

Efforts to Increase The Coverage of The Pregnant Women's Health Program (ANC) During The COVID-19 Pandemic at The Health Office of The Kampar Regency

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Abstract: According to the 2020 Yankes Guidelines, MCH services are still carried out with due observance of health protocols. Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are indicators of Maternal and Child Health (KIA) status that can describe the quality and accessibility of health care facilities. Based on a preliminary survey that the author has conducted through document searches on November 22, 2021 from the Maternal Mortality Rate Program section at the Kampar District Health Office, it is known that in 2020 the achievement of the MCH program has not yet reached the target of the Ministry of Health. Qualitative method, using document tracing data sources, direct observations and field observations in the Maternal Mortality Rate program. The informants are the Head of the Kampar District Health Office, the Head of the Public Health Division, and the holder of the Maternal Mortality Rate Program. **Results:** The achievement of the Maternal Mortality Rate program is still low because during the COVID-19 pandemic, so that the implementation of the MCH program is not yet optimal. Solving the problem of the low achievement of the Maternal Mortality Rate program at the Kampar District Health Office by making a Proposed Work Plan (RUK) or designing a Plan Of Action (POA). **Conclusion :** The low achievement of the MCH program is due to the non-optimal implementation of the Antenatal care (ANC) program, the non-optimal implementation of the obstetric complications program and the non-optimal implementation of the Neonatal Complications program. The recommendation is that it is hoped that the Head of the Kampar District Health Office will increase the number of officers for and analyze the needs of health workers.

Keywords: Kampar District Health Office, Maternal and Child Health (KIA), COVID-19 Pandemic

1. Introduction

In Presidential Regulation No. 18 of 2020 concerning the RPJMN, it is stated that the direction and policy of the RPJMN 2020-2024 strategy is to improve health services towards universal health coverage, especially strengthening basic health services (Primary Health Care) by encouraging increased promotive and preventive efforts, supported by innovation and the use of technology described in Priority Programs (PP), Priority Activities (KP), Priority Projects (PP) and K/L Projects. Each has indicators and targets for 2020-2024. For example, indicators of Priority Programs (PP) related to Public Health Programs, between Maternal Mortality Rate (AKI), Infant Mortality Rate (IMR), Neonatal Mortality Rate (AKN), Stunting Prevalence and Wasting Prevalence in toddlers. Meanwhile, the KP indicators consist of Improvement of Maternal, Child, Family Planning and Reproductive Health which

are described later in health promotion indicators, including Percentage of Delivery at Health Service Facilities (PF), coverage of Neonatal Visits (KN) and coverage of antenatal visits (Ministry of Health RI, 2020).

The high maternal mortality rate can indicate the low quality of health services. The decrease in maternal mortality is also an indicator of the success of a region's health status. For this reason, the government is working hand in hand to make various strategies to accelerate the reduction of the Maternal Mortality Rate.

According to the Indonesian Demographic Health Survey (IDHS) in 2017, the Neonatal Mortality Rate (AKN) was 15 per 1,000 live births, the Infant Mortality Rate (IMR) was 24 per 1000 live births and the Toddler Mortality Rate (AKABA) was 32 per 1,000 live births. The Toddler Mortality Rate has reached the 2030 Sustainable Development Target (TPB/SDGs) which is 25/1,000 live births and it is hoped that the Neonatal Mortality Rate (AKN) can also reach the target of 12/1,000 live births (Kemenkes RI, 2019).

Based on a search of documents on November 22, 2021 from the MCH Program section at the Kampar District Health Office, it is known that in 2020 the achievement of the MCH program has not yet reached the target of the Ministry of Health. There are 12 Indicators of the Maternal Mortality Rate (KIA) Program at the Kampar District Health Office, of the 12 indicators, there are 12 indicators that have not been achieved, namely the indicator of visiting pregnant women K1 (89.2%), complete antenatal care services K4 (69.3%), delivery of health workers who have midwifery competence (79.7%), postpartum maternal services (84.8%), coverage of obstetric complications handled (70.17%), family planning (70%), first service neonates (75 .9%), complete neonatal services (67%), handling of neonatal complications (18.2%), infant services (65%), services for children under five (46%), child health services for sick children under five (80%).

