

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

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Abstract

The implementation of this study is aimed at looking at the role of the Banda Aceh City Health Office in preventing and controlling suicide cases using qualitative methods with descriptive research types. Informants in this study were the TK I/IIID Entomologist Health Expert Young Field of Disease Prevention and Control of Mental Illness Control Section of the Banda Aceh City Health Office, as well as several stakeholders in Banda Aceh City, and data collection techniques in this study were carried out through interviews, observation, and documentation. The results of this study concluded that the role of the Banda Aceh City Health Office in preventing and controlling suicide cases was considered effective administratively and in action, but there were still some shortcomings in special programs, as well as data on satisfaction with government regulations, the achievement of overall objectives in the implementation of prevention and control of suicide cases carried out by the Banda Aceh City Health Office. This can be seen from several cases of student suicide deaths, this situation claimed several student victims in Banda Aceh, this can happen because stakeholders do not feel that there is a related role, the cases that arise are considered as a lack of faith in the perpetrators of suicide themselves, so that there is a blurring of the role of stakeholders that is seen in the aspect of prevention and control of student suicide cases in Banda Aceh, however, the Banda Aceh City Health Office has a special program to handle the mental health and soul of students in Banda Aceh in the new semester, socialization of mental health and mental health is carried out at every campus in Banda Aceh. The suggestions that the author provides are based on the research results found, especially to the Banda Aceh City Health Office to be more sensitive to the issue of student deaths in Banda Aceh because it is very possible that some of the deaths that occur are a solution for students to end their life problems, and for the Banda Aceh City government to budget funds to carry out socialization related to the prevention and control of suicide cases to campuses in Aceh, especially in Banda Aceh City, at least once a year, and it is hoped that they will provide consultation services or call centers.

Keywords: government implementation, prevention, suicide case control, Banda Aceh Health Service

INTRODUCTION

Suicide in Indonesia is a phenomenon that is gaining increasing attention, particularly due to the increasing social, economic, and psychological pressures in modern society. Although suicide is considered taboo and contrary to religious values and social norms, field evidence shows that cases continue to occur in various groups, including students. This situation indicates that mental health issues are not yet fully understood and responded to by society and the government. Many individuals experience depression, severe stress, or other life pressures. These individuals are afraid to express their feelings for fear of being judged weak, sinful, or embarrassing their families. As a result, mental suffering is hidden and leads to the tragic decision to end their life. Every suicide is a tragedy, with a ripple effect that dramatically impacts the lives of families, friends, and communities as loved ones take their own lives (who.int, 2021). Suicide cases are a violation of Human Rights (HAM) that everyone has, including Indonesian citizens, and every Human Rights (HAM) is protected by the government, as stated in Article 9 Paragraph 1 of Law 39 of 1999, "Everyone has the right to live, maintain life and improve their standard of living", and Article 71 "The government is obliged and responsible for respecting, protecting, upholding and advancing human rights as regulated in this Law, other laws and regulations, and international law on Human Rights (HAM) accepted by the Republic of Indonesia".

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

Suicide is a psychological pressure problem from within the perpetrator for those who experience this problem the perpetrator does not care about themselves and stutters, assuming that the social environment does not see the complexity of the perpetrator's problem and increasingly suppresses the psychological problems of the perpetrator of suicide so that it is used as a background for suicide, suicide cases are a sensitive phenomenon for the prevention of this phenomenon the author invites people to change their old habits into new habits using counter narratives or fighting something dangerous and detrimental used to reject the opinions of certain groups with the stigma that those who commit suicide are people who lack faith and have mental disorders. (Rerung, 2022). Based on data from WHO, it is recorded that every year 726,000 people commit suicide. The number of people who attempt suicide is much greater than that, 73% based on the report of this world health organization, in 2019, the suicide rate ratio in Indonesia was 2.4:100,000. In its report, the WHO classified the estimated suicide rate in Indonesia. A study released in 2022 found that the majority of suicide victims were aged 26-45 (30.9%), while suicides among those aged 17-25 were recorded at 75 cases, equivalent to 8.8%. Three students aged 17-25 committed suicide in the past year, exceeding the average figure reported by the police. In another survey, one of the results showed that Generation Z born in 1997-2012 had higher levels of anxiety than the millennial generation and cross-campus/region showed the prevalence of suicidal ideation and the desire to 'want to die' in students is not small. Several studies reported that the number of ideations ranged from tens of percent, from 2018-2020, 43 cases of suicide deaths were recorded in the Regency/City, including law students at USK. From April to December 2025, 4 deaths were recorded in Banda Aceh and Aceh Besar, 2 of which were students. Among these causes, the details are as follows.

1. Inability to Finance College (Structural Pressures and Failure of Social Protection for Education)

The inability to finance college is not just a personal financial issue, but a structural problem within higher education governance. This pressure develops through several stages:

- Initial stage (financial stress)
Students begin to experience UKT arrears, late payments, or loss of funding, scholarships being revoked, or parents losing their jobs. At this stage, anxiety and insecurity emerge.
- Intermediate stage (institutional pressure)
Administrative threats such as student registration (KRS) delays, restrictions on academic access, and the potential for dropping out exacerbate psychological stress. Students feel like their academic future is out of their control.
- Advanced stage (psychological collapse)
Prolonged stress triggers feelings of failure, social shame, and loss of self-esteem. Students view themselves as a burden on their families and the nation, leading to suicidal ideation as a way out.

2. Relationship Problems (Emotional Crisis as an Acute Trigger)

Relationship problems serve as a triggering factor that often accelerates suicide, especially in students who have experienced other stressors before. In detail, this factor works through: Excessive emotional dependence on a partner as the sole source of psychological support. When a relationship ends, students lose their main emotional support. Failure to regulate emotions and a lack of mental health literacy make students unable to manage negative emotions such as loss, jealousy, or feelings of abandonment. Breaking up a relationship is interpreted as a personal failure and a loss of meaning in life, especially at the age of 17-25 years who are still in the phase of forming their self-identity. Relationship problems are not the sole cause, but they are the final trigger that drives students to commit suicide.

3. Final Semester and Thesis Pressure (Chronic Academic Stress and Burnout)

Thesis pressure is a long-term stressor that works slowly but destructively. The details of the pressure include: Academic structural obstacles The guidance process is not well scheduled Repeated revisions without clear direction Hierarchical relationships between lecturers and students that cause psychological fear Social and family pressure The demand for graduation on time accompanied by family expectations strengthens feelings of guilt and fear of disappointing parents. Academic burnout is characterized by emotional exhaustion, loss of

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

motivation, and decreased self-confidence. Students begin to feel incompetent and unworthy of graduating. Without a fair psychological and academic support system, this pressure develops into severe depression.

4. Family Economic Problems and Daily Life (Chronic and Invisible Background Stress)

Family economic problems are a background factor that continuously weakens students' mental resilience, through: Structural poverty of the family, irregular income, or family debt adds to the psychological burden of students. The dual role of students having to work while studying, causes physical exhaustion, decreased academic achievement, and social isolation. The inability to meet basic needs, difficulties in eating, housing, and transportation, creates chronic daily stress. Shame and social isolation, economic inequality with peers trigger withdrawal and low self-esteem. Cumulatively, the causes of student suicide form the following pattern:

Economic problems → academic pressure → emotional crisis → despair → suicide

Thus, student suicide cannot be reduced to a purely individual problem, but must be understood as an indicator of structural injustice in educational governance, mental health, and social protection. A social equity-based policy approach is a primary prerequisite for preventing suicide cases in higher education environments. In Aceh, cases of suicide deaths among students have begun to receive public attention from educational institutions and the government. Death by suicide is a social problem and a highly concerning psychological stressor. Students, as an intellectual group in transition to adulthood, are often faced with complex pressures from academic, economic, family, and social environments. If not handled properly, it can cause psychological disorders or stress that can lead to suicide. The role of the Aceh Islamic Sharia Office in the context of cases of individuals with suicidal tendencies can be understood as a role in fostering moral and spiritual development in the community. This office functions to maintain Islamic values so that they remain alive in social, family, and educational spaces, so that religion becomes a framework for the meaning of life for individuals experiencing psychological stress. Through its da'wah activities, religious counseling, and moral development, the Islamic Sharia Office helps create a social environment that emphasizes patience, prohibits self-harm, and the importance of protecting the soul as a trust. Furthermore, this office plays a role in building a collective understanding that mental health issues are not merely individual issues, but social issues that need to be understood humanely and with dignity according to sharia values. This phenomenon is ironic, because suicide is expressly prohibited in Islamic teachings and the laws in force in Aceh. Facts on the ground show that deaths due to suicide still occur, these deaths are carried out in several ways, including drinking poison, hanging, drowning, taking pills in high doses, jumping from high buildings, slitting one's own throat and other deviant behavior.

The Role of the Islamic Sharia Service in Handling and Preventing Student Suicide:

1. The Islamic Sharia Service as an Actor in Socio-Religious Policy

The Aceh Islamic Sharia Office plays a strategic role in implementing public policies based on Islamic values aimed at maintaining the faith, morals, and social resilience of the community. In the context of the increasing number of student suicides, the Islamic Sharia Office plays not only a normative role but also a preventive, educational, and rehabilitative role, particularly for the psychologically vulnerable young age group. Suicide, from an Islamic perspective, is considered a forbidden act, but the policy approach cannot stop at the prohibition alone but must be directed towards prevention based on social justice and the protection of vulnerable groups.

2. Preventive Role: Strengthening Students' Mental and Spiritual Resilience

The Islamic Sharia Service plays a role in early prevention efforts (preventive action) through:

Internalization of the values of patience, trust, and the meaning of life, especially in facing economic, academic, and relational pressures.

