

## EFFECTIVENESS OF LAW NUMBER 4 OF 2024 CONCERNING THE WELFARE OF MOTHERS AND CHILDREN IN THE FIRST THOUSAND DAYS OF LIFE

Dwi Ayu Agustina<sup>1</sup>, Elly Nurlaili<sup>2</sup>, Dewi Septiana<sup>3</sup>, Aprilianti<sup>4</sup>, Sayyidah Sekar D.K<sup>5</sup>

<sup>1</sup>Faculty of Law, Universitas Lampung, Lampung, E-mail: [dwi.ayu8009@gmail.com](mailto:dwi.ayu8009@gmail.com)

<sup>2</sup>Faculty of Law, Universitas Lampung, Lampung, E-mail: [elly.nurlaili@fh.unila.ac.id](mailto:elly.nurlaili@fh.unila.ac.id)

<sup>3</sup>Faculty of Law, Universitas Lampung, Lampung, E-mail: [dewi.septian@fh.unila.ac.id](mailto:dewi.septian@fh.unila.ac.id)

<sup>4</sup>Faculty of Law, Universitas Lampung, Lampung, E-mail: [aprilianti.196@fh.unila.ac.id](mailto:aprilianti.196@fh.unila.ac.id)

<sup>5</sup>Faculty of Law, Universitas Lampung, Lampung, E-mail: [sayyidah.sekar@fh.unila.ac.id](mailto:sayyidah.sekar@fh.unila.ac.id)

Article	Abstract
<p><b>Keywords:</b></p> <p><b>Effectiveness, Legal Protection, Maternal and Child Welfare, First Thousand Days of Life, Law Number 4 of 2024</b></p> <p><b>DOI:</b></p> <p><b>10.28946/scls.v3i2.5044</b></p>	<p>Law Number 4 of 2024 concerning Maternal and Child Welfare is a form of the state's constitutional commitment to guaranteeing the protection and fulfillment of the rights of mothers and children, especially during the first thousand days of life (1000 HPK), which is the golden period of growth and development for children. However, the effectiveness of its implementation cannot be said to be optimal, especially in remote, outermost, and disadvantaged areas. This study aims to evaluate the initial level of effectiveness and identify factors that hinder the implementation of the law. This study uses a normative-empirical legal approach based on Soerjono Soekanto's Theory of Legal Effectiveness. Data was obtained through a literature study of legislation, academic literature, policy reports, and secondary data from government agencies. The results of the study show that the effectiveness of Law Number 4 of 2024 is still formal and procedural in nature, due to the weak binding force of legal substance, overlapping authority between institutions, limited resources, and a low legal culture and literacy among the community. Thus, the effectiveness of the law has not yet reached a substantive dimension that guarantees equitable welfare for mothers and children in 3T areas. This study recommends strengthening norms through sanctions and accountability mechanisms, cross-sector institutional integration, and the development of a legal culture based on community literacy as prerequisites for the successful implementation of just laws.</p>

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## A. INTRODUCTION

Health disparities in Indonesia remain a fundamental and ongoing problem and pose a serious challenge for the government and stakeholders in the health sector, especially in disadvantaged, frontier, and outermost (3T) regions. Urban communities relatively enjoy adequate medical facilities, health workers, and infrastructure, while communities in 3T areas still face complex structural barriers in accessing basic health services. This inequality is not only technical in nature but also reflects weaknesses in legal and institutional aspects, as existing welfare regulations have not been fully able to guarantee the fulfillment of maternal and child health rights in a fair and equitable manner. The consequences of this inequality are evident in the high rates of malnutrition, stunting, diarrhea, and infection among children. In addition, the limited availability of medical personnel, medicines, and health care facilities in remote areas exacerbates the service gap during the first 1,000 days of life (1000 HPK), a crucial phase that determines the quality of human resources in the future.

The 1000 HPK period covers 270 days of pregnancy and 730 days after birth, known as the window of opportunity because it determines the quality of a child's health, intelligence, and productivity in the future. The fulfillment of basic needs such as adequate nutrition, adequate health services, and strong legal protection is crucial to the success of this phase. Failure to meet these needs has the potential to cause permanent damage to a child's growth and development, lower immunity, and cause cognitive impairment and intellectual disabilities. Therefore, the welfare of mothers and children is not only the responsibility of the family, but also the state has a strategic role in guaranteeing its basic rights during the 1,000 HPK phase through comprehensive policies and legal instruments.<sup>1</sup>

As a form of constitutional commitment to the protection of mothers and children, the government issued Law Number 4 of 2024 concerning the Welfare of Mothers and Children, which is a strategic step to integrate legal protection, health services, and nutrition programs within the framework of the 1000 HPK development. However, despite the progressive nature of this law, its effectiveness remains an open question. Edelweisia Cristiana (2024), through her research entitled "Problems with the Law on the Welfare of Mothers and Children: Regulatory and Implementation Gaps," reveals that the implementation of Law Number 4 of 2024 still faces normative and structural obstacles, such as overlapping regulations and weak law enforcement mechanisms at the regional level.<sup>2</sup>

Meanwhile, an empirical study by Rusyda & Baliwati (2025) in a research paper titled "Transforming Maternal and Child Health Systems and Nutritional Intervention: Impacts on Stunting Prevalence in Indonesia" shows that nutritional interventions and improvements to maternal and child health service systems in 34 provinces in Indonesia have had a significant impact on reducing stunting rates.<sup>3</sup> However, the study highlights that the success of health programs has not been fully accompanied by the strengthening of legal and institutional aspects that support policy implementation in the field. Widyawati (2024) states that limited nutrition education and uneven service distribution are significant obstacles in the implementation of the 1,000 HPK programme.<sup>4</sup> Nevertheless, this approach has not yet explored in depth how legal instruments, particularly Law Number 4 of 2024, function effectively as tools for equitable welfare and legal protection in regions with different geographical and social conditions.

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<sup>1</sup> Kemenkes RI, *Survei Status Gizi Indonesia (SSGI) 2024*, Indonesia: Kemenkes RI, 2024.

<sup>2</sup> Edelweisia Cristiana "Problematisasi Undang-Undang Kesejahteraan Ibu Dan Anak: Kesenjangan Regulasi Dan Implementasi" *Jurnal Hukum Agama Hindu* 15, no. 1 (2025): 96-112.

<sup>3</sup> Akifa Laila Rusyda, dan Yayuk Baliwati, "TRANSFORMING MATERNAL AND CHILD HEALTH SYSTEMS AND NUTRITIONAL INTERVENTION : IMPACTS ON STUNTING PREVALENCE IN," *The Journal of Nutrition and Food Research* 47, no.1 (2025): 43-52.

<sup>4</sup> Widyawati, S. "Efektivitas Pelayanan Puskesmas Dalam Implementasi 1000 HPK," *Jurnal Kebijakan Publik Dan Kesehatan* 1, (2024).

Based on the above description, it can be concluded that the effectiveness of Law Number 4 of 2024 still faces various challenges, such as disparities in health services between regions, limited budgets and human resources, weak coordination between institutions, and a lack of public literacy regarding the importance of 1000 HPK. Additionally, several remote, isolated, and outermost (3T) regions have not been able to implement the provisions of the law optimally.

Therefore, based on this analytical gap, this journal will analyze the extent to which the implementation of Law Number 4 of 2024 concerning Maternal and Child Welfare has been effectively realized in 3T regions when evaluated using Soerjono Soekanto's Theory of Legal Effectiveness. This study aims to discuss and examine in depth the effectiveness of the implementation of Law Number 4 of 2024, focusing on identifying structural and cultural factors (substance, structure, means, society, and legal culture) that hinder the achievement of substantive welfare for mothers and children in frontier, outermost, and disadvantaged regions.

## B. RESEARCH METHOD

This study uses a normative-empirical legal approach, which combines doctrinal analysis with contextual interpretation of implementation data. This study is based on normative legal research, which focuses on written norms and legal principles. It also integrates secondary empirical evidence such as health service data, program reports, and implementation challenges to describe the practical dimensions of law enforcement in the field.

The normative dimension of this study examines Law Number 4 of 2024 concerning Maternal and Child Welfare, along with relevant constitutional provisions, ministerial regulations, and related policy instruments.<sup>5</sup> Meanwhile, the empirical dimension is descriptive-qualitative, using secondary data from official publications such as the Indonesian Nutrition Status Survey (SSGI), Ministry of Health reports, and regional implementation documents.<sup>6</sup>

The analytical interpretation in this study is based on Soerjono Soekanto's Theory of Legal Effectiveness, which views legal effectiveness as dependent on the interaction between five main elements, namely:<sup>7</sup>

1. Legal substance;
2. Legal structure;
3. Legal means and facilities;
4. Legal resources (Society) and
5. Social factors.

Through this framework, the study analyzes the extent to which the normative objectives of the law are consistent or inconsistent with the reality of its implementation in the field. Data was collected through a literature review of legal documents, academic journals, policy reports, and government publications, then analyzed qualitatively using content analysis to compare the consistency between legal norms and their implementation.

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<sup>5</sup> Negara T.A.S, "NORMATIVE LEGAL RESEARCH IN INDONESIA : ITS ORIGINS AND APPROACHES" *Asian Comparative Journal (ACLJ)* 4, no. 1 (2023): 1-9.

<sup>6</sup> Retno Widyani, Li Wei & Wang Jun "Empirical Legal Research Methods: Applications in Legal Research in Indonesia," *Rechtsnormen Journal of Law* 3, no. 2 (2025): 135-138.

<sup>7</sup> M. Luthfi "Tinjauan Sosiologi Hukum Terhadap Undang Undang Nomor 16 Tahun 2019 Tentang Perubahan Undang Undang Nomor 1 Tahun 1974 Tentang Perkawinan," *Journal of Law (J-Law)* 1, no. 1 (2022): 60-72.

## C. ANALYSIS AND DISCUSSION

### 1. Effectiveness of the Implementation of Law Number 4 of 2024 in Indonesia, Particularly in 3T Areas

Law Number 4 of 2024 concerning the Welfare of Mothers and Children in the First Thousand Days of Life (1000 HPK) is a concrete manifestation of the state's constitutional responsibility to guarantee the protection and fulfillment of the fundamental rights of mothers and children. The existence of this legal instrument signifies a strong normative commitment within the formal legal framework.

However, as stated, the measure of a law's success does not stop at its enactment, but rather extends to the extent to which the regulation is able to transform the written commitment into concrete and measurable social outcomes in the community, namely improved welfare and quality of life for mothers and children during the crucial 1000 HPK phase.

To analyze and measure the transformative power of Law Number 4 of 2024, it will be applied based on five factors of legal effectiveness according to Soerjono Soekanto, including systematically identifying obstacles to its substantive realization.<sup>8</sup>

#### 1.1 Substantive Law

The effectiveness of the law, at the first level, is tested by the quality and character of the content of the regulation itself. Law Number 4 of 2024 concerning the Welfare of Mothers and Children in the First Thousand Days of Life is a legal instrument that substantively has a solid normative foundation. Law Number 4 of 2024 acts as a legislative bridge that consolidates the state's constitutional guarantees of human rights, particularly the fundamental rights of mothers and children. These foundations include:

- a. Article 28B paragraph (2) of the 1945 Constitution, among others, guarantees the right of every child to survival, growth, and development, as well as the right to protection from violence and discrimination.<sup>9</sup> The 1000 HPK period is a critical window for the fulfillment of these growth and development rights.
- b. Article 28H paragraph (1) of the 1945 Constitution, among other things, affirms the right of every person to physical and spiritual prosperity, to obtain health services, and to a good living environment. The protection of pregnant women, women in childbirth, and breastfeeding mothers is an integral part of fulfilling this right to prosperity.<sup>10</sup>
- c. Article 34 paragraph (3) of the 1945 Constitution, among other things, obliges the state to be responsible for providing adequate health care facilities and public service facilities. Law Number 4 of 2024 translates this responsibility into specific targeted programs.<sup>11</sup>

Formally, the substance of this law has fulfilled the elements of justice and benefit as mandated by Soekanto's theory, making it a progressive legal product. However, despite having a strong constitutional basis that guarantees the above fundamental rights, its effectiveness is limited by the absence of explicit and effective sanctions for non-compliance by implementing agencies or local governments. For example, the right to adequate nutrition for pregnant women, although mandated, is not followed by clear and legally binding accountability mechanisms for local officials who fail to provide or distribute the necessary logistics in a timely manner.

Weak enforcement means that the law functions as a policy guideline rather than a binding legal mandate. Without coercive power and legal sanctions, the implementation of laws is highly dependent on political commitment and discretion, which are often shaky in

<sup>8</sup> Soerjono Soekanto, *Faktor-Faktor Yang Mempengaruhi Penegakan Hukum*, Jakarta: PT. Raja Grafindo Press, 2008.

<sup>9</sup> Article 28B Paragraph (2) of the 1945 Constitution.

<sup>10</sup> Article 28H Paragraph (1) of the 1945 Constitution.

<sup>11</sup> Article 34 Paragraph (3) of the 1945 Constitution, n.d.

resource-poor 3T regions, where political priorities tend to be low. As a result, the rights of mothers and children are non-justiciable, meaning they cannot be directly enforced through legal mechanisms. Therefore, the substance of the law is present formally but weak substantively due to the lack of strong law enforcement.

