

THE NATIONAL DEFENSE HEALTH SYSTEM AND COMMUNITY UNDERSTANDING AS A RESERVE COMPONENT

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ABSTRAK

Penelitian ini bertujuan memberikan deskripsi terkait pemahaman masyarakat sebagai komponen cadangan terhadap sistem kesehatan pertahanan negara. Pendekatan dalam penelitian ini menggunakan jenis penelitian kuantitatif. Populasi penelitian meliputi seluruh masyarakat yang bermukim di Kabupaten Pemalang dan Kabupaten Brebes. Teknik pengambilan sampel menggunakan random sampling. Sementara instrument yang digunakan dalam penelitian berupa kuesioner. Teknik analisis data menggunakan pengujian hipotesis melalui distribusi khai kuadrat. Penelitian ini menyimpulkan bahwa proporsi responden menurut pengelompokan generasi dan tingkat pendidikan yang tidak memahami sistem kesehatan pertahanan negara adalah tidak konstan sehingga penyebabnya adalah factor yang signifikan. Sementara proporsi responden menurut jenis pekerjaan atau profesi yang tidak memahami sistem kesehatan pertahanan negara adalah konstan sehingga penyebabnya adalah factor yang kebetulan saja. Berdasarkan hasil penelitian ini merekomendasikan bahwa untuk responden menurut pengelompokan generasi dan tingkat pendidikan dilakukan upaya yang terstruktur dalam memberikan pemahaman terkait sistem kesehatan pertahanan negara. Sehingga didapatkan peningkatan pemahaman yang lebih mendalam terkait dengan sistem kesehatan pertahanan negara disebabkan masyarakat merupakan komponen cadangan yang menjadi pendukung dalam pertahanan negara.

Kata kunci: Generasi, Masyarakat, Sistem Kesehatan Pertahanan Negara, Tingkat Pendidikan

ABSTRACT

This study aims to provide a description regarding public understanding as a reserve component of the national defense health system. The approach in this study uses a type of quantitative research. The research population includes all people living in Pemalang and Brebes Regencies. The sampling technique used random sampling. While the instrument used in this research is a questionnaire. The data analysis technique uses hypothesis testing through chi squared distribution. This study concludes that the proportion of respondents according to generational grouping and education level who do not understand the national defense health system is not constant so that the cause is a significant factor. Meanwhile, the proportion of respondents according to the type of work or profession who do not understand the national defense health system is constant, so the cause is purely coincidental. Based on the results of this study, it is recommended that respondents according to the grouping of generations and levels of education make structured efforts to provide an understanding of the national defense

health system. So that a more in-depth understanding is obtained related to the national defense health system because the community is a reserve component that supports national defense.

Keywords: *Generation, Society, National Defense Health System, Education Level*

INTRODUCTION

In general, the definition of society is a group of individuals who live together, work together to obtain common interests that already have a life order, norms, and customs that are adhered to in their environment (Zubaedi, 2013). Society comes from the English word "society" which means "society", then the word society comes from the Latin word "societas" which means "friends". While people who come from Arabic are "musyaraka". The definition of community in the broadest sense is the whole relationship of living together without being limited by the environment, nation and so on. Meanwhile, the definition of society in a narrow sense is a group of individuals who are limited by class, nation, territory, and so on. The notion of society can also be defined as a group of people who are organized because they have the same goal. A simple understanding of society is a group of people who interact or associate with each other with the same interests (Prasetyo & Irwansyah, 2020).

According to Spencer about society as a living organism can be summarized as follows: First; Societies and living organisms alike experience growth. Second; Due to the increase in size, the structure of the social body as well as the body of the living organism also increases; in which the larger a social structure the more its parts, just as a biological system becomes more complex as it grows larger. Third; Each part that grows in the body of a biological organism or social organism has a specific function and purpose. Fourth. In both organismal systems and

social systems, changes in one part will result in changes in one part and ultimately in the overall system (Sulfan & Mahmud, 2018).

Society exists at all times from the past to the future. His presence goes through a phase between what has happened and what will happen. In today's society there are influences, traces, and plagiarism of the past as well as seeds and potential for the future. The nature of the process of society implicitly means that the previous phase is causally related to the current phase and the current phase is a causal requirement that determines the next phase (Sztompka, 2007).

Emile Durkheim defines society as the objective reality of the individuals who are its members. The life of a society is a social system in which the parts in it are interconnected with one another and make these parts into an integrated whole. Humans will meet other humans in a society with different roles (Tejokusumo, 2014).

Efforts to build national defense will not be effective if it is only understood and carried out by a small circle of society. Since the beginning of the 20th century, national defense only has meaning if it is a joint effort of the entire nation (Alfianzi, 2022). Therefore, the entire Indonesian nation must have a fairly broad understanding of national defense (Suryohadirojo, 2011).

The military strength of a country is built to defend the country against various types of military threats. Military strength is an implementation expression of the total power of the state which is manifested in various forms of armed force titles (Rusfiana, 2021). Based on

this idea, the development of a country's military power must symbolize the total national power possessed by that country (Witarti & Armandha, 2015). The failure of a country to build a formidable military force, thus, can be seen as a form of weakness of the national government to allocate national strength to the field of national defense.

