

KNOWLEDGE AND ATTITUDE OF CADRES IN THE PREVENTION AND TREATMENT OF DIARRHEA AT HOME AMONG MOTHERS OF TODDLERS

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ABSTRACT

This study aims to determine the knowledge and attitudes of cadres in preventing and treating diarrhea at home among mothers who have toddlers at home. This research uses a quantitative type of research with a Quasi Experimental design in the intervention and control groups. The design used is pre-test and post-test. The results of the research showed that pre-test knowledge for the intervention and control groups was cadres aged 57 years (95%), adults, 59 people (98.3%) had higher education, 44 people (73.3%) had been a cadre for a long time. Pre knowledge with pvalue 0.257, post pvalue 0.000 and attitude pre pvalue 0.379 post pvalue 0.160. The conclusion, was that cadres' knowledge was good after health education and cadres' attitudes were poor after health education in preventing and treating diarrhea at home for mothers with toddlers.

Keywords: Knowledge, Attitude, Cadre, Prevention, Treatment, Diarrhea

INTRODUCTION

Diarrhea is still one of the diseases that often affects toddlers, because at that time toddlers are still entering the oral phase where all objects they encounter will be put in their mouths. WHO states that diarrhea is the number one cause of death of children under five throughout the world. Meanwhile, in Indonesia, diarrhea is the second killer of toddlers after ISPA (Acute Respiratory Infection) (WHO, 2019). Even though diarrhea is not an infectious disease in children, parents should know that diarrhea can also be caused by poor water and environmental cleanliness. In accordance with the 6th SDGs 2030 program, the world's population must be free from water and an unfavorable environment, so it is necessary for children to be free from cleanliness of all items at home, especially toys and all items that have the potential to be touched by children.

Diarrhea is the main killer of children, accounting for around 9 percent of all deaths of children under 5 years of age worldwide in 2021. Which means more than 1,200 young children die every day, or around 444,000 children per year (UNICEF, 2021). Rotavirus is the main cause of severe diarrhea in toddlers, which is around 41% to 58% of the total cases of diarrhea in hospitalized toddlers. Currently 1 in 8 children under five suffer from diarrhea. Data from the 2021 Indonesian Nutritional Status Survey (SSGI) shows that the prevalence of diarrhea in toddlers is 9.8%. In Rejang Lebong Regency in 2021 there were 658 cases and in 2022 there were 862 cases of diarrhea in children. Data on diarrhea at community health centers was the highest in Kampung Delima community health center with 142 cases, Tunas Harapan 37 and Talang Rimbo with 34 cases of diarrhea, Perumnas with 32 cases, Curup with 28 cases for children aged 1-4 years (Rejang Lebong Health Service Report 2022).

According to Apriani et al., (2022) Diarrhea is a condition where individuals experience defecation with a frequency of 3 or more per day with a liquid stool consistency caused by various bacteria, viruses and parasites. The causes of diarrhea are also caused by malabsorption, allergies, poisoning, immunodeficiency and other causes. This infection is spread through contaminated food or drink. Where in sufferers severe diarrhea can cause death, especially in children and people who are malnourished or have immune disorders. Prevention at home is one alternative that can be done by parents of toddlers to prevent the side effects of diarrhea. One effort that can be done by health workers is by providing health education to mothers of toddlers. Providing knowledge to the community is the most appropriate solution for dealing with diarrhea in toddlers, because diarrhea is a problem caused, in part, by a lack of knowledge about the factors that support children's health and the decline in children's health status. This health education will be provided by health cadres which is an extension of health workers and is closest to the community, so it is hoped that it can monitor the health progress of the local community. The information that will be given to health cadres is about the importance of maintaining a clean home environment, implementing PHBS (clean and healthy living behavior), paying attention to the importance of using SPAL (waste water disposal channels), the importance of sterilizing milk bottles, providing clean water. There is a high prevalence of diarrheal diseases in children in the study area (Meilinawati & Nurhayati, 2023).

The government has launched a program to provide rotavirus vaccine to reduce the incidence of diarrheal disease based on Minister of Health Decree Number HK.01.07/Menkes/1139/2022 concerning Providing Rotavirus Immunization. Rotavirus vaccine is a type of additional immunization to protect the body from rotavirus infection. Rotavirus is a virus that infects the intestines and causes severe diarrhea in children (Dinkesgk, 2023). To support this immunization activity, it is necessary to provide health education to parents of toddlers so they want to immunize their children. It is hoped that the health education provided can increase mothers' knowledge about preventing and treating diarrhea in toddlers. According to Irin et al., (2022) that the mother's attitudes and behavior regarding diarrhea have a real influence on the incidence of diarrhea in toddlers and when toddlers experience diarrhea they are taken to health facilities and the behavior of giving ORS is also important. Kamaruddin et al., (2022) stated that there was an influence of education about diarrhea on the knowledge and attitudes of cadres in efforts to prevent diarrhea in toddlers in Suela Village. Apart from that, to avoid a heavy financial burden on the family, then advise parents to prevent diarrhea in children, consider the factors of the mother's age, the age difference between boys and girls, the number of living children, and the place of residence to avoid the incidence of diarrhea in children under five ('Asilah et al., 2022).

Overall the number of cadres in Rejang Lebong Regency is 1251 (Rejang Lebong Health Office, 2022). The results of the initial study conducted by researchers through direct interviews with those responsible for treating children's diseases, there are still parents who think that children's diarrhea is a disease that usually occurs in children and does not need serious treatment or prevention to prevent this disease from happening and that immediate treatment is needed prevention of complications from diseases in children. The results of interviews with 4 posyandu cadres showed that they did not dare to convey information because they did not have more knowledge about preventing and treating diarrhea in toddlers.

Based on the phenomena and data above, researchers are interested in conducting research on "Knowledge and Attitudes of Cadres in Preventing and Treating Diarrhea at Home among Mothers with Toddlers at Home in Rejang Lebong Regency in 2023".

RESEARCH METHOD

This research uses a quantitative type of research with a Quasi Experimental design in the intervention group and control group, with a pre-test and post-test design involving two groups. The population in this study were all cadres in Rejang Lebong Regency in 2020, totaling 1,251 people based on the considerations: Still active as cadres (with their assignment letter), willing to be respondents, with a total of 60 people (35 intervention groups and 25 control groups). This research was conducted in the Rejang Lebong Health Service Work Area, in January-December 2023. This research has passed the ethics committee (KEPK) of the Bengkulu Ministry of Health Polytechnic Health Polytechnic No.KEPK.BKL/493/08/2023.

RESULT

Table. 1
Respondent Characteristics
Knowledge and Attitudes of Intervention and Control Group Respondents

No	Variable	Intervention Group	Control Group	N
1	Age			
	Mature	34 (55.7)	23 (92.0)	57 (95)
	Elderly	1 (1.6)	2 (8.0)	3 (5)
2	Education			
	Low	0	1 (4.0)	1 (1.7)
	Tall	35 (100)	24 (96)	59 (98.3)
3	Been a cadre for a long time			
	New	8 (13.1)	8 (32.)	16 (26.7)
	Long	27 (44.3)	17 (68.0)	44 (73.3)

Based on the table above, almost all of the intervention and control groups are adults and the educational variable is that almost all of them have higher education in both groups. For a long time as cadres, almost all cadres have been cadres in the intervention and control groups for a long time.

Table. 2
Test of the Mean Knowledge and Attitudes of Intervention and Control Group Respondents

No	Variable	N	Minimum	Maximum	Mean	elementary school
1	Intervention Group					
	Pre Knowledge	35	17	20	19.14	0.85
	Pre Attitude	35	32	40	37.66	1.99
	Knowledge Post	35	19	20	19.89	0.32
	Attitude Post	35	33	40	37.8	2.20
2	Control Group					
	Pre Knowledge	25	17	20	19.13	1.32
	Pre Attitude	25	29	40	36.84	3.14
	Knowledge Post	25	16	20	19,16	1.06
	Attitude Post	25	30	40	36.04	3.50

Based on table 2 above, in the intervention group the mean value for pre was 37.66 with an SD of knowledge of 0.85, while for post the mean value was 37.8 and SD of 0.32. In the control group the mean value was 36.84 with SD 1.32 and in the post the mean value was 36.04 with SD 1.06.

Univariate Analysis

Table. 3
The Influence of Respondents' Knowledge and Attitudes on the Role of Cadres in Preventing and Treating Diarrhea at Home in the Intervention Group and Control Group

Variable	Mean	elementary school			df	pvalue
			Lower	Upper		
Intervention group						
Pre knowledge	19,486	0.507	19,312	19,660	34	0,000
Pre Attitude	37,143	2,074	36,430	37,855	34	0,000
Control group						
Pre knowledge	-0.360	0.569	-0.595	-0.125	24	0.004
Pre Attitude	-0.40	0.611	-0.292	0.212	24	0.746

Table 3. Shows the results in the attitude intervention group with a mean of 37.143, SD 2.074 with a p value of 0.000. For the control group, pre-knowledge means -0.360, SD 0.569 with a p value of 0.004.

Table. 4
The Influence of Respondents' Knowledge and Attitudes on the Role of Cadres in Preventing and Treating Diarrhea at Home Before and After Action in the Intervention Group and Control Group

Variable	Mean	elementary school			df	pvalue
			Lower	Upper		
Pre						
Pre knowledge	-0.143	0.733	-0.395	0.109	34	0.257
Pre Attitude	0.144	0.758	-0.146	0.375	34	0.379
Post Action						
Post knowledge	-15,057	1,924	-15,718	-14396	34	0,000
Attitude Post	0.171	0.707	-0.071	0.414	34	0.160

These results show that for the pre-post knowledge and attitude group after cadre training, only knowledge had an effect with a p value of 0.000, while attitude had no effect.

DISCUSSION

The results of research conducted by 'Asilah et al., (2022) Where the highest age of cadres is in the 45 year age group (adults). This is in accordance with the research results that almost all of the intervention and control groups were adults (95%). According to Arfan et al., (2023) that characteristics of cadre respondents in their research were an average age of 46 years. This happens because only mature mothers are willing to volunteer to become health workers, while the elderly are no longer able to do work that is physical and more worldly in nature and prefer to focus on religion.

According to Sipayung et al., (2023) for the education variable, cadres have more middle class education (junior high school and high school) than those with upper level education. The results of the research show that almost all educational variables have a high level of education in both groups (98.3%) with high school and higher education, this is in

accordance with Arfan et al., (2023) which is dominated by high school graduates who become cadres. Meanwhile, more than half of them have been cadres for a long time in the intervention and control groups (73.3%). The results of interviews with researchers show that those who have been cadres for a long time feel comfortable because they have gained a lot of knowledge from training organized by the regional government and they have also gained a lot of experience in solving the public health problems they encounter.

After carrying out health education for cadres, a change in knowledge was obtained with a p value (0.000). This result is in line with Riansih (2022) that after being given health education there is an increase in cadres' knowledge in early detection of pregnancy risks, so that cadres can play an active role in detecting pregnant women at risk to reduce maternal and infant mortality rates. Increased knowledge can be obtained through viewing and stored in memory and can be recalled when needed. Good cadre knowledge about lactation management will encourage cadres to provide a positive attitude about lactation management which will ultimately lead to good behavior in providing assistance to pregnant women, postpartum mothers and breastfeeding mothers (Meilinawati & Nurhayati, 2023). According to Riansih (2022) that knowledge is the result of human sensing, or the result of a person's knowledge of objects through their senses (eyes, nose, ears, tongue, etc.) with 6 levels of knowledge. In line with the research results Puspitasari et al., (2022) that there is a significant influence on mothers' knowledge about diarrhea in toddlers after being given health education. This indicates that health education or training for cadres is important.

Apart from increasing knowledge, it is also necessary for cadres to regularly receive socialization and counseling programs from the Community Health Center on the topics of child growth and development, vaccinations and other national programs (Ardhana et al., 2021). According to Greece (2020) that cadres who are exposed to information and get information from direct sources have sufficient knowledge about the initial treatment of diarrhea in toddlers. Apart from that, the activeness of posyandu cadres in activities to control diarrhea in toddlers can also increase knowledge (Dewi et al., 2023). There is an increase in posyandu cadres' knowledge of anthropometric measurements to prevent stunting (Mimi et al., 2021). In line with Rahayuningsih & Margiana (2023) that the level of cadre knowledge increased in posyandu activities after being given nutrition education. The active role of posyandu cadres in health services is very important to be able to improve the quality and status of balanced nutrition for the community, especially for maternal and child health (Kamaruddin et al., 2022).

According to Wahyudi et al., (2022) there is a relationship between knowledge and the role of cadres in society. Activities carried out by Zakiyya et al., (2023) increasing the knowledge and abilities of posyandu cadres so that the ability of posyandu cadres regarding early detection of toddler growth and development is increasing. Apart from that, having cadre classes can be an effort to increase cadres' knowledge about early detection of high risk pregnancy so that cadres can play an active role in detecting at-risk pregnant women to reduce maternal and infant mortality rates (Riansih, 2022). Increased knowledge about monitoring children's growth and nutrition through weighing so that cadres can implement skills in carrying out weighing optimally (Budiarti et al., 2020).

According to Enjelika (2022) that predisposing factors related to cadre behavior, namely knowledge, attitudes, availability of facilities and infrastructure and support from health workers are related to cadre behavior in preventing Covid-19. In the attitude variable, the results of the research only changed slightly but were not significant with a p value of 0.160, this is different from Rahayuningsih & Margiana (2023) that there is an influence of

cadres' attitudes in efforts to prevent diarrhea in toddlers in Suela Village, the working area of the Suela Health Center. This can happen because all of the toddler cadres are housewives and many still have toddlers, so the desire to be able to change is there, but because they still have a lot of burdens they cannot focus on changing in a direction that accepts change. Cadres' actions in assessing and monitoring the growth of toddlers also increased after being given training (Riansih, 2022). It is necessary to empower trained cadres by involving home visits and posyandu activities as well as participating in coaching activities and related training Symbolon (2021) and training activities in simple management of diarrhea (Apriani et al., 2022). Cadres' must continue to maintain its role and the need to optimize activities and the need to carry out further research with questionnaires that have been tested first (Wahyudi et al., 2022).

According to Lestari & Ayubi (2021) that toddler posyandu cadres have a good level of knowledge, have a positive attitude and behave well in weighing toddlers during the COVID-19 pandemic after being given health education. Based on the results of research conducted by Puspitasari et al., (2022) that mothers with a positive attitude were found to be 26-35 years old, had a junior high school or high school education, worked as a housewife and mothers who had a positive attitude provided ORS in treating diarrhea in babies. Mothers who go to school, work, and are married tend to be better at practicing prevention and home management of diarrhea in children under five (Momoh et al., 2022). The role of health center cadres in monitoring baby growth and development in the UPTD area of the Tosora Health Center, Wajo Regency, increased after being given health education (Surianti et al, 2022).

The cadres' attitude was positive towards the visit of *baduta* mothers and played quite a role in the implementation of the health center, the need for counseling to *baduta* mothers regarding the handling of MPASI as well as providing stimulus and intervention for *badutas* with inappropriate growth and development conditions. Cadres can utilize AVA media as a medium to increase knowledge and attitudes to provide counseling to pulmonary TB patients (Ihlasuyandi & Sudiyat, 2022). There is a need to increase the frequency of training and coaching of health center cadres so that the knowledge and attitudes of cadres can increase through refreshing. Health center cadres and providing more training material on weighing and filling out KMS (Fretty, 2020). Ilda & Tisnawati (2021) said that ongoing training efforts are needed to improve cadre skills in monitoring growth and development, because there is a significant influence between cadre skills after being given intervention in the intervention group and the control group, that training can increase cadres' knowledge about early detection of stunting cases (Hariani et al., 2020).

CONCLUSION

Cadres' knowledge after health education increased to 0.000 from 0.257 and cadres' attitudes after health education experienced changes but were not significant in preventing and treating diarrhea at home in mothers of toddlers.

SUGGESTIONS

For Health Cadres

Cadres who are less active are expected to be able to participate in the prevention and treatment of diarrhea at home by playing an active role in providing health education to mothers who have toddlers in their work area.

For future researchers

It is hoped that future researchers will use this research data as basic data in conducting research using experimental methods.

For Health Service institutions

It is hoped that health service institutions can monitor and assist health cadres in carrying out their work as an extension of health workers, so that the incidence of diarrhea in toddlers can be reduced and mothers' knowledge in caring for toddlers with diarrhea can also increase.