## 1.2 Structure Law

The effectiveness of law, as emphasized by Soerjono Soekanto, cannot be achieved without the support of a solid and functioning legal structure. This structure encompasses all agencies, institutions, and mechanisms tasked with implementing and enforcing legal norms. In the context of Law e4 of 2024, this structure is a complex bureaucracy, from the ministerial level in Jakarta to officers in community health centers and integrated health service posts.

In theory, all implementing agencies of the Ministry of Health, the Ministry of Women's Empowerment and Child Protection (KPPPA), the National Population and Family Planning Agency (BKKBN), and local governments should work as a single machine. However, the reality often shows symptoms of fragmented coordination, known as sectoral ego.

The main structural obstacles are weak cross-sectoral coordination and overlapping authorities, especially between the central and local governments. The current law mandates services, but operational integration is poor. For example, budget allocations for supplementary food (nutrition) may come from one sector, while service delivery (monitoring) falls under another sector, causing program gaps and delays. The establishment of Regional Technical Implementation Units for Women and Child Protection (UPTD PPA) has shown initial progress, but their operational success is highly dependent on local regulations and budgetary support, which are often inconsistent.<sup>12</sup>

In addition, weak coordination and institutional fragmentation create implementation bottlenecks. As highlighted by Humas Seputar Birokrasi (2024), this lack of coordination leads to unclear responsibilities, poor service quality, and waste of resources. Thus, the existing legal structure has not formed an integrated, accountable, and binding institutional framework for Law Number 4 of 2024.<sup>13</sup>

## 1.3 Supporting Facilities and Infrastructure

The effectiveness of laws is greatly influenced by the availability of facilities and resources. Facilities include the budget, workforce, and infrastructure needed for implementation. These factors are critical points that distinguish successful implementation on paper from failure in 3T areas.

Law Number 4 of 2024 promises the right to "safe, quality, and affordable" health services during the crucial 1000 Days of Life phase. However, this promise immediately faces the geographical and structural realities of Indonesia. Massive shortages in human resources and health infrastructure, especially in 3T (Frontier, Outermost, Disadvantaged) areas, are key indicators that this law is in danger of becoming nothing more than an ideal.

This situation is evident in several provinces, one of which is Papua, where difficult access by water or air is compounded by chronic shortages and uneven distribution of health workers, including doctors, midwives, nutritionists, and inadequate infrastructure, health centers, and equipment. (Su'udi, 2022). The 2021 Indonesian Health Profile shows a

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<sup>12</sup> Pemerintah Kabupaten Sleman, "Peraturan Bupati Sleman No. 42.2 Tahun 2021 Tentang Pembentukan Dan Tata Kerja UPTD PPA" Pub. L. No (2021), <https://peraturan.bpk.go.id/>.

<sup>13</sup> Humas Seputar Birokrasi, "Kurangnya Koordinasi Antar Instansi: Penyebab, Dampak, Dan Solusi," *Seputarbirokrasi.Com*, 2024, <https://seputarbirokrasi.com/kurangnya-koordinasi-antar-instansi-penyebab-dampak-dan-solusi/>.

significant shortage of doctors in Puskesmas, particularly in provinces such as Papua. This shows that the distribution of health workers is not yet evenly spread across Indonesia.<sup>14</sup>

The absence of doctors, midwives, and nutritionists at the forefront of service delivery is not merely an administrative problem, but a systematic failure that cripples the legal system's ability to guarantee the constitutional rights of citizens. Limited health infrastructure, especially primary health services, and a lack of public knowledge about maternal and child health are also cited as reasons for the slow improvement of health standards in remote areas.<sup>15</sup> Even with strong substance and coordinated structure, the law cannot work if its main implementers (health workers and facilities) are physically absent or their equipment is inadequate. This factor acts as a strong limiting variable, transforming the mandate of Law Number 4 of 2024 on equitable service provision into a formal guarantee that is physically inaccessible to the target population.

#### 1.4 Social Factors

Laws only reach their peak effectiveness when they are accepted, understood, and obeyed by the communities that are the primary targets of regulation. Referring to Soerjono Soekanto's view, these social factors influence the acceptance and utilization of Law Number 4 of 2024. In the context of implementing Law Number 4 of 2024, society, especially in 3T areas, has transformed from being subjects of rights to passive obstacles to its own effectiveness.

