ABSTRAK

Kanker serviks merupakan salah satu penyebab utama kematian perempuan di negara berkembang, termasuk Indonesia. Pemerintah Indonesia telah menetapkan deteksi dini kanker serviks dengan metode Inspeksi Visual Asam Asetat (IVA) sebagai program prioritas nasional. Namun, cakupan layanan skrining IVA di Kabupaten Bangli masih rendah dan belum mencapai target. Penelitian ini bertujuan untuk menganalisis kebijakan penanggulangan kanker serviks di Kabupaten Bangli berdasarkan teori Kebijakan George C. Edwards III yang mencakup variabel komunikasi, sumber daya, disposisi, dan struktur birokrasi.

Penelitian ini menggunakan pendekatan kualitatif deskriptif dengan metode studi kasus. Data dikumpulkan melalui wawancara mendalam terhadap 20 informan kunci terdiri dari 8 kepala puskesmas dan 12 penanggungjawab program yang bertugas di 12 Puskesmas wilayah kerja Kabupaten Bangli. Analisis dilakukan secara tematik dan diuji keabsahannya melalui triangulasi sumber dan *member checking*.

Hasil penelitian menemukan pada aspek komunikasi belum berjalan optimal karena transmisi informasi tidak merata, pesan tidak konsisten, serta kurangnya keterlibatan pihak desa; pada aspek sumber daya masih terbatas, kekurangan tenaga terlatih, rendahnya pemanfaatan sarana prasarana sasaran program, dan ketergantungan pada dana BOK; pada disposisi menunjukkan sikap pelaksana sudah mendukung kebijakan namun belum ditunjang oleh pelatihan teknis dan insentif petugas; dan pada struktur birokrasi belum sepenuhnya mendukung pelaksanaan program, pada aspek petunjuk teknis rujukan dan koordinasi antar lintas sektor.

Ini menunjukkan bahwa penerapan kebijakan deteksi dini kanker serviks di Kabupaten Bangli masih belum efektif pada aspek komunikasi, sumber daya, disposisi, dan struktur birokrasi. Diperlukan penguatan komunikasi lintas sektor, pelatihan rutin SDM, penyusunan SOP pelaporan dan rujukan yang terintergrasi, serta pengembangan skema pendanaan berbasis kebutuhan lokal.

Kata kunci: kanker serviks, analisis kebijakan, IVA, komunikasi kebijakan

ABSTRACT

Cervical cancer remains a leading cause of mortality among women in developing countries, including Indonesia. To address this issue, the Indonesian government has designated early detection of cervical cancer using the Visual Inspection with Acetic Acid (VIA) method as a national priority program. However, the screening coverage in Bangli Regency remains low and has not yet met the target. This study aims to evaluate the implementation of cervical cancer control policy in Bangli Regency using George C. Edwards III's policy implementation framework, which includes the variables of communication, resources, disposition, and bureaucratic structure.

A qualitative descriptive approach with a case study method was employed. Data were collected through in-depth interviews with 20 key informants, consisting of 8 primary health center (PHC) heads and 12 program coordinators from 12 PHCs across Bangli Regency. Thematic analysis was conducted and data validity was ensured through source triangulation and member checking.

The findings revealed that communication was suboptimal due to inconsistent message delivery, uneven information dissemination, and limited involvement of village-level stakeholders. In terms of resources, there were shortages of trained personnel, underutilized screening equipment, and a heavy reliance on central government (BOK) funding. Although implementers expressed supportive attitudes toward the policy, they lacked technical training and appropriate incentives. The bureaucratic structure did not fully support the program due to the absence of technical referral guidelines and weak intersektoral coordination.

These issues indicate that the implementation of the cervical cancer early detection policy in Bangli Regency remains ineffective across all assessed variables. Strengthening intersektoral communication, providing regular human resource training, developing integrated reporting and referral SOPs, and adopting a locally tailored financing scheme are recommended to improve program effectiveness.

Keywords: cervical cancer, health policy, VIA, policy communication