianti

(2024) on patient satisfaction in dental health services at RSUD utilized similar analytical techniques to explore individual opinions and motivations regarding service satisfaction.

The informants indicated that Puskesmas engages in various efforts to support students' dental health, such as providing first aid for cavities, recording student health in the UKS health book, giving feedback to schools, conducting health education sessions, communicating information to parents through schools, making referrals to health facilities, and scheduling dental treatments at Puskesmas Lawanggantung. This study shares similarities with the research conducted by Sofyana et al. (2020) titled "Qualitative Analysis of Patient Satisfaction with Dental Health Services at the Dental and Oral Polyclinic at RSUD Tgk Chik Ditiro Sigli." That study also employed a qualitative analytical approach to delve into individuals' views, beliefs, and motivations regarding dental health services.

6. CONCLUSION

According to the informants, the Community Health Center (Puskesmas) has effectively performed its role in addressing children's dental health in schools. This effort is carried out through various approaches: health promotion through educational activities, preventive actions through screenings, and treatment for curative needs.

Regarding the management of elementary school students who have not received dental care, informants indicated that the primary step taken is to provide referrals for these students. In addition, the Puskesmas provides feedback by informing parents and school officials about the students' conditions. The final step communicated was the implementation of health education sessions, conducted both by Puskesmas staff and school representatives.

7. RECOMMENDATIONS

1. It is suggested for future research to include parents, school children, and health personnel from schools as sources of information.
2. For schools, it is hoped that they will follow up on dental issues faced by students who have not received treatment by implementing policies, providing awards or certificates to students with good or problem-free dental health, and being more proactive regarding health programs for school children.
3. The Community Health Center (Puskesmas) is encouraged to continually evaluate the outcomes of health initiatives in schools and develop follow-up plans accordingly.

8. LIMITATIONS

One of the limitations is the short duration of implementation, which restricts the researcher's ability to observe the long-term impacts of dental promotion and care programs. The number and variety of informants were also limited to a few health workers, school staff, and parents, which may not fully represent the diverse perspectives within the community or among students outside the research area. Furthermore, the data collection methods primarily relied on interviews and direct observations, which did not incorporate additional data such as medical record analysis or quantitative surveys to enrich the analysis results.

Another limitation arises from the understanding of external factors influencing children's dental health, such as home habits and the school environment, which were not explored in depth. This includes the family's role in maintaining dental health and the influence of food consumption outside of supervision, such as snacks at school. Additionally, the collaboration between the Puskesmas and schools in shaping children's dental health behaviors remains difficult to measure comprehensively, even though there has been cooperation in educational and screening activities. These limitations are expected to provide valuable insights for future research that could broaden the scope by adding methodological variety, extending the study period, or involving more parties to obtain more comprehensive results regarding dental health services for children at the Puskesmas.

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