The purpose of the study was to identify problems, prioritize problems, determine alternative solutions to the Maternal and Child Health Program (MCH) during the COVID-19 Pandemic at the Kampar District Health Office.

2. Materials and Methods

Research method is qualitative, the method of collecting data is through interview guidelines with in-depth interviews, tracing the evaluation document of the achievements of the Maternal and Child Health (KIA) program, and direct observation at the Kampar District Health Office specifically in the Maternal and Child Health (KIA) section. The number of informants was 3 people, namely the Head of the Kampar District Health Office, the Head of the Public Health Division, and the person in charge of the Maternal and Child Health (KIA) program. The research was carried out at the Kampar District Health Office carried out 12 working days from November 15 to November 30, 2022

In determining the priority of the problem using the ultrasound method. Determining alternative problem solving using *Fishbone Analysis* matrix of intervention plans and compiling *Plan Of Actions* (POAs).

3. Results and Discussion

3.1 Results

The problems of Maternal and Child Health (MCH) at the Kampar District Health Office found that the implementation of the antenatal care (ANC) program was not optimal, the implementation of the Midwifery Complications program was not optimal and the implementation of the Neonatal Complications program was not optimal.

The management function at the Kampar District Health Office will be described regarding the management function of the Maternal and Child Health (KIA) program unit which includes the planning function, organizing function, directing function and controlling function.

The planning function that is prepared through the identification of problems correctly based on accurate data, and obtained in the right way and at the right time, will be able to direct the health efforts carried out at the Kampar District Health Office in achieving its goals and objectives. In an effort to cover the widest possible target community that must be served, the responsible policy in the Maternal and Child Health (KIA) program begins program planning by understanding the Vision and Strategy of Policy Direction. Based on the results of interviews with the Head of the Health Office and the holder of the Maternal and Child Health (KIA) program, there is no separate Vision and Mission of the Maternal and Child Health program. The Maternal Mortality Rate Program is still not optimal because there are still program holders who have not received training so that there are obstacles in recording and reporting the Maternal Mortality Rate program, there is still a shortage of staff for the Maternal Mortality Rate program holder, monitoring of the implementation of Maternal and Child Health is not optimal, and follow-up In the future, there is a commitment between the Health Office and the community health centers.

Organizing function The organizational structure of the Maternal and Child Health (KIA) program at the Kampar District Health Office is already contained in the work agreement made by the health office in early 2020 in stages. Apart from being the person in charge, the officer also doubles as the holder of the Maternal and Child Health Program (KIA) at the Kampar District Health Office. Training in human resource capacity building is still lacking because the allocation of training funds is limited. The quality of human resources can also be influenced by the amount of workload managed by the officer. Duplicate duty is one of the inhibiting factors for officers in carrying out their duties to the fullest. The schedule setting already exists in the preparation of the program plan, but in the implementation of the activities it is not in accordance with the planned schedule.

The function of directing the results of this supervision is reported to the head of the community health centers and carried out regularly. The implementation of this supervision has experienced obstacles due to the COVID-19 pandemic, many community

health centers submit reports to the Kampar district health office late or not according to a predetermined schedule.

The document audit control function is carried out when the Maternal and Child Health (KIA) report data is reported every month by the community health centers. However, many community health centers are late or do not comply with the predetermined schedule in submitting their reports to the Kampar District Health Office. The satisfaction survey in the Maternal and Child Health (KIA) program has not been carried out due to the unavailability of facilities that support the Maternal Mortality Rate (KIA) program such as a special suggestion box for satisfaction and the absence of a service number for complaints regarding problems with the Maternal and Child Health (MCH) program.