The main challenge faced by communities in 3T areas is a double literacy crisis. On the one hand, there is low health literacy, which is still influenced by conservative local cultural beliefs. These include the habit of feeding babies solid food (MPASI) before the age of six months, rejection of immunization programs, or dependence on traditional healers instead of accredited medical personnel. Low literacy means that communities often do not utilize health facilities even though they are available. Furthermore, the lack of massive dissemination of Law Number 4 of 2024 has resulted in low public awareness of the rights of mothers and children, thereby reducing the capacity of the community to demand or utilize the mandated services. Therefore, community factors influence the effectiveness of Law Number 4 of 2024.

#### 1.5 Legal Culture

Legal Culture, according to Soerjono Soekanto, is the final pillar and philosophical foundation that encompasses the values, attitudes, and patterns of behavior that influence the acceptance and implementation of law. Legal culture functions as the soul of the legal system; without a strong culture, even the most perfect law will lose its transformative power.

In the context of Law Number 4 of 2024, Legal Culture does not yet fully support the objectives of Law Number 4 of 2024. Health promotion efforts (such as the KADARZI and Posyandu programs) are less effective if they are not accompanied by a contextual cultural approach that actively debunks myths and increases legal literacy regarding the importance of 1000 HPK.

Low levels of legal literacy act as a social barrier, preventing the community from acting as subjects who should demand the fulfillment of their rights based on Law Number 4 of

<sup>14</sup> Amir Su'udi, Rudi Hendro Putranto, Harna Harna, Andi Muh Asrul Irawan, Iin Fatmawati, "Analisis Kondisi Geografis Dan Ketersediaan Peralatan Di Puskesmas Terpencil / Sangat Terpencil Di Indonesia *Analysis of Geographical Conditions and Availability of Equipment in Remote Puskesmas in Indonesia*" *Poltekita: Jurnal Ilmu Kesehatan* 16, no. 2 (2022): 132-38.

<sup>15</sup> S Wiyanti, H Kusnanto, dan M Hasanbasri, "POLA PEMANFAATAN PELAYANAN KESEHATAN DAERAH TERTINGGAL, PERBATASAN, KEPULAUAN, DAN TERPENCIL (DTPK-T) DI INDONESIA (ANALISIS DATA RISKESDAS 2013)" Vol. 19, no. 2 (2016): 50-57, <https://doi.org/https://doi.org/https://doi.org/10.22146/jmpk.v19i2.1933>.

2024. Without a supportive legal culture, Law Number 4 of 2024 cannot resolve the issues regulated in the Social Factor (1.4). The public will not move from being passive objects waiting for assistance to active subjects demanding their rights. This weak legal culture ensures that the aspirations of Law Number 4 of 2024 will continue to be hampered by a collective mentality that views the law and the state as foreign entities that have no direct connection to their domestic affairs. Therefore, the factor of legal culture affects the effectiveness of Law Number 4 of 2024.

#### **D. CONCLUSION**

Law Number 4 of 2024 on Maternal and Child Welfare is an important and necessary legal framework, providing constitutional affirmation of these rights. Based on the results of the analysis and discussion outlined above, it can be concluded that the implementation of this law in the 3T regions is currently only effective in formal and procedural terms, but fails to achieve substantive effectiveness. This failure is rooted in weak legal substance, aspirational norms, a lack of explicit legal sanctions and strong accountability mechanisms to enforce compliance by local governments and implementing agencies; a fragmented legal structure, institutional fragmentation, and poor cross-sectoral coordination resulting in policy overlaps and implementation bottlenecks, particularly related to budgets and logistics for 3T regions; and the fundamental lack of infrastructure, health workers, and special budgets in 3T regions acting as physical barriers that make the services provided for in the law inaccessible.

This journal recommends several legal policy measures that can be implemented to shift the effectiveness of the law from merely formal to substantive, including strengthening legal substance and accountability, and implementing regulations that contain explicit sanctions for regional heads or implementing agencies that fail to meet minimum service standards (SPM) or ignore the budget allocation targets for the 1000 HPK program in 3T areas. This will transform mandates into binding legal obligations; Institutional and Data Integration, Mandating the establishment of a Cross-Sector Monitoring and Evaluation Unit with an integrated data system (e.g., linking SIKIA, SSGI, and regional budget realization) to ensure real-time accountability and eliminate program overlap between the Ministry of Health, BKKBN, and local governments, particularly in the procurement and distribution of logistics in 3T areas; and Legal Affirmation of Budget and Resource Allocation, Establishing legal provisions that require a minimum non-discretionary percentage allocation from the Regional Revenue and Expenditure Budget (APBD) for 1000 HPK services in 3T areas, accompanied by incentives and better security guarantees to attract permanent health workers to remote areas.

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