Thematic mental health da'wah program, which integrates psychological perspectives with Islamic teachings, so that the issues of depression and suicidal ideation are no longer considered taboo, fostering morals and spiritual resilience in students, through collaboration with campuses, mosques, and da'wah institutions. This approach functions as a protective factor that can reduce the risk of suicide.

3. Educational Role: Mental Health Literacy Based on Islamic Values

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

In the educational aspect, the Islamic Sharia Service plays a role in increasing sharia-based mental health literacy, through: Socialization that depression and mental stress are not a form of weakness in faith, but a condition that requires help. Training for preachers, religious instructors, and community leaders to be able to recognize the early signs of psychological crisis in students. This step is important to prevent religious stigma which actually worsens the condition of students who are experiencing stress.

4. Coordinating Role: Cross-Sector Collaboration

From a public administration perspective, the role of the Islamic Sharia Service will be effective if it is carried out through cross-sector collaboration, including:

Health Service (mental health services), Universities (campus counseling services), Social Service (social and economic assistance), Village Government and religious leaders.

The phenomenon of suicide in Banda Aceh is a social problem, as an area known as the Veranda of Mecca, Banda Aceh has a strong Islamic identity, where religious values are embedded in almost all aspects of community life. The implementation of Islamic law through various Qanuns has formed a social, legal, and moral order that is the basis for collective community behavior. In the socio-religious reality, the people of Banda Aceh still tend to stigmatize individuals who experience mental disorders or show symptoms of depression and loss of direction towards God, this stigma not only makes sufferers withdraw from the social environment, but also makes families reluctant to seek professional help for fear of being considered spiritually weak. This wrong perception actually worsens a person's psychological condition, because they do not get a safe space to tell their stories or get proper treatment. In the Islamic perspective, maintaining mental health (hifz al-nafs) is an important part of maqāshid al-syarī'ah, namely the main objective of sharia in protecting human safety and dignity. Handling mental health problems should be in line with religious values that emphasize compassion, protection, and the obligation to help each other. On the other hand, efforts to socialize and educate the public about mental health are also still limited. This condition makes the issue of suicide often understood only as a moral issue or a form of religious violation, without considering psychological factors, trauma, or social pressure that can be the main trigger. This lack of understanding ultimately narrows the space for dialogue and hinders early detection of individuals who are in high-risk conditions. From a public policy perspective, the Aceh Government actually has a fairly adequate regulatory basis for managing mental health. This is reflected in Aceh Qanun Number 4 of 2010 concerning education, including providing psychological guidance for students or university students who are vulnerable to psychological disorders and Qanun Number 5 of 2008 concerning counseling services and social rehabilitation. Coordination between institutions, such as the Aceh Health Office, the Social Service, and higher education institutions, is still partial and has not been integrated into a comprehensive treatment system. Therefore, this study is important to conduct in-depth analysis of the strategy and effectiveness of efforts to prevent cases of student suicide deaths in Banda Aceh, by involving various related parties. This study is expected to reveal the role of the government, educational institutions, and the community in addressing this problem, as well as provide comprehensive and contextual policy recommendations in accordance with the religious and social character of the Acehnese people.

LITERATURE REVIEW

This study identified final-year students in Banda Aceh who were at high risk of suicide due to academic pressure and minimal social support. Researchers recommend the need for collaboration between campuses and health institutions to prevent the escalation of suicidal ideation. This study shows the need for external intervention from the Health Office to provide referrals and rapid response services. Researchers also suggest the need for a structured educational program from the Health Office and Community Health Centers as part of their promotive-preventive duties according to the mandate of public administration. They also demand the gradual elimination of social stigma and stigma based on ethnic and religious culture, which can prevent students from seeking help from health care facilities. A mental health literacy study by Nazira et al. (2021) found that students in Banda Aceh have sufficient knowledge about mental health but are hesitant to seek professional health care due to stigma and low trust in health services. These findings demonstrate the need for promotive intervention from the Health Office

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

through outreach, mental health literacy education, and anti-stigma campaigns integrated into the campus environment. Pradnyanni, Erviantono, and Noak's research confirms that suicide is a public health policy issue that demands an active, systematic, and equitable state presence. This perspective is relevant to the context of the student suicide case in Banda Aceh, which shows that the problem cannot be understood solely as an individual failure, but rather as an indication of the suboptimal role of the state and local government in building a comprehensive prevention system. This research indicates that low mental health literacy and weak prevention services on campus increase students' vulnerability to the risk of suicide. From the perspective of public administration and social equity values, this condition indicates that equitable access to mental health services for students has not been met, thus demanding the role of the state and local government in ensuring inclusive and equitable prevention policies, especially in Banda Aceh. This research analyzes suicide prevention as a public service governance issue that requires collaboration between campuses, the Health Office, medical personnel, and students' families. Thus, this research contributes to filling this gap through a state administration approach and an evaluation of the role of public institutions in addressing the mental health of Banda Aceh students.

The theoretical basis of this research refers to Frederickson's thinking on social equity in public administration. Indicators of Social Equity theory according to H. George Frederickson:

1. Fair access
All people have the same opportunity to obtain public services without barriers of cost, distance, or stigma.
2. Equalization of service quality
The quality of public services is felt to be equal by all groups, not only available in certain areas or groups.
3. Protection of vulnerable groups
Policies and services pay special attention to groups at risk of marginalization so that they are not neglected.
4. Bureaucratic responsiveness
Government officials respond quickly and appropriately to the real needs of the community, not just follow procedures.
5. Substantive justice
Policies are judged fair based on the results felt by the public, not just on the suitability of the rules.
6. Moral responsibility of civil servants
Bureaucracy has an ethical commitment to reduce inequality and protect the public interest.

The concept emphasizes that the implementation of public services must ensure equal access, fulfillment of basic rights, Frederickson views that the government is not only obliged to carry out efficient administration, but also to ensure that every citizen receives fair treatment through responsive, humane, and community-oriented services. By using this theory, the study focuses on the extent to which the government is able to provide suicide prevention services evenly, including the effectiveness of the implementation of mental health policies, the readiness of public institutions, and the availability of support for students facing psychological stress. The use of this theory allows the study to critically analyze how the government implements policies, and the extent to which public services function optimally, and whether students receive adequate support to prevent the risk of suicide (Frederickson, 1997). The study focuses only on health services in the formulation and implementation of policies, when analyzed using social equity theory:

1. Health Services as the State Instrument that Most Directly Realizes Social Equity
From H. George Frederickson's perspective, social equity places substantive justice in public services as the primary goal of state administration. Health services—especially mental health—are basic public services that: Are provided directly by the state, reach vulnerable groups of students with psychosocial stress, and have a direct impact on the safety and survival of citizens. Therefore, theoretically, health services are the most relevant arena to test whether the principle of equity is truly translated into public policy, not just formal equality.
2. Focus on the Formulation and Implementation Stages as the Equity Gap Occurs at This Level

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

In many health policies, inequality lies not in the absence of regulations, but rather in: Policy formulation that is not yet sensitive to the specific needs of student groups, Uneven service implementation, difficult access, and minimal preventive approaches. Referring to Frederickson, social equity requires public administration to actively correct inequality, not simply carry out administrative procedures. Health services are the focus because this is where the gap between policy norms and the reality of service is most apparent.

3. Health Services Are More Measurable Administratively and Empirically

Compared to other sectors, such as family, religion, or community, health services have the following characteristics: a clear bureaucratic structure—health services, community health centers, and hospitals; measurable performance indicators—service access, counselor availability, case referrals, and direct links to regional public policy. This makes social equity analysis more operational, in line with the tradition of public administration research that emphasizes the performance of state institutions.

4. The State Has the Greatest Normative Responsibility in the Health Sector

Within the framework of public administration, health care is a constitutional and moral obligation of the state, not a policy choice. Frederickson asserts that social justice must be achieved through deliberate administrative action. Therefore, limiting the research to health care is not a narrowing of the analysis, but rather a deepening of the state's responsibility to ensure justice for students as citizens.

5. Contextual Relevance to the Problem Under Study

Because the research problem is directly related to the mental health and safety of students, health services are the key variable that: Closest to the root of the problem, most amenable to intervention by public policy, most suitable for analysis using social equity theory. Health services are the main instrument of the state to realize social justice, Real inequality occurs at the stage of formulation and implementation of services, the health sector is the most representative for assessing the state's support for vulnerable groups, the analysis becomes sharper, more measurable, and administratively relevant.

Health services, particularly mental health services for students, have not been formulated responsively to the needs of vulnerable groups, so the principle of social equity has not been fully integrated into public policy. The implementation of health services still shows unequal access, limited facilities, and a lack of professional staff, which impacts the low reach of services for students. Coordination between institutions providing health services is not optimal, leading to disparities in service quality between regions and between student groups. The state, through public administration officials, has not actively corrected service inequities, as required by H. George Frederickson's theory of social equity. Evaluation of health service policies still focuses on administrative and procedural aspects, not emphasizing substantive justice for students as a group of service users. There are several alternatives other than healing through health services, and these alternatives remain relevant within the framework of social equity theory, as long as the state is present to ensure fair access and protection for vulnerable groups. The following is a brief and easy-to-understand explanation:

- Preventive-educative approach

The government can strengthen mental health education through campuses and student communities (stress literacy, emotional management, and early detection). From a social equity perspective, this prevention is crucial to ensure students receive support before it's too late, especially those with limited access to information.

- Socio-institutional (campus) approach

Universities have a role to play in providing a fair and supportive academic environment, such as internal counseling services, responsive advisors, and secure reporting systems. The state must act to ensure that these services are standardized and not limited to specific campuses.

- Family and community approach

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

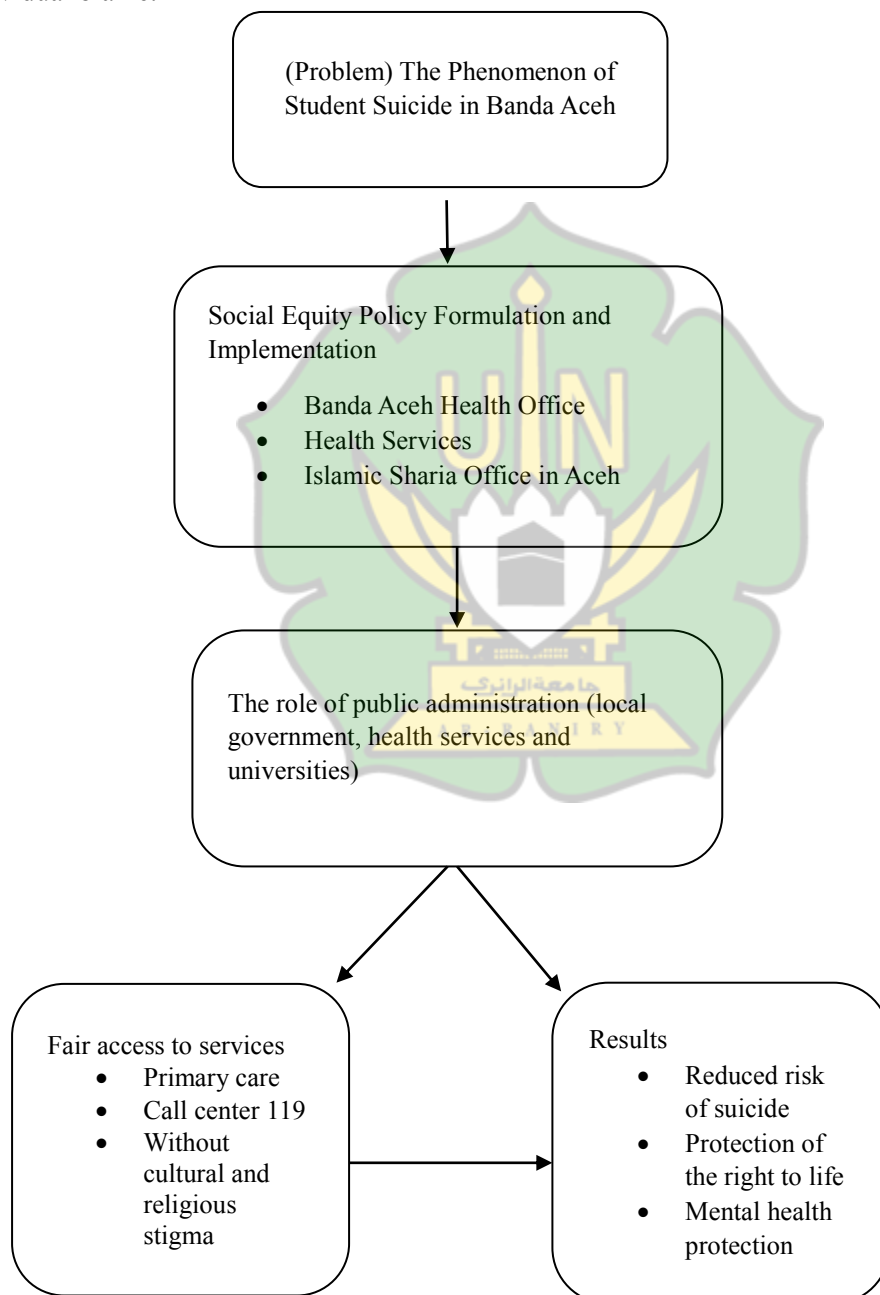
Family and social support can be important non-medical recovery factors. However, according to H. George Frederickson's theory of social equity, the state remains obligated to ensure that groups of students without strong family support are not neglected.

- Religious and cultural approach

Religious values and local wisdom can be used as psychosocial reinforcement (spiritual coping). This approach is complementary, not a substitute for state services, and needs to be integrated equitably to avoid exclusion.

- Cross-sectoral policy approach

Healing is not only individual but also structural, through policies that reduce academic, economic, and social stress on students. This aligns with social equity, which emphasizes systemic improvement, not individual blame.



In contemporary public administration studies, H. George Frederickson positions social equity as a fundamental value that must be inherent in the formulation and implementation of public policy, alongside the principles of efficiency and effectiveness. Frederickson (1990; 2015) asserts that the state has a normative and

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

administrative responsibility to ensure the equitable distribution of public services, particularly for vulnerable groups. In the context of preventing student suicides in Banda Aceh, a social equity approach requires local governments to guarantee access to mental health services, psychological support, and social support across educational institutions without discrimination based on social and economic backgrounds. However, the application of social equity principles as proposed by Frederickson has not escaped academic criticism. Denhardt and Denhardt (2018) state that the concept of social justice in public administration tends to be normative and faces various structural obstacles in its implementation. Limited resources, fragmentation of authority between agencies, and weak policy coordination often prevent the goal of social justice from being optimally achieved. In the case of Banda Aceh, this condition is reflected in the lack of integration of mental health services between local governments and universities, leaving some students outside the reach of the public service system.

Furthermore, Lipsky (2010) highlighted the role of street-level bureaucrats as key actors in public policy implementation. He argued that policies designed with a social equity orientation have the potential to experience distortions at the implementation level due to limited staff capacity and administrative pressures. In preventing student suicide, this situation can lead to inequities in service delivery, with the most vulnerable students failing to receive adequate intervention. On the other hand, proponents of Frederickson's perspective assert that implementation failure cannot be used as a basis for negating the importance of social equity in public policy. Frederickson (2015) emphasized that inequity in access to mental health services is a structural factor that increases the risk of suicide. Therefore, student suicide prevention policies need to be designed affirmatively, with social justice as the primary focus, including through strengthening the role of local governments, integrating mental health services with universities and religious institutions, and budget allocations for high-risk student groups in Banda Aceh.

METHOD

This study uses a qualitative approach with a descriptive research type. The qualitative approach was chosen because the problem being studied relates to a complex social phenomenon and requires an in-depth understanding of the views, attitudes, and experiences of informants regarding efforts to prevent student suicide deaths in Banda Aceh. Qualitative research aims to understand the phenomenon holistically and describe the actual conditions based on data obtained in the field. This approach is relevant because the research focuses on policy implementation, the meaning of life, perceptions, and actions of institutions involved in preventing suicide deaths among students in Banda Aceh. Qualitative research is research that aims to understand the research phenomenon holistically and through descriptive language, in a specific, natural context by utilizing various scientific methods (Lexy J. Moleong, 2017). In the initial stage of the study, the researcher will interview from the Aceh Provincial Health Office to the Banda Aceh City Health Office. Then the researcher focuses on the prevention role carried out by both health offices, and the researcher conducts a survey and asks several questions to students with mental retardation or students who have suicidal thoughts.

This research was conducted in Banda Aceh City, with the primary locations being several related agencies, namely the Aceh Provincial Health Office, the Banda Aceh Health Office, and involving several parties, including students and campus counseling. This location selection was based on the consideration that these institutions have a direct role in efforts to prevent and address student mental health issues and the implementation of government policies. This research lasted for three months, starting from the preparation stage, data collection, and analysis of research results. The subjects of this research were students in Banda Aceh City who are in a higher education environment and have the potential to influence vulnerability to the risk of suicide. The students who are the focus of this research include individuals in the developmental transition phase towards adulthood, who in the process often face the dynamics of adapting to lectures, academic demands, social relationships, and diverse family environments. The research subjects also included institutional actors with authority in suicide risk prevention, such as local governments, the Health Office, campus counseling services, and mental health support institutions. All of these subjects are seen as part of an interconnected social system, thus enabling research to assess how the

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

role, policies, interventions, and capacity of the government can influence the mental health conditions of students in Banda Aceh. Thus, the overall research subjects do not only focus on students as a vulnerable group, but also on the policy structure and public service mechanisms that regulate suicide prevention efforts. This approach allows for a comprehensive and in-depth understanding of how the government is trying to reduce the risk of death from suicide among students through mental health programs, counseling services, regional regulations, and cross-sector coordination. Research informants were selected by purposive sampling, namely based on certain considerations according to data needs. The information includes:

1. Banda Aceh Health Service official who handles mental health programs.
2. Students who have experienced psychological stress or have experience in counseling services and several stakeholders in Banda Aceh City
3. Campus counselor

Data Collection Techniques in This Research Include:

1. In-depth interview (in-depth interview)
Used to dig up information directly from informants regarding the forms of policies, programs, and obstacles in preventing student suicide cases.
2. Field observation
Conducted to understand the social and behavioral situations in the campus environment and agencies related to suicide prevention.
3. Documentation
Includes secondary data collection in the form of official documents, activity reports, regulations and qanuns related to mental health and suicide prevention.

Data Analysis Techniques

Data analysis was carried out using the interactive model of Miles and Huberman (1994) which consists of three main stages, namely:

1. Data reduction – the process of selecting, focusing, and simplifying raw data from interviews and observations.
2. Data presentation (data display) – compiling data in the form of interview narratives to facilitate understanding of field findings.
3. Conclusion drawing – the process of interpreting the meaning of data to find patterns, relationships, and policy implications from research results.

Data Validity

To ensure the validity of the data, researchers used triangulation techniques, namely comparing data from various sources, techniques, and time. Source triangulation was carried out by comparing the results of interviews between campus counseling, the Health Office, and students. Triangulation techniques were carried out by combining the results of interviews, observations, and documentation. In addition, researchers also conducted member checks, namely asking for confirmation from informants to ensure the accuracy and suitability of the data obtained.

Research Ethics

In conducting the research, the researcher upheld ethical research principles, including maintaining the confidentiality of sensitive and important state data, obtaining informed consent before conducting interviews, and refraining from manipulating interview results. The researcher highly respected and upheld the cultural values and Islamic norms prevailing in Aceh, given that the research topic touches on sensitive issues concerning policy, government implementation, death, and mental health.

RESULTS AND DISCUSSION

Based on the results of in-depth interviews, observations, and policy documents from the Banda Aceh City Health Office, it can be concluded that the institution has taken concrete steps in conducting government

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

supervision and has contributed to preventing the emergence of suicide cases. The Role of the Banda Aceh City Health Office in Prevention and Supervision The Health Office is a technical agency that has a mandate in organizing health services, including mental health. The results of the study show that this office has implemented a number of promotive, preventive, and curative programs in order to maintain the mental health of the community, especially adolescents and students.

Some of the programs and steps that the Banda Aceh City Health Service has taken include:

1. Community Mental Health Program (Keswa)

Through this program, the Health Office is raising awareness about the importance of mental health, early detection of mental disorders, and initial treatment for individuals exhibiting symptoms of depression and severe stress. This activity is carried out at the community health center (Puskesmas), including the Kopelma Darussalam Community Health Center, which is located near the campus.

2. Provision of Counseling and Clinical Psychology Services

The Health Office has placed psychologists in several strategic community health centers. They provide counseling sessions for students experiencing academic stress, anxiety, and symptoms of depression. In some cases, students who show a risk of suicide are referred to the Aceh Mental Hospital for further treatment.

3. Collaboration with Higher Education Institutions

Based on interviews with the Health Department, this institution collaborates with several campuses in the form of healthy campus programs and student mental health counseling. These activities include seminars, peer counselor training, and education on how to recognize the signs of depression.

4. Community-Based Monitoring Activities

The Health Office also monitors students' mental health through a community approach, involving health cadres, supervisors, and campus counselors. Monitoring is conducted in a humane, stigma-free manner, so students feel safe seeking help.

5. Outline of Call Center 119

The 119 Call Center acts as a liaison between the public and the healthcare system, forwarding reports to the nearest healthcare facility or local health authorities. This service demonstrates the government's presence in crisis situations, particularly those requiring a rapid response and coordination across healthcare units.

From a socio-administrative perspective, the 119 Call Center also reflects the state's mechanism for ensuring that mental health emergencies are treated as public health issues, not merely personal ones. In the context of Banda Aceh, this function operates within the framework of a regional health system integrated with community health centers, hospitals, and city health authorities, thus positioning suicide as an issue within the responsibility of public services. According to a resource person from the Health Office, Mr. Zaini, SKM with a PENATA TK I/IIID level and the rank of Junior Expert Health Entomologist, he stated, "Suicide is not only a matter of faith or morality, but also related to mental health. We strive to ensure that the public and students understand that depression is a medical condition that must be handled professionally." This statement demonstrates a paradigm shift in the government's approach, from one that previously emphasized moral aspects to a medical and empathetic approach to those with mental disorders.

However, the study also found several obstacles:

- lack of psychologists at the community health center and campus levels and minimal supervision
- Lack of sensitivity of the surrounding community towards students' mental health
- Negative stigma against students who seek psychological help, which is considered as a sign of weakness of faith and mental disorder.

To overcome this, researchers recommend that the Health Office strengthen cross-sector coordination with campuses and student organizations, it is necessary to increase public education and the role of the government in order for the community to be more open and empathetic towards people with depression, overall, the Banda Aceh

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

government's strategy so that suicide among adolescents does not spread is by proposing prevention of increasing access to mental health services. This study shows how important it is to improve the quality and accessibility of mental health services by the government in Banda Aceh. There are several concrete steps suggested, such as the construction of mental health facilities, improving infrastructure and mental health facilities to increase service capacity in Banda Aceh, community education, educational campaigns to increase public awareness about the importance of mental health and how to get the right services. as well as several steps that need to be taken, including:

- a) Community Intervention and Public Policy: This approach emphasizes the importance of working with local communities and implementing public policies that support social welfare.
- b) Community Intervention: Creating a suicide prevention program requires the active participation of the local community, as well as support from non-governmental organizations and NGOs.
- c) Public Policy: Improving suicide prevention between Banda Aceh and other Aceh areas.

Suicidal behaviors typically occur because those who feel marginalized or have difficulty adapting to change find it difficult to identify a person's behavior or symptoms. When someone commits suicide, a single cause is rarely found; it always varies depending on the time and situation faced by the perpetrator (Nainggolan, 2021). To reduce the incidence of suicide in Banda Aceh, a comprehensive approach is needed that involves improving policies that support the welfare of students and the community. Thus, it is hoped that the death rate from suicide can be reduced in Banda Aceh and the quality of life of students and the community of Banda Aceh will be safe.

DISCUSSION

Suicide is not a form of violence, especially violence against oneself. Most people hate themselves and believe that the source of their problems is themselves, except for those who are pessimistic, who then choose to end their lives to escape these problems. Again, suicide is a form of helplessness that adapts to the values held in society. Therefore, this analysis provides a comprehensive overview of the factors causing suicide and strategic actions that can be taken to stop the increase in suicide cases in Banda Aceh. A preventive approach in the context of suicide prevention should encompass three levels: primary prevention, namely building mental health awareness and education on campus; secondary prevention, namely early detection of symptoms of stress and depression among students; and tertiary prevention, namely providing support and rehabilitation for students who have experienced psychological crises. These three stages require collaboration between educational institutions, local governments, and the community, as well as clear and sustainable policy support.

This research was conducted in Banda Aceh City, the capital of Aceh Province, known as a center of higher education in the westernmost region of Indonesia. The city is home to tens of thousands of students from various regions in Indonesia. As a city that implements Islamic law, Banda Aceh has a unique government structure and social institutions, including the existence of sharia regulations that play a role in the moral and social development of the community. Although known as a religious city, in recent years a concerning phenomenon has emerged: cases of student deaths due to suicide. This phenomenon has raised concerns and has received serious attention from various parties, including the local government, educational institutions, and sharia enforcement agencies. The Banda Aceh City Health Office explained that they have carried out their role, packaged in mental health efforts, because suicide cases always begin with self-blame and a feeling of being sided with the perpetrator, and if left untreated can lead to ODGJ or suicide. Therefore, no efforts are implemented directly aimed at suicide cases, only implied in mental health activities. Furthermore, the Banda Aceh City Health Office is more focused on reducing the number of ODGJ. This is motivated by one of the work indicators of the Mayor of Banda Aceh, namely making Banda Aceh a shackle-free city.

The activity was carried out through counseling and assistance related to mental resilience and the roles that can be done in preventing suicide as well as providing psychological and spiritual stress recovery so as not to want to commit suicide, suicide attempts occurred again in Banda Aceh. Non-Governmental Organizations (NGOs) received complaints that were rampant from 2024, namely self-harm or self-injury as a symptom of severe stress,

THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah *et al*

academic and family pressure, both those who did final year students or students who received assignments from campus (Tentama *et al.*, 2019: 27-32). In addition, further research is needed to discuss this problem in more depth. Also according to the author, it is necessary to conduct research entitled the role of the government in preventing and controlling suicide cases in Banda Aceh City so that the community is more aware, and the government is more intensive in paying attention to this case.

CONCLUSION

Based on the results of the research that has been conducted, it can be concluded that the Banda Aceh City Health Office has a very important role in monitoring and preventing cases of suicide deaths in students, through various community-based mental health programs, this office has attempted to increase public and student awareness regarding the importance of maintaining mental stability and anticipating symptoms of stress or depression early on. The implementation of psychological counseling programs, mental health education, and other promotive-preventive activities is a strategic step in strengthening the prevention system in the campus and community environment. In addition, the coordination carried out between the Health Office and universities in Banda Aceh, shows the government's real commitment to addressing the problem of suicide among students. However, the research results also revealed that the implementation of prevention programs still faces a number of challenges, limited professional staff in the field of clinical psychology, low student awareness of the importance of maintaining mental health, and the still strong social stigma against individuals with psychological disorders are obstacles that need serious attention, however, the policy direction and strategic steps that have been taken by the agency show positive developments in creating a more adaptive, inclusive, and sustainable prevention model as a whole, so it can be concluded that success in preventing suicide cases among Banda Aceh students requires cross-sector collaboration with an interdisciplinary approach, by combining medical, psychological, government regulatory, social, and spiritual aspects in one integrated policy framework.

SUGGESTION

Based on the research findings, the researchers recommend that the Banda Aceh City Health Office strengthen the function of mental health services in higher education environments by increasing the number of professional counselors and expanding access to counseling services for students. The Health Office is also expected to develop mechanisms for early detection of symptoms of depression or suicidal tendencies through intensive collaboration with campuses. Continuous outreach efforts are needed to eliminate the negative stigma against people with mental disorders, so that students can be more open in seeking psychological help without fear or shame.

Furthermore, universities also have a moral and social responsibility to strengthen student support systems. Campuses need to provide friendly and safe counseling spaces for students facing academic pressure or personal issues. Establishing mental health service centers and increasing the capacity of academic advisors to recognize signs of psychological disorders are important steps that must be implemented immediately. The local government is also expected to formulate more specific regional policies regarding suicide prevention in adolescents and students, involving various parties in an integrated manner. Ultimately, the success of efforts to prevent student suicide in Banda Aceh can only be achieved if all elements of the government, religious institutions, universities, and the community have a collective awareness to create a supportive and empathetic environment. An approach that integrates mental health, religious values, and social support is the main foundation for creating a resilient, empowered young generation in Aceh, with a balance between intellectual and spiritual aspects.

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THE ROLE OF THE HEALTH SERVICE (DINKES) IN PREVENTING CASES OF STUDENT SUICIDE DEATHS IN BANDA ACEH

Lailatul Hasanah et al

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