From the results of interviews with the holder of the Maternal and Child Health Program (KIA) at the Kampar District Health Office, it can be concluded that the implementation of the ANC program has not been optimal, and the implementation of the Midwifery Complications program has not been optimal and the implementation of the Neonatal Complications program has not been optimal. From the results of problem identification, the priority order of problems at the Kampar District Health Office in 2021 is that the implementation of the antenatal care (ANC) program has not been optimal during the COVID-19 pandemic at the Kampar District Health Office. Before the writer determines the alternative problem solving, the first thing to do is to make a *fishbone analysis* where each bone will describe the cause of the problem. *Fishbone Analysis* of the priority problems are:

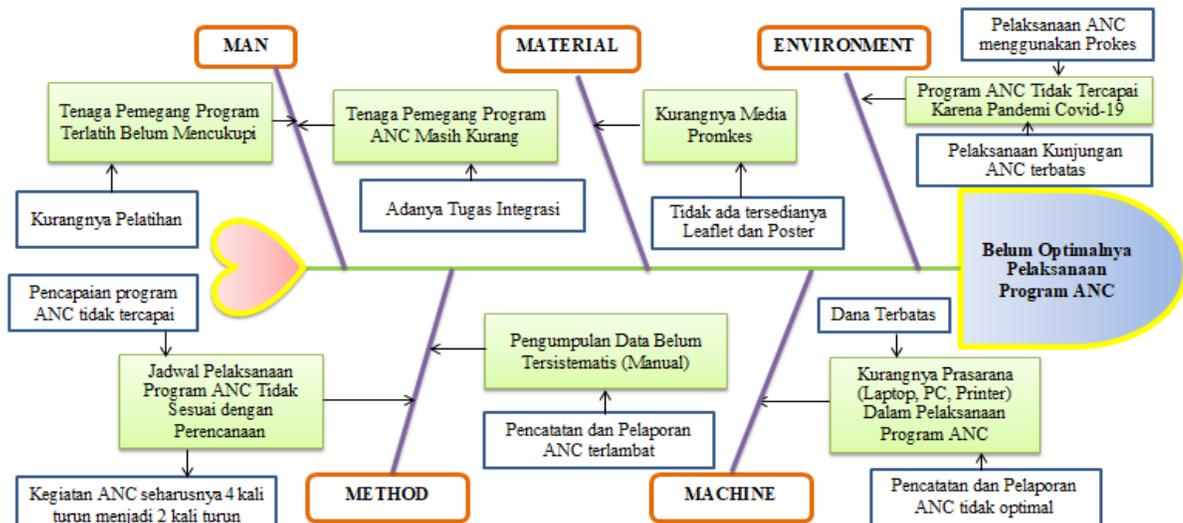


Figure 1
Fish Bone Analysis

3.2 Discussion

From the results of the fishbone analysis can be formulated problem solving :

Table 1 Alternative Problem Solving

Number	Causes of Problems	Causes of Problems	Troubleshooting
1	Man	Antenatal care (ANC) program holders are still lacking Insufficient Trained Program Holders	Propose to the Head of the Office to increase the number of officers to analyze the needs of health workers and provide recommendations and proposals so that the person in charge of the antenatal care program (ANC) only holds one program. Propose to the Head of Office to conduct special training for antenatal care (ANC) management program
2	Method	Less than optimal recording and reporting of antenatal care (ANC) program Data collection has not been systematic (manual)	Make a proposal to the PJ of the ANC program to audit documents every month and remind officers about the recording and reporting of Maternal and Child Health Local Area Monitoring (PWS KIA) for each community health center. Maximizing reporting and synchronizing data between programs or maximizing the use of reports via e-Puskesmas.
3	Material	Lack of Infrastructure (Laptop, PC, Printer) in the Implementation of	Propose to Head of District to allocate special funds or budget for antