

Evaluation of the Overcoming Program for Malnutrition in the Work Area of the Benteng Jawa Community Health Center, Lamba Leda District, East Manggarai Regency

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ABSTRACT

The number of under-nutrition children under five in the work area of the Benteng Jawa Public Health Center in the last 3 years, from 2017 to 2019, has always been stable at 10 people. This number shows the ineffective implementation of nutrition control programs in the work area of the Benteng Jawa Public Health Center. This study aims to evaluate the nutrition management program in the Benteng Jawa Public Health Center in 2019, with 10 informants, consisting of 1 of the person in charge of the program at the district health office, 1 of the head of the Public Health Center, 1 of the head of the program at the Public Health Center, 3 people program implementers and 4 people under nutrition mothers. The results showed that the input, including the human resources involved in the program, was sufficient, so that there were no obstacles related to human resources. Funds for the 2019 malnutrition control program came from the Health Office's BOK funds amounting to IDR 2,400,000. The facilities and infrastructure to support program implementation was sufficient and work well. The process includes monitoring growth with a target of reaching 100%. Extension or counseling is carried out by midwives, nutrition officers, and KIA officers and is carried out every maternal and child center is held. Supplementary feeding is carried out every 6 months a year. Output consists of nutritional status, has fluctuated in the last 5 years, maternal knowledge are very low so that it affects baby care, and supplementary feeding coverage in 2019 are 100%. Supplementary feeding is carried out every 6 months a year. Output consists of nutritional status, has fluctuated in the last 5 years, maternal knowledge are very low so that it affects baby care, and supplementary feeding coverage in 2019 are 100%. Supplementary feeding is carried out every 6 months a year. Output consists of nutritional status, has fluctuated in the last 5 years, maternal knowledge are very low so that it affects baby care, and supplementary feeding coverage in 2019 are 100%.

Keywords: input, process, and output

INTRODUCTION

One of the ways to improve health status is by improving the nutritional status of the community, especially for children under five. Toddler nutrition problems when viewed from a health point of view are the group most vulnerable to nutritional problems, because at this time they experience a relatively rapid growth and development cycle (Notoatmojo, 2012).

The problem of malnutrition is not only a reduced intake of calories and protein, but also many factors that are interrelated, either directly or indirectly. It is directly affected by infectious diseases and insufficient nutritional intake in both quantity and quality, while it is not directly affected by the reach and quality of health services, inadequate childcare practices, poor environmental sanitation conditions, and low food security at the household level. The main problems in society related to malnutrition are low education, knowledge, and low income (Supariasa, IDN, Bakri, B., & Fajar, 2013).

The nutritional status of infants and toddlers can describe the nutritional condition of the community in an area as well as in related areas. Based on the results of the National Basic Health Research in 2018, the stunting rate for children has decreased compared to 2013. In 2018 the stunting rate in Indonesia was 17.7% and in 2013 it was 19.6% (KEMENKES RI, 2018; RISKESDAS, 2018) (Riskesdes 2018, Ministry of Health, 2018).

The data shows that in East Nusa Tenggara Province the stunting rate has decreased from 33% in 2013 to 29.5% in 2018. This figure shows that the number of under-fives who are malnourished at the provincial level in 2018 has decreased by 2.5%, this means that the achievement of reducing the stunting rate in East Nusa Tenggara Province is lower than the national achievement (19.6% in 2018

and 17.7% in 2013). In other words, East Nusa Tenggara Province has the highest stunting rate among other provinces (RISKESDAS, 2018).

Data from the East Manggarai District Health Office shows that the number of children under five who experienced stunting in 2019 was 1,019 children who are spread across eight sub-districts. Based on data from the Benteng Jawa Health Center, in the last three years, 2017, 2018, and 2019, it shows that the number of children under five who are stunted is always stable, namely ten people. This figure explains that the implementation of stunting prevention programs at the Benteng Jawa Community Health Center is not effective in reducing stunting rates in infants and toddlers (DINKES East Manggarai, 2019).

This study aims to describe how the results of the evaluation of the programs used in overcoming malnutrition in the working area of Benteng Jawa Community Health Center, Lamba Leda District, East Manggarai Regency so that they can contribute in overcoming malnutrition in infants and toddlers.

METHOD

This research is a type of qualitative research using purposive sampling technique which was carried out in the working area of Benteng Jawa Community Health Center, Lamba Leda District, East Manggarai Regency from June to September 2020 (Sugiyono, 2011). In this study, researchers used interview guides, tape recorders, and cell phones to describe the implementation of malnutrition management programs. The combination of interviews used contained questions regarding the implementation of the malnutrition management program from the aspects of input (personnel, funds and facilities and infrastructure), process (growth monitoring, child nutrition education, and supplementary feeding), and output (nutritional status, maternal knowledge about nutrition, toddlers, and the achievement of supplementary feeding). The data collected is processed by means of analysis and then presented in the form of tables and explanations. Determination of informants in the study using a purposive technique, which is selected with certain considerations and goals, who really master the object under study.

RESULTS AND DISCUSSION

RESULTS

Puskesmas Benteng Jawa is one of the Puskesmas located in Lamba Leda District, East Manggarai Regency. The Benteng Jawa Puskesmas has 84 health workers consisting of 16 civil servants / ASN, 24 THL (daily freelance workers), 7 healthy domestic workers, 4 BOK contracts, and 33 volunteers.

Input

In the implementation of the malnutrition overcoming program, it involves several parties who all support each other for the success of the program. This is evidenced from the results of interviews with informants as follows:

"Those involved in the overcoming nutrition program are personnel from Promkes, Kesling and KIA staff" (Informant I, GH).

The officer who is responsible for the Overcoming Malnutrition Program also has obstacles. This is evidenced from the results of interviews with informants as follows:

"The obstacles faced in running the program are by conducting socialization in providing PMT education and after carrying out these activities there is certainly hope, namely an increase in nutritional status, but to overcome this we coordinate with the village government" (Informant III, SD).

For the success of a program it requires funds, facilities and infrastructure. This also applies to the Malnutrition Prevention Program at the Benteng Jawa Community Health Center. Every year, of course, there is always a budget for the program. This is evidenced from the results of interviews with informants as follows:

"The amount of funds for the Undernutrition program in 2019 is IDR 2,400,000. This amount is in accordance with the 2019 Benteng Jawa Puskesmas budget in carrying out the Malnutrition program. The use of funds is in accordance with the expenditure during the activity (Informant III, SD). The facilities and infrastructure used in the implementation of the Malnutrition program include auxiliary books, monitoring books at the posyandu, stepping scales, scales, measuring instruments for body length, microtois, longboards, chairs, and tables. This facility is adequate and is in accordance with the needs required in running the program"(Informant II, MT).

Process

The target to be achieved in monitoring growth related to malnutrition prevention programs in the working area of the Benteng Jawa Health Center is that 100% of children under five in the working area of the Benteng Jawa Community Health Center have their growth monitored. However, this effort encountered obstacles, namely access to the posyandu. This is evidenced from the results of interviews with informants as follows:

"The target to be achieved in monitoring the nutrition of children under five is 100%. In addition, there is also hope regarding improved nutritional status for toddlers. However, this target encountered obstacles in terms of access to posyandu sites. Roads that are very badly damaged are the main obstacles for us to implement this program "(Informant II, MT).

Based on the description above, it can be concluded that growth monitoring is carried out by nutrition officers, KIA midwives, and posyandu cadres. Growth monitoring is carried out at the time of conducting the posyandu. The target of monitoring growth is that 100% of toddlers in the working area of the Benteng Jawa Health Center come to the posyandu every month to monitor their growth. The obstacle faced in monitoring growth is the difficulty in getting access to posyandu sites. Efforts made in overcoming these obstacles are by utilizing the means of transportation to the posyandu. This is evidenced from the results of interviews with informants as follows:

In counseling or counseling about toddler nutrition, the target to be achieved is 100%, in which all mothers of toddlers who come to Posyandu are given counseling. This is evidenced from the results of interviews with informants as follows:

"The target we set is 100%, all mothers under five who come at the posyandu. The minimum knowledge that mothers under five should know in our counseling targets are parenting practices, making additional food, and also how to provide additional food for toddlers "(Informant IV, BA).

The obstacle faced in conducting counseling or nutrition counseling for toddlers is the lack of understanding of a mother about nutritional care for her toddler. To overcome this, officers usually provide direct counseling to mothers of toddlers and also personally at the time of conducting the next posyandu. This is evidenced from the results of interviews with informants as follows:

"The main obstacle we face when conducting counseling is the lack of understanding of mothers under five of nutritional care for their children. To overcome this, we conduct personal counseling to the mother of the toddler in the next posyandu period "(Informant IV, BA

Based on the description above, it can be concluded that the officers conducting the counseling are nutrition officers and KIA officers. Counseling or nutritional counseling for children under five is given at the posyandu. The target to be achieved in the counseling is that all mothers under five who come to the posyandu are given counseling and understand what is being said. The obstacle faced in toddler nutrition counseling is that the mother does not understand about nutrition care for her toddler. Efforts to overcome these obstacles were carried out by means of a face-to-face approach, as well as conducting counseling during the posyandu in the next period.

Provision of Supplementary Food (PMT) is an effort to improve the nutritional status of children under five at Benteng Jawa Community Health Center. Nutrition officers or midwives provide additional food which is distributed directly to mothers of under-five who suffer from malnutrition. Supplementary food from the Puskesmas, which is a recovery PMT, is given once every 6 months during posyandu. This is evidenced from the results of interviews with informants as follows:

"The number of officers on duty in providing additional food is five people. We think this amount is sufficient because there are no complaints from the officer. Meanwhile, supplementary feeding is carried out twice a year or once every six months "(Informant III, SD).

The target in providing PMT is 100% of children under five who suffer from malnutrition in the working area of the Benteng Jawa Community Health Center. This is evidenced from the results of interviews with informants as follows:

"Our target is all toddlers who experience Malnutrition or 100%" (Informant IV, BA).

The obstacle in providing additional food is the presence of toddlers who have difficulty eating, and to overcome this the officers conduct counseling to their mothers and also provide PMT for their children. This is evidenced from the results of interviews with informants as follows:

"The problem is that there are toddlers who have difficulty eating" (Informant IV, BA).

Output

The prevalence of malnutrition in the last five years, namely in 2015 as much as 3.41%, in 2016 3.50%, in 2017 2.40%, in 2018 as much as 2.25% and in 2019 as much as 1.1%. The prevalence of under-five malnutrition appears to have decreased when viewed from the last four years, starting from 2016 to 2019. This is evidenced by the results of interviews with informants as follows:

"To evaluate the nutritional status of children, we will again look at the existing documents whether the same baby is undernourished or not. If the baby is the same, we assign posyandu cadres to record and report to us at the Puskesmas "(InformantII, MT).

From the results of the interview above, it can be concluded that the evaluation of the nutritional status of children at the Benteng Jawa Community Health Center has fluctuated, but in the last four years it has decreased.

Mother's knowledge is an important factor in giving additional food to babies because with good knowledge, the mother knows when the right time to feed the baby is. The knowledge of mothers under five in the working area of the Benteng Jawa Puskesmas is very lacking regarding the existing programs at the Puskesmas in overcoming malnutrition. This is evidenced from the results of interviews with informants as follows:

"I also don't know the details, but what I do know is that every time our posyandu is taught about nutrition" (Informant VII, YN).

It can be concluded that the knowledge of mothers about malnutrition programs is still low so that further action needs to be taken to overcome this problem.

The results showed that in 2019, the provision of additional food to infants who were undernourished was 100%, meaning that all toddlers who were undernourished received additional food. This is evidenced from the results of interviews with informants as follows:

"For the provision of additional food to toddlers who experience malnutrition in 2019 according to the target, namely 100%"(Informant I, GH)

DISCUSSION

Input

Human Resources (HR) health is a key component in running a health program. In particular, the human resources for prevention of malnutrition that are directly involved are well-trained health center nutrition officers and skilled posyandu cadres (Adisasmito, 2007). This shows that the availability of human resources (HR) both in terms of quantity and quality is in accordance with Permenkes No.26 of 2013 concerning the implementation of work and practice of nutrition workers that nutrition workers are everyone who has passed education in the field of nutrition (PERMENKES RI, 2013). The results showed that the human resources involved in the malnutrition prevention program consisted of 5 health workers, 1 nutrition officer (D3 nutrition), 2 Promkes (S1 Public Health and DIII Promkes) and 2 KIA officers (DIII Midwifery and Nursing SI) and 5 non-health workers as health cadres. The number of personnel, which only number 5 people, must serve the community in the working area of the Benteng Jawa Community Health Center with a total of 10,716 people, spread across 10 villages or in other words a ratio of 1: 2,143 people. From this ratio it is known that 1 nutrition officer serves 2,143 residents.