The placement of military power as an output level of national power is based on a universal premise that national military organizations receive support for the allocation of national resources and transform these resources into a specific war capability (Holimin et al., 2021). This defense transformation process is the main indicator for measuring the effectiveness of the state in striving for efficient use of national resources, especially in the national defense sector. Therefore, the logical framework that must be continuously used to measure the effectiveness of the state in building defense forces must always be linked to the ability to convert national resources into an effective instrument of armed force.

There are three main difficulties in carrying out the defense transformation process. First, identify the components of national resources that can be transformed into the defense sector. Second, to develop a structure for national defense capabilities that will be built effectively and efficiently. And third, building a model for converting national resources into defense resources (Widjajanto, 2007).

Health is a state of health, both physically, mentally, spiritually and socially which allows everyone to live a socially and economically productive life (Susdarwono & Susnitarini, 2023). Meanwhile, national defense health is the totality of resources in the health sector in the territory of the Republic of Indonesia including government and

private health personnel, facilities and infrastructure that can be used to support the implementation of national defense tasks (Regulation of the Minister of Defense of the Republic of Indonesia Number 20 of 2014).

The national health system, hereinafter abbreviated as SKN, is the form and method of implementing health development that combines the various efforts of the Indonesian nation in one step to ensure the achievement of health development goals within the framework of realizing people's welfare as stipulated in the 1945 Constitution (Susdarwono & Susnitarini, 2023). Meanwhile, the national defense health system, hereinafter referred to as (Siskeshaneg), is interpreted as an order that brings together the various efforts of the Indonesian nation in an integrated and mutually supportive manner, so that all elements of health are able to provide health support for the implementation of national defense efforts (Regulation of the Minister of Defense of the Republic of Indonesia Number 20 Year 2014).

This study aims to provide a description regarding public understanding as a reserve component of the national defense health system. The hypothesis that wants to be answered is whether the community's lack of understanding as a reserve component of the national defense health system according to generational grouping, level of education, and type of work or profession occurs significantly?

METHODS

The approach in this study uses a type of quantitative research. The research population includes all people living in Pematang and Brebes Regencies. Pematang and Brebes were chosen as data research locations with the consideration that HDI was ranked 2nd lowest in Central Java Province. The

sample is then grouped according to generation, education level, and type of work or profession. The sampling technique used random sampling. While the instrument used in this research is a questionnaire. The data analysis technique uses hypothesis testing through the khai squared distribution.

The procedure for testing the hypothesis through the Khai-Square distribution. Fundamentally, the hypothesis testing procedure through the Khai-Square distribution is determined for research results in the form of discrete and categorical data that are grouped into at least two sample groups. This test method is a form of independence testing to determine whether or not there is a relationship between two variables. With this method researchers can make decisions about the causes of a situation. In the sense of whether the situation occurs due to factors that are significant (significant factors) or factors that are coincidence (chance factors).

In principle, the criteria for testing the hypothesis are determined by comparing the frequency obtained from observation (n_{ij}) with the expected frequency (e_{ij}). If the two frequencies are the same or the difference between them is very small, then the null hypothesis is accepted. Meanwhile, if the two frequencies display a striking difference in value, the null hypothesis is declared rejected. In a simpler sense, the null hypothesis is accepted if the calculated khai-squared value is smaller than the khai-squared value in the table based on the level of significance and a certain degree of freedom. As for the magnitude of the khai-squared value, it is known by applying the formula

$$X^2 = \sum_{i=1}^k \frac{(n_{ij} - e_{ij})^2}{e_{ij}}$$

Where X^2 is the khai-squared value of the calculation results, n_{ij} is the frequency obtained from the observations in row i and column j (certain cells). While e_{ij} is the expected frequency of row i and column j .

Previously, the value of the proportion of individuals who had "good" characteristics had to be determined which was denoted as P . The value of the proportion of individuals who had "good" characteristics was sought by applying the formula

$$P = \frac{n_{11} + n_{12} + n_{13} \dots n_{1k}}{n}$$

Where P is the value of the proportion of individuals who have "good" characteristics, n_{11} is the number of individuals who have "good" characteristics from sample group 1, n_{12} is the number of individuals who have "good" characteristics from sample group 2, n_{13} is the number of individuals who have characteristics "good" from sample group 3 onwards and n is the total number of samples.

RESULTS AND DISCUSSION

A country's ability in the health sector is basically the tenacity and resilience of the state and the state in the health sector, which aims to maintain national defense and security. The capacity of the national health sector is one of the basic elements of national resilience, and the strength of the national health sector is one of the supporting capacities of the national defense system. It is necessary to continue to develop and prepare state power in the health sector to support state defense activities and protect society from various threats (Suryana et al., 2022).

This is a manifestation of the Regulation of the Minister of Defense of the Republic of Indonesia Number 20 of 2014 concerning the National Defense Health System. National defense is all efforts to defend state sovereignty, territorial integrity of the Unitary State of the Republic of Indonesia, and the security of the whole country from threats and disturbances to the state and its integrity.

The national defense system is a national defense system that was formulated by the government early on by involving all citizens, territories and other national resources which is carried out in a comprehensive, comprehensive, targeted and sustainable manner to maintain the sovereignty and territorial integrity of the country. And the safety of the whole country from all threats.

The following are the results of research related to community understanding as a reserve component of the national defense health system grouped according to generation, level of education, and type of work or profession.

According to Beresfod Research, in general the grouping of generations is as follows:

1. Generation Alpha, namely those born between 2010-2011 until now.

2. Gen Z: born 1997-2012 and aged between 9-24 years in 2021
3. Gen Y or Millennials born 1981-1996 and aged between 25-40 years in 2021
4. Gen X: born 1965-1980 and aged between 41-56 years in 2021
5. Baby Boomers: born 1946-1964 and aged between 57-75 years in 2021.

Generational differences often cause problems because each generation is attached to certain ideal values which are very likely to differ from one another (Christiani & Ikasari, 2022).

Each generation has a unique communication style so that each generation must adapt to these different communication styles (Putra, 2016). Communication style is a set of interpersonal behaviors used in certain situations. Communication style determines how an individual perceives his role, builds relationships with others, and determines the effectiveness of a communication. This style of communication is often even more important than the content of the information to be conveyed (Liliweri, 2011).

Following are the respondents' answers regarding the understanding of the community as a reserve component of the national defense health system according to generational grouping.

Table 1. Grouping of Respondents Who Do Not Understand and Who Understand Regarding the Material

Characteristic	Alpha	Gen Z	Gen Y	Gen X	Baby Boomers	Total
Number of Respondents Who Don't Understand	17	13	21	10	12	73
Number of Respondents Who Understand	9	16	7	24	21	77
Total	26	29	28	34	33	150

In this study, the proportion of the number of respondents who understand or do not understand each observational

material is denoted by PDn. In essence, the null hypothesis states that the proportion of respondents according to

the grouping of generations who do not understand the national defense health system is constant so that the cause is purely a coincidence. While the alternative hypothesis states that the proportion of respondents according to generational groupings who do not understand the national defense health system is not constant so that the cause is a significant factor.

Education is a conscious effort that is carried out with an educational process, namely a process in order to influence students to be able to adapt as well as possible in their environment so that it will cause changes in themselves, which is carried out in the form of mentoring, teaching, and or training (Chozin & Prasetyo, 2021 ; Maunah, 2015).

Education in Indonesia is implemented and divided into several levels. The levels of education are divided based on the human level and the abilities of students, each level of

education has a different age range and length of education (Rahayu & Qomaruddin, 2022). According to the 2004 Susenas education consists of not/never attended school, not/not yet graduated from SD, SD, SLTP, SLTA, SMK, Diploma I/II, Academy/DIII and Higher Education. The education level group consists of several types, namely: Elementary School (graduated from Elementary School or not graduated from Elementary School), Junior High School (general and vocational), High School (SMA, STM, SMEA, SPG, SKKA, SPMA, equivalent to Senior High School), HIGHER EDUCATION (Diploma and II Deeds I and II, Bachelor or Academy or Diploma 3 and Bachelor) (Purwaningseh, 2010; Gofur et al., 2020).

Following are the respondents' answers regarding the community's understanding as a backup component of the national defense health system according to education level.

Table 2. Grouping of Respondents Who Do Not Understand and Who Understand Regarding the Material

Characteristic	Unfinished Elementary School	Elementary School	Junior High School	Senior High School	College	Total
Number of Respondents Who Don't Understand	12	16	19	12	13	72
Number of Respondents Who Understand	5	9	10	29	25	78
Total	17	25	29	41	38	150

In this study, the proportion of the number of respondents who understand or do not understand each observational material is denoted by PDn. In essence, the null hypothesis states that the proportion of respondents by education level who do not understand the national defense health system is constant so that the cause is purely a coincidence. While the alternative hypothesis states that the proportion of respondents according to educational level who do not understand the national defense health system is not

constant so that the cause is a significant factor.

Work is one of the most important aspects of normal adult human life. Profession is part of the job, but not every job is a profession. Profession is a form of work that requires the perpetrator to have certain knowledge obtained through formal education and certain skills obtained through work experience in people who have previously mastered these skills, and continue to update their skills according to technological developments. In

community life, there are various types of work that are carried out by community members, including civil servants, private employees, traders, farmers and laborers, or there are some members of the community who have multiple jobs (Gatiningsih & Sutrisno, 2017).

One example of the relation between work and community participation in development is that someone who has a job that is considered prestigious (public servant, private sector) will be socially respected and considered a figure or scholar by most of the community, so that in every social development activity that person will always get the main place in every stage of the existing development

process. Because in today's job dynamics, professional level (prestigious) jobs require certain educational qualifications. It means that people who have prestigious jobs are almost certain that these people have high educational experience. People who have a good educational background are expected to be able to provide ideas, good ideas in improving the welfare of the community in accommodating the needs of various community members (Udin, 2010).