REFERENCES

- 'Asilah, S., Astutik, E., & Khan, R. (2022). Factors Associated with Diarrhea Management in Children Under Five Years in Indonesia. *Jurnal Berkala Epidemiologi*, 10(2), 130–139. <https://doi.org/10.20473/jbe.v10i22022.130-139>
- Apriani, D. G. Y., Putri, D. M. F. S., & Widiyari, N. S. (2022). Gambaran Tingkat Pengetahuan Ibu tentang Diare pada Balita di Kelurahan Baler Bale Agung Kabupaten Jembrana Tahun 2021. *Journal of Health and Medical Science*, 1(3), 15–26. <https://pusdikra-publishing.com/index.php/jkes/article/view/714>
- Ardhana, R., Rusydi, A. R., Nurgahayu, N. (2021). Gambaran Sikap, Peran Kader, Pola Asuh dan Tumbuh Kembang Baduta di Posyandu Amelia 1 dan 2 Wilayah Kerja Puskesmas Awangpone. *Window of Public Health Journal*, 2(6), 1031-1042. <http://jurnal.fkm.umi.ac.id/index.php/woph/article/view/woph2409>
- Arfan, N. A., Nuzula, R. F., & Ningrum, S. (2023). Peran Kader terhadap Upaya Peningkatan Status Gizi Balita di Posyandu. *Jurnal Kesehatan Samudra Ilmu*, 14(1), 18-21, <https://doi.org/10.55426/jksi.v14i01.246>
- Budiarti, T., Pangesti, I., Kartiyani, T., & Dwi Kusumawati, D. (2020). Upaya Peningkatan Pengetahuan dan Ketrampilan Kader dalam Pemantauan Pertumbuhan dan Gizi Anak Melalui Penimbangan di Desa Slarang. *WIDYABHAKTI Jurnal Ilmiah Populer*, 3(1), 117-123. <https://doi.org/10.30864/widyabhakti.v3i1.234>
- Dewi, S., Sari. A. S., Ririnisahawaitun, R. (2023). Pengaruh Edukasi tentang Diare terhadap Pengetahuan dan Sikap Kader dalam Upaya Pencegahan Diare pada Balita di Desa Suela Wilayah Kerja Puskesmas Suela. *Stikes Hamzar*. <http://eprints.stikeshamzar.ac.id/id/eprint/785>
- Enjelika, W. A., Indriati, G., & Novayelinda, R. (2022). Faktor-Faktor yang Berhubungan dengan Perilaku Kader dalam Pencegahan Penularan COVID-19 Saat Kegiatan Posyandu Balita di Kota Pekanbaru. *Jurnal Vokasi Keperawatan (JVK)*, 5(2), 105–118. <https://doi.org/10.33369/jvk.v5i2.23926>
- Fretty, H. (2020). Analisis Kinerja Kader Posyandu dalam Pencapaian Cakupan Penimbangan Balita di Kota Palembang. Universitas Sriwijaya. https://repository.unsri.ac.id/34875/51/RAMA_13101_10012681822022_000906760_1_0227097101_01_front_ref.pdf
- Hariani, H., Sastriani, S., & Yuliani, E. (2020). Peningkatan Pengetahuan Kader Posyandu tentang Deteksi Dini Stunting Melalui Pelatihan. *Journal of Health, Education and Literacy (J-Health)*, 3(1), 27–33. <https://doi.org/10.31605/j-health.v3i1.787>
- Ihlasuyandi, E., & Sudiyat, R. (2022). Efektivitas Media Awa dan Leaflet dalam Penyuluhan tentang Tuberkulosis (TB) Paru pada Kader Kesehatan. *Jurnal Riset Kesehatan Poltekkes Depkes Bandung*, 14(1), 134–141. <https://doi.org/10.34011/juriskesbdg.v14i1.2025>

- Ilda, Z. A., Padang, P. K., & Posyandu, K. (2021). Efektifitas Penggunaan Modul Konseling 3A terhadap Pengetahuan dan Keterampilan Kader Posyandu di Wilayah Kerja Puskesmas Lapai Kota Padang. *Menara Ilmu*, XV(02), 141–149. <https://doi.org/10.31869/mi.v15i2.2413>
- Irin, I., & Kurniadi, A. (2022). The Relationship of Mother's Knowledge, Attitude, and Behavior Regarding Diarrhea with the Number of Diarrhea Toddlers Taken to The Health Facility. *Journal of Urban Health Research*, 1(1), 38–46. <https://doi.org/10.25170/juhr.v1i1.3850>
- Kamaruddin, M. I., Wibowo, W., Anto, S., Latif, S. A., & Wulandari, D. T. (2022). Upaya Peningkatan Sikap dan Pengetahuan Kader Posyandu tentang Gizi Seimbang pada Balita Melalui Edukasi. *Jurnal Pengabdian Kepada Masyarakat*, 2(1), 54–58. <https://doi.org/10.35816/abdimaspolksaka.v2i1.33>
- Lestari, P. B., & Ayubi, D. (2021). Pengetahuan, Sikap dan Perilaku Kader Posyandu dalam Penimbangan Balita Selama Pandemi COVID-19 di Jakarta Timur. *Healthsains*, 2(4), <https://doi.org/10.46799/jhs.v2i4.154>
- Meilinawati, E., & Nurhayati, N. (2023). Hubungan Pengetahuan dengan Sikap Kader tentang Manajemen Laktasi. *Jurnal Kebidanan*, 13(1), 90–97. <https://doi.org/10.35874/jib.v13i1.1167>
- Mimi, R. T. J., Haniarti, H., & Usman, U. (2021). Antropometri Untuk Mencegah Stunting Di Wilayah Kerja Puskesmas Lapadde Kota Parepare. *Jurnal Manusia dan Kesehatan*, 4(2), 279–286. <https://doi.org/10.31850/makes.v4i2.615>
- Momoh, F. E., Olufela, O. E., Adejimi, A. A., Roberts, A. A., Oluwole, E. O., Ayankogbe, O. O., & Onajole, A. T. (2022). Mothers' Knowledge, Attitude and Home Management of Diarrhoea Among Children Under Five Years Old In Lagos, Nigeria. *African Journal of Primary Health Care & Family Medicine*, 14(1), e1–e10. <https://doi.org/10.4102/phcfm.v14i1.3119>
- Puspitasari, A. D., Wulandari, N., Prabawati, B. M., & Yusan, L. Y. (2022). A Community 's Knowledge and Attitude in Recognizing Symptoms and Diarrhea Management in Children. *Jurnal Farmasi dan Ilmu Kefarmasian Indonesia*, 9(2), 101–106. <https://doi.org/10.20473/jfiki.v9i22022.101-106>
- Rahayuningsih, N., & Margiana, W. (2023). Hubungan Tingkat Pengetahuan Kader Posyandu dengan Keaktifan Kader dalam Kegiatan Posyandu Bayi Balita di Desa Kebarongan Kecamatan Kemranjen. *Jurnal Keperawatan dan Kebidanan*, 6(1), 87–95. <https://doi.org/10.55173/nersmid.v6i1.149>
- Riansih, C. (2022). Hubungan Tingkat Pengetahuan Kader Posyandu tentang Deteksi Dini Risiko Tinggi pada Ibu Hamil dengan Sikap Melapor pada Tenaga Kesehatan. *Jurnal Permata Indonesia*, 13(2), 100–106. <https://doi.org/10.59737/jpi.v13i2.168>
- Sipayung, R. R., Rina, L., Sinurat, E., Pardede, J. A., Sari, U., & Indonesia, M. (2023). Peningkatan Pengetahuan Ibu dalam Pencegahan dan Penanganan Diare pada Balita di Puskesmas Bestari. *Tour Abdimas Journal*, 2(1), 1–7, <https://tourjurnal.akupuntour.com/index.php/tourabdimasjournal>
- Surianti, T., Rosmawaty, R., Ibrahim, I., Tahir, M., & Asnuddin, A. (2022). Peran Kader Posyandu dengan Pemantauan Tumbuh Kembang Bayi di UPTD Puskesmas Tosora Kabupaten Wajo. *Hospital Majapahit*, 14(2), 169–177, <https://doi.org/10.55316/hm.v14i2.814>
- Wahyudi, W., Gunawan, M., & Saputra, F. (2022). Hubungan Pengetahuan dan Sikap Kader terhadap Peran Kader dalam Masyarakat di Wilayah Kerja Puskesmas Sukarame Kota Bandar Lampung. *Malahayati Nursing Journal*, 4(6), 1340–1350.

<http://dx.doi.org/10.33024/mnj.v4i6.4963>

Zakiyya, A., Fajrin, D. H., & Aristia, E. (2023). Penguatan Kemampuan Kader Posyandu dalam Melakukan Deteksi Dini Tumbuh Kembang Balita di Kota Pontianak. *Reswara: Jurnal Pengabdian Kepada Masyarakat*, 4(1), 63-68. <https://jurnal.dharmawangsa.ac.id/index.php/reswara/article/download/2192/pdf>