One of the factors influencing the running of a program is the availability of adequate funds. Funds in one program vary widely depending on the type and number of activities carried out (Yanuar Ardani, 2010). The results showed that the funds allocated for the malnutrition overcoming program at the Benteng Jawa Community Health Center amounted to Rp. 2,400,000 and these funds came from BOK funds. This research is in line with the research of Jati Untari (2017) which states that the funds used in the implementation of the malnutrition program come from the Health Operational Assistance (BOK) in 2018 (Jati Untari, Manahati Zebua, 2017).

The availability of facilities and infrastructure is a supporting factor that allows a goal to be carried out well (T Dwi Utomo, 2013). The results showed that the facilities and infrastructure needed in the implementation of the malnutrition control program were complete. The funds allocated for the malnutrition overcoming program at the Benteng Jawa Community Health Center are IDR 2,400,000 and these funds come from BOK funds. The East Manggarai District Health Office provides a budget for recovery activities for malnourished toddlers through the Health Operational Assistance (BOK) fund. Puskesmas allocates funds for the Malnutrition Management Program according to the needs and assumptions of the Puskesmas. With the availability of BOK funds for each Puskesmas, it is hoped that the activities of managing malnutrition programs will continue and are expected to receive support from the leadership of the Puskesmas and its staff. This is in line with the guidelines for providing additional recovery food for under-nutrition children, namely the BOK funds for activities used are for the purchase of additional foodstuffs and transport for Puskesmas officers and / or cadres in the context of organizing activities to overcome malnutrition, using posyandu operational funds. This research is in line with research (Reno Affrian, 2018) regarding the Implementation of the Community Nutrition Improvement Program in Hulu Sungai Utara Regency for the Category of Under-nourished Toddlers (Study in Sungai Malang Village and South Amuntai District).

Process

Growth monitoring is carried out to see the nutritional status of children under five. Growth monitoring is the main activity of the nutrition improvement program, which focuses on efforts to prevent and improve the nutritional condition of children under five. The results showed that growth monitoring was carried out at the posyandu, which was once a month and the number of officers who monitored growth was 5 people. From the results of the study it was also known that growth monitoring was carried out by measuring the weight and height of children under five. There are obstacles in monitoring growth, namely the difficulty of access to posyandu places or locations for officers from the Puskesmas and this is done by utilizing means of transportation. These results are also in line with research (Danik Riawati, 2017) states that monitoring growth in children is by weighing, measuring and observing whether the child is getting bigger, the smarter is.

Extension activities do not stop at disseminating information or innovation and providing information but also a process that is carried out continuously, with all your might and mind, time consuming and tiring, until there is a change in behavior aimed at the target of the extension (Siti Amanah, 2007). The results showed that counseling was conducted every time a posyandu was

conducted. This counseling was also carried out by 1 person. The target to be achieved in conducting counseling is all mothers under five in the posyandu area. The main target in counseling is the mother's knowledge of childcare practices. The results showed that in the implementation of counseling activities, there were obstacles, namely a mother's lack of understanding of nutritional care for her toddler. However, this was overcome by counseling the mother personally and this counseling was carried out during the implementation of the next posyandu.

Supplementary feeding is a nutrition program that aims to restore malnutrition by providing food with sufficient nutritional content so that the patient's nutritional needs can be met, given every day to improve nutritional status (Almatsier, 2002). The results showed that the supplementary feeding was carried out twice a year and 5 people were given additional food. The target to be achieved is 100%, that is, all toddlers who are malnourished.