Following are the respondents' answers regarding the understanding of the community as a backup component of the national defense health system according to the type of work or profession.

Table 3. Grouping of Respondents Who Do Not Understand and Who Understand Regarding the Material

Characteristic	Government employees	Private employees	Profession	Retired	Self-employed	Total
Number of Respondents Who Don't Understand	10	9	0	8	11	38
Number of Respondents Who Understand	25	32	11	21	23	112
Total	35	41	11	29	34	150

In this study, the proportion of the number of respondents who understand or do not understand each observational material is denoted by PDn. In essence, the null hypothesis states that the proportion of respondents by type of job or profession who do not understand the national defense health system is constant so that the cause is purely a coincidence. While the alternative hypothesis states that the proportion of respondents according to the type of work or profession who do not understand the national defense health system is not constant so that the cause is a significant factor.

Thus, the null hypothesis and the alternative hypothesis are symbolically formulated as follows:

$$H_0 : P_{D1} = P_{D2} = P_{D3} = P_{D4} = P_{D5}$$

$$H_1 : P_{D1} \neq P_{D2} \neq P_{D3} \neq P_{D4} \neq P_{D5}$$

This study uses a significance level of 5% or 0.05. Based on the description of the research, the amount of material observed or the number of proportions that exist is 5. So, the degrees of freedom are 4 (5 - 1), for a significance level of 0.05 and degrees of freedom 7, the khai-squared value in the table is 9,4877. With Thus, the testing criteria applied in this study is that the null hypothesis is accepted if

$$X^2 \leq 9,4877$$

While the null hypothesis is declared rejected if

$$X^2 > 9,4877$$

The khai-squared value is calculated by determining the value of the

proportion of the number of respondents who do not understand probiotic material to the total sample size. The value of the proportion is

Proportion value according to generation grouping

$$\frac{17 + 13 + 21 + 10 + 12}{73} = 0,487$$

Proportion value according to education level

$$\frac{12 + 16 + 19 + 12 + 13}{72} = 0,480$$

Proportion value according to the type of work or profession

$$\frac{10 + 9 + 0 + 8 + 11}{38} = 0,253$$

Next, the expected frequency value is calculated. The calculation of the expected frequency value is applied to the number of respondents who do not understand and understand. In accordance with the context of this study, the expected frequency value is calculated as follows

Expected frequency values by generation grouping

e11 =	0.487 x 26 =	12,653	e21 =	26-12,653 =	13,347
e12 =	0.487 x 29 =	14,113	e22 =	29-14,113 =	14,887
e13 =	0.487 x 28 =	13,627	e23 =	28-13,627 =	14,373
e14 =	0.487 x 34 =	16,547	e24 =	34-16,547 =	17,453
e15 =	0.487 x 33 =	16,060	e25 =	33-16,060 =	16,940

Expected frequency value by level of education

e11 =	0.48 x 17 =	8,16	e21 =	17-8,16 =	8,84
e12 =	0.48 x 25 =	12	e22 =	25-12 =	13
e13 =	0.48 x 29 =	13,92	e23 =	29-13,92 =	15,08
e14 =	0.48 x 41 =	19,68	e24 =	41-19,68 =	21,32
e15 =	0.48 x 38 =	18,24	e25 =	38-18,24 =	19,76

Expected frequency value by type of job or profession

e11 =	0.253 x 35 =	8,867	e21 =	35-8,867 =	26,133
e12 =	0.253 x 41 =	10,387	e22 =	41-10,387 =	30,613
e13 =	0.253 x 11 =	2,787	e23 =	11-2,787 =	8,213
e14 =	0.253 x 29 =	7,347	e24 =	29-7,347 =	21,653
e15 =	0.253 x 34 =	8,613	e25 =	34-8,613 =	25,387

Furthermore, the calculated value is placed to the right of the actual number of respondents who do not understand or understand.

Table 4. Expected Frequency Value and Actual Frequency by generation grouping

Characteristic	Alpha	Gen Z	Gen Y	Gen X	Baby Boomers	Total
Number of Respondents Who Don't Understand	17(12,653)	13(14,113)	21(13,627)	10(16,547)	12(16,06)	73
Number of Respondents Who Understand	9(13,347)	16(14,887)	7(14,373)	24(17,453)	21(16,94)	77
Total	26	29	28	34	33	150

The khai-squared value of the calculation results in this study is searched through the following calculations

$$\frac{(17 - 12,653)^2}{12,653} + \frac{(13 - 14,113)^2}{14,113} + \frac{(21 - 13,627)^2}{13,627} + \frac{(10 - 16,547)^2}{16,547} + \frac{(12 - 16,06)^2}{16,06} + \frac{(9 - 13,347)^2}{13,347} + \frac{(16 - 14,887)^2}{14,887} + \frac{(7 - 14,373)^2}{14,373} + \frac{(24 - 17,453)^2}{17,453} + \frac{(21 - 16,94)^2}{16,94} = 17,897$$

As is known from the calculation above, the calculated khai-squared value is 17.897. Meanwhile, the khai-squared value in the table for a significance level of 5% and 4 degrees of freedom is 9.4877. Because the calculated khai-squared value is 17.897 greater than the khai-squared value in the table 9.4877.

the null hypothesis is rejected and the alternative hypothesis is accepted. So, indeed the proportion of respondents according to generational groupings who do not understand the national defense health system is not constant so that the cause is a significant factor.

Table 5. Expected Frequency Value and Actual Frequency by education level

Characteristic	Unfinished Elementary School	Elementary School	Junior High School	Senior High School	Colleges	Total
Number of Respondents Who Don't Understand	12(8,16)	16(12)	19(13,92)	12(19,68)	13(18,24)	72
Number of Respondents Who Understand	5(8,84)	9(13)	10(15,08)	29(21,32)	25(19,76)	78
Total	17	25	29	41	38	150

The khai-squared value of the calculation results in this study is searched through the following calculations

$$\frac{(12 - 8,16)^2}{8,16} + \frac{(16 - 12)^2}{12} + \frac{(19 - 13,92)^2}{13,92} + \frac{(12 - 19,68)^2}{19,68} + \frac{(13 - 18,24)^2}{18,24} + \frac{(5 - 8,84)^2}{8,84} + \frac{(9 - 13)^2}{13} + \frac{(10 - 15,08)^2}{15,08} + \frac{(29 - 21,32)^2}{21,32} + \frac{(25 - 19,76)^2}{19,76} = 18,263$$

As is known from the calculation above, the calculated khai-squared value is 18.263. Meanwhile, the khai-squared value in the table for a significance level of 5% and 4 degrees of freedom is 9.4877. Because the calculated khai-squared value is 18.263 greater than the khai-squared value in the table 9.4877.

the null hypothesis is rejected and the alternative hypothesis is accepted. So indeed the proportion of respondents by education level who do not understand the national defense health system is not constant so that the cause is a significant factor

Table 6. Expected Frequency Value and Actual Frequency by type of work or profession

Characteristic	Government employees	Private employees	Profession	Retired	Self-employed	Total
Number of Respondents Who Don't Understand	10(8,867)	9(10,387)	0(2,787)	8(7,347)	11(8,613)	38

Number of Respondents Who Understand	25(26,133)	32(30,613)	11(8,213)	21(21,653)	23(25,387)	112
Total	35	41	11	29	34	150

The khai-squared value of the calculation results in this study is searched through the following calculations

$$\frac{(10 - 8,867)^2}{8,867} + \frac{(9 - 10,387)^2}{10,387} + \frac{(0 - 2,787)^2}{2,787} + \frac{(8 - 7,347)^2}{7,347} + \frac{(11 - 8,613)^2}{8,613} + \frac{(25 - 26,133)^2}{26,133} + \frac{(32 - 30,613)^2}{30,613} + \frac{(11 - 8,213)^2}{8,213} + \frac{(21 - 21,653)^2}{21,653} + \frac{(23 - 25,387)^2}{25,387} = 5,138$$

As is known from the calculation above, the calculated khai-squared value is 5.138. Meanwhile, the khai-squared value in the table for a significance level of 5% and 4 degrees of freedom is 9.4877 because the calculated khai-squared value is 5.138 less than the khai-squared value in the table is 9.4877. the null hypothesis is accepted and the alternative hypothesis is rejected. So that the proportion of respondents according to the type of work or profession who do not understand the national defense health system is constant so that the cause is a mere coincidence.

In general, policies become the basis for acting in a group, work unit, institution, both in government and private administration. Policies can act as work guidelines that are not binding or binding with certain consequences. Policy is formulated through an organization's decision making as an alternative chosen in implementing a program. In formulating policies, it is necessary to identify the impacts and efforts to solve them. Policy implementation is an instrument to achieve organizational or state goals.

According to Friedrich, as quoted in Akindele and Olaopa (2004), policies to achieve certain goals or targets are suggestions for steps that need to be taken by various parties, both individuals and groups of individuals, society or

government to face challenges or take advantage of opportunities in scope with certain limitations. According to Abidin (2006), policies can be divided into three levels, namely general policies, implementation policies and technical policies and specifically for the defense sector. Examples of their application in Indonesia are given as follows:

1. General policies are policies that serve as guidelines or implementation guidelines that can be positive or negative within the scope of the agency or region concerned. In the defense sector it is also known as the General Policy on National Defense (Jakumhanneg) which is embodied in a Presidential Regulation (Perpres) for a period of five years.
2. Implementation policy is a policy that is a further elaboration of general policy. At the central level, government regulations or presidential regulations are issued regarding the implementation of a law. In the defense sector, the Jakumhanneg is spelled out in a more detailed State Defense Implementation Policy (Jagarahanneg) which is valid for five years.

3. Technical policies or operational technical policies are policies used for field implementation which are further derivatives of implementation policies. Defense policies and strategies for each year are issued with Ministerial Regulations (Permen) in line with the annual Government Work Plan (RKP). Apart from that, there is also a Budget Mandate each year which is issued with a Ministerial Regulation (Permen) which is a further elaboration of the Government Budget and State Expenditures (APBN).

In the three levels of policy mentioned above, it can be found from the micro to the macro level. At the micro level, it includes individual policies, non-governmental organizations, the private sector and companies. In simple terms, public policies that concern the macro level are provisions, regulations made by the government to regulate a country and society. According to the United Nations or the United Nations (1975) policy is defined as a guideline for doing something, a direction in carrying out certain steps, and a work agenda or plan for certain activities. Policies at the macro level related to government are regarded as public policies.

In order to achieve the goals of the state, each government establishes a policy to carry out arrangements for the public in various fields of life within the scope of the state. Policies like this are referred to as public policies, referring to decisions the government takes to carry out itself or to be carried out by citizens. Public policies are also established to solve problems faced by the state or society. Public policies can be set for all stages of management, namely planning

(plan), implementation (do or action) and assessing the results of implementation (evaluate). Public policy is implemented by using state-owned national resources that can be used by the government to establish these public policies. According to Anderson (1979) public policy can be substantive or procedural, distributive, regulatory, or redistributive. Substantive policies are policies that will be carried out by the government, while procedural policies are policies to carry out substantive policies procedurally. Distributive policies concern policies for distributing aid or services to groups in society. Regulatory policies are policies that limit or prohibit individuals, communities, and community groups in certain matters; while the redistributive policy is the policy of transferring money, goods, ownership or rights to individuals, communities or groups in society. Public policy can involve the provision of public goods such as security, or regarding goods and services made privately such as education (Ardi et al., 2022).

One of the important public policies is the national defense policy. Based on the general definition, national defense policy is a policy to protect the integrity of the nation and state from various threats. Every country needs to establish a national defense policy to realize the main goal of the establishment of the state, namely to maintain the integrity of the nation and state. National defense policy is very important for every country, because it involves the existence of the state (Yusgiantoro, 2014).

National defense is all efforts to defend state sovereignty, the territorial integrity of the country and the safety of the entire nation from threats and disturbances to the integrity of the nation and state (Murgiyanto, 2005).

Meanwhile, the national defense system is a universal defense system that involves all citizens, territories and other national resources. Then, this system was prepared early by the government and carried out in a total, integrated, directed and continuous manner to uphold state sovereignty, territorial integrity and the safety of the entire nation from all threats (Widjajanto, 2004).

On another occasion, according to the Minister of Defence, Prof. Juwono Soedarsono defense and security is a common problem as a nation and applies the principle, "Anyone, anywhere, anytime". Defense and security, according to him, must be realized as important as other public infrastructure such as electricity, airports, ports, roads, public health services, drinking water and education. This means, if we talk about the importance of defense and security issues, then actually we are also talking about the vitality of public infrastructure (Bakrie, 2007).

According to Mahfud M.D., he argues that in compiling a state defense and security system there are three main ideas that need to be used as material for consideration. First, the possibility to choose an available alternative from; (1) the concept of war and the concept of defense and security practiced in various countries, (2) the concept of the military and the involvement of citizens in the national defense and security system, and (3) the concept of threat. Second, the Indonesian people's understanding of 'peace' and 'war' which grows based on historical experience and future prospects for a new Indonesia. Third, the ability of national resources to fill, regulate and finance national defense and security systems and efforts, as well as the need for the Indonesian nation to develop its defense system (Samego, 2001).

Viewed from the aspect of objectives, the national defense policy has goals that are usually standard, namely maintaining territorial integrity, guaranteeing state sovereignty and guaranteeing the safety of the entire nation from all threats to the state and nation (Bakrie, 2007). Law Number 3 of 2002 concerning National Defense states that national defense is all efforts to maintain state sovereignty, the territorial integrity of the Unitary State of the Republic of Indonesia (NKRI), and the safety of the whole nation from all forms of threats and disturbances to the integrity of the nation and state (UU No. 3 of 2002 concerning National Defense, Article 1 paragraph 1). National defense is not solely intended for war. Various military operations other than war (OMSP) are also part of national defense, as manifested in the operations of aid for handling natural disasters, peacekeeping troops, and combating terrorism.

For the Indonesian people, the nature of national defense is all universal defense efforts, the implementation of which is based on awareness of the rights and obligations of all citizens and belief in one's own strength to maintain the survival of the nation and state of Indonesia which is independent and sovereign (Riyadien, 2019; Simamora, 2014) . The goals of national defense include, First, maintaining state sovereignty, which includes efforts to safeguard the state's ideological and political system. Second, maintaining the integrity of the Unitary State of the Republic of Indonesia as a final decision that must be maintained and defended. Third, ensure the safety of the nation and protect citizens from all forms of threats (Defense White Paper, 2008).

In essence, a universal defense effort is a defense model developed based on strategic considerations, not

because of the inability to build a modern defense force. Even though Indonesia has achieved a fairly high level of progress, this model will still be developed, by placing citizens as subjects of state defense according to their respective roles (Defense White Paper, 2008). Law Number 3 of 2002 concerning National Defense states that the national defense system is a defense system that is universal in nature which involves all citizens, territories and other national resources, and is prepared early by the government and implemented in a total, integrated, directed, and continue to uphold state sovereignty, territorial integrity, and the safety of the entire nation from all threats (Law Number 3 of 2002 concerning National Defence, Article 1 paragraph 2). The defense system adopted by Indonesia is thus a universal defense system or total defense which includes the concepts of military defense and non-military defense (Karim, 2014).

In the 2008 Defense White Paper it was stated that for Indonesia, the implementation of national defense is not solely aimed at war, but also for creating peace, guaranteeing the integrity of the Unitary State of the Republic of Indonesia, securing national interests, and ensuring the implementation of national development. An effective defense is a defense that is able to present an atmosphere of security and peace, in which people's lives run normally, and relations among countries, both in the Region and outside the Region, take place in harmony and mutual respect (Defense White Paper, 2008).

The universal defense system is an improvement over the previous system, namely the universal people's defense and security system (hankamrata). The universal defense system itself was born from the post-reform political conditions

in 1998. The 2008 Putih Defense book states that universality implies the involvement of all people and all national resources, national facilities and infrastructure, as well as the entire territory of the country as a whole and comprehensive defense unit (Karim, 2014).

The implementation of national defense health is carried out through the implementation of the functions of inventorying, identifying, fostering, developing, mobilizing and demobilizing health in an integrated and mutually supportive manner to ensure the achievement of a resilient national defense. The implementation of national defense health is carried out through the national defense health system. Siskeshaneg implementation involves all components of the national defense health system both at the central and regional levels.

The intended Siskeshaneg is a subsystem and national defense system that synergizes with the national health system. The siskeshaneg component consists of TNI health, Government health, Regional Government and Community health. The Siskeshaneg component is an inseparable unit in the framework of implementing national defense. Siskeshaneg is divided into subsystems, including:

- a) Geomedical Information System;
- b) Health human resources;
- c) Health Material
- d) Health facilities and infrastructure;
- e) Health technology and natural resources; And
- f) Health efforts

Based on the respondents' answers and the results of hypothesis testing, an overview of the understanding of the national defense health system is obtained. Respondents according to the

type of work or profession found that the respondents' lack of understanding of the national defense health system was a constant or a coincidental factor. Of the 38 respondents who answered that they did not understand siskeshaneg, 56 percent of respondents had little understanding of the Geomedical Information System (GIS), 38 percent of respondents had little understanding of defense health materials, and the remaining 6 percent had little understanding of health efforts.

The Geomedical Information System (GIS) is an important parameter, the extent to which information systems and data processing that contain geomedical conditions are embedded in the policy level from the village level to the central level. Geomedicine is the essence of information on health problems related to social multidimensionality, then studied as initial data on a factual picture of health in the field, translated into accurate data through parameter parameters that bridge field facts - statistics -

epidemiological conditions, as a data integration. Health material itself provides a teaching material that is able to fill in various scientific components and supporting elements, which are intertwined like the structure of chromosomes in genes, describing one scientific field with other scientific fields that are interrelated. Meanwhile, health efforts are one of the important relationships and networks that are developed, related to the role and function of defense health in empowering health in the community.

Meanwhile based on the respondents' answers for grouping by generation is described as follows. From a total of 150 respondents, 49 percent of respondents or as many as 73 respondents answered that they did not understand the state defense health system. Of the 73 respondents, the largest portion came from generation Y respondents at 14 percent, followed by respondents from the Alpha generation group at 11 percent.

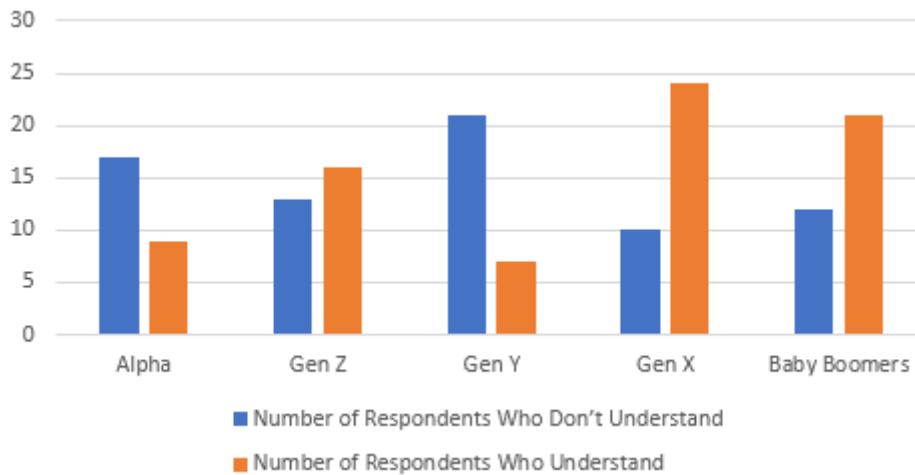


Figure 1. Respondents' Answers According to Generation Grouping

The results of testing the hypothesis for grouping by generation show that the proportion of respondents who do not understand the national defense health

system is not constant so that the cause is a significant factor.