The results showed that the Benteng Jawa Community Health Center did not have the funds to implement a malnutrition control program, so the funds needed in the malnutrition control program came from the East Manggarai District Health Office. This is in line with research (Doren, WK, Tadeus AL Regaletha, DOD, & Dodo, 2019) with the title Evaluation of the Recovery Supplementary Food Program (PMT-P) Against the Malnutrition Status of Toddlers at the Oepoi Community Health Center, Kupang City with the result that the Oepoi Puskesmas related to PMT-P funds does not exist, Supplementary Food is provided from the City and Provincial Health Offices.

Output

Nutritional status coverage is the output of growth monitoring. Growth monitoring activities for toddlers at the Benteng Jawa Community Health Center are carried out by measuring the toddler's weight and height. The results showed that the prevalence of malnutrition in the last 5 years has fluctuated, but in the last 4 years it has decreased. This research is in line with research (Ridwan Syahputra, 2016) The prevalence of malnutrition in the working area of Puskesmas Bugangan in the last 5 years has fluctuated.

Mother's behavior is something related to the feeding of toddlers which is carried out by in-depth interviews and observations during ongoing counseling, so that it can indirectly describe the feeding patterns of toddlers. Based on the research results, it is known that the knowledge of mothers on toddler nutrition is still very low, but they still remember the activities that support the program. Mothers who have low knowledge should be of particular concern from the Puskesmas. In its implementation, the Benteng Jawa Community Health Center is required to be more creative in conveying messages related to nutrition to the public in general and mothers of toddlers in particular. However, seeing the existing challenges, the Puskesmas should involve the role of traditional leaders in providing counseling to mothers of toddlers. In addition to the existence of traditional leaders who are still highly respected in the community, they are also considered to have a deeper relationship with the community around them. By involving traditional leaders, it is hoped that the knowledge of mothers under five about their children's nutrition will increase. This research is in line with research (Murty Ekawaty M, Shirley ES Kawengian, 2015) which examined the relationship between maternal knowledge about nutrition and nutritional status of children aged 1- 3 years in Mopusi village, Lolayan sub-district, Bolaang mongondow regency, North Sulawesi. The results show that there is no relationship between nutritional status (BMI / U) and maternal nutritional knowledge of children aged 1- 3 years in Mopusi Village, Lolayan District, Bolaang Mongondow Induk Regency.

Supplementary food is food given to toddlers to meet the nutritional adequacy of children under five from the daily food given by the mother (Kemenkes RI, 2011). The implementation of nutrition improvement for children under five is based on (PERMENKES No 23, 2014) concerning Nutrition Improvement Efforts. The purpose of this nutrition improvement, especially for children under five is so that everyone has access to nutrition information and nutrition education, has access to nutritious food, one of which is PMT-P, and everyone has access to nutrition and health services. Based on the results of the study, it is known that the coverage of feeding for infants with malnutrition is 100% or in other words, all babies who are malnourished in the working area of the Benteng Jawa Community Health Center receive additional food. The provision of additional food in the last 5 years at the Benteng Jawa Community Health Center was always 100%, according to the targets they had set in the current year for the last 5 years. These results are in line with the research (Doren, WK, Tadeus AL Regaletha, DOD, & Dodo, 2019) with the title Evaluation of the Recovery Supplementary

Feeding Program (PMT-P) Against the Malnutrition Status of Toddlers at the Oepoi Community Health Center, Kupang City, the coverage of children under five who receive PMT recovery (100%) or all malnourished / malnourished toddlers receive additional food packages

CONCLUSION

The results showed that all aspects of input including (human resources, funds and facilities and infrastructure) in the implementation of the malnutrition prevention program in the working area of Benteng Jawa Community Health Center were good and did not experience significant obstacles so that they did not affect program implementation. In the aspect of the process which includes monitoring growth and development, counseling and counseling as well as providing additional food (PMT), the implementation is good. However, from the output side, in the form of nutritional status of children under five, in the last five years the number has fluctuated. Meanwhile, the mother's knowledge is very low so that it has an impact on the care of toddlers which will have an impact on the nutritional status of children. The coverage of complementary breastfeeding is in accordance with the predetermined target 100%.

CONFLICT OF INTEREST

The article absolutely has no conflict of interest, collaborative, or necessities with any party.

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