Meanwhile, based on the respondents' answers, the grouping according to educational level is described as follows. From a total of 150

respondents, 48 percent of respondents or as many as 72 respondents answered that they did not understand the state defense health system. Of the 72 respondents, the largest proportion who did not understand anything related to the national defense health system came

from respondents with a junior high school education background of 26 percent, followed by respondents with an elementary school education background of 22 percent and 17 percent who did not graduate from elementary school.

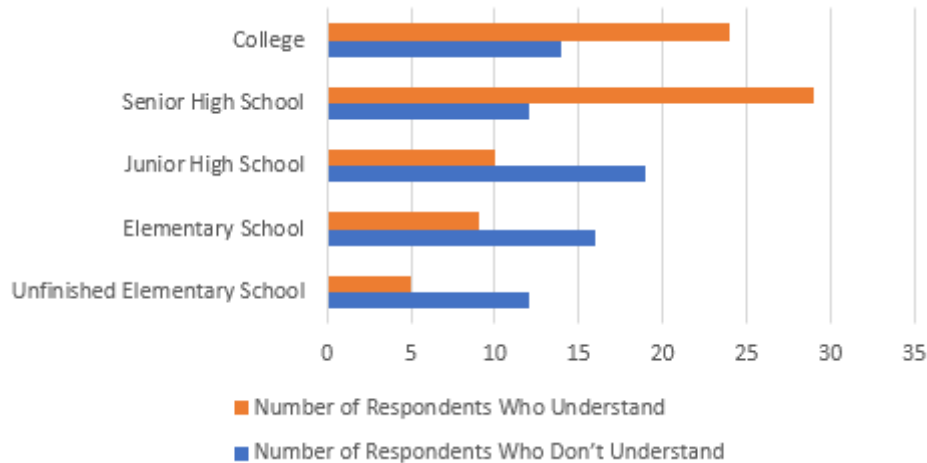


Figure 2. Respondents' Answers by Education Level

The results of testing the hypothesis for grouping according to level of education show that the proportion of respondents who do not understand the national defense health system is not constant so that the cause is a significant factor.

So based on the test results for the two groupings, namely: grouping according to generation and grouping according to level of education, a structured effort is needed to provide understanding related to the national defense health system. The defense health perspective is the totality of the Indonesian nation to develop a perception of health-based national security. Health as part of the sub-system of national resilience, realizes its role as the main link in the power chain of public health (food security/nutrition and life performance), which will reveal the potential for sustainable strength.

National defense health comes to the fore as the totality of resources in the health sector in the territory of the Republic of Indonesia by utilizing all

potential health service personnel, facilities and infrastructure, to support the task of implementing national defense. Through the National Defense Health System (Siskeshaneg), it collects arrangements and integrated efforts from various elements of the nation, by carrying out the functions of inventory, identification, guidance and development, mobilization and demobilization of health in a comprehensive and mutually supportive manner, in order to ensure the achievement of a formidable national defense. So as to create a system that is integrated and mutually supportive, so that all health elements are able to provide health support for the implementation of national defense efforts.

Defense health governance is part of the National Health System. In addition to aiming to improve people's welfare based on the 1945 Constitution, by integrating all the potential and elements of the nation, defense health is an

adhesive in the way of implementing national health development. The Defense Health Perspective contains two important elements, namely the upstream defense health perspective and the downstream defense health perspective. The upstream perspective is the top of a tree with branches and stalks that unravel various leaves and flowers. This perspective contains a way of thinking based on the principle of divergence by analyzing the basic concepts, pathogenesis and pathophysiology, prediction parameters and scoring and diagnostic approaches from defense health.

The basic concept of defense health, as previously stated, is a basis that is strengthened by the principles of national security, namely the concept of the Unitary State of the Republic of Indonesia as the main foundation. It is clear, in field applications, how to realize the geographic conditions of such a broad nation, moving as a geomedical map based on the characteristics and potential strengths of its health network. An example that can be uncovered is how the role of territorial non-commissioned officers utilizes their area as a part of their health security.

CONCLUSION

This study concludes that the proportion of respondents according to the generational grouping who do not understand the national defense health system is not constant so that the cause is a significant factor. The proportion of respondents by education level who do not understand the national defense health system is not constant so that the cause is a significant factor. The proportion of respondents by type of work or profession who do not understand the national defense health system is constant so that the cause is purely a coincidence. Based on the

results of this study, it is recommended that respondents according to the grouping of generations and levels of education make structured efforts to provide an understanding of the national defense health system. So that a more in-depth understanding is obtained related to the national defense health system because the community is a reserve component that supports national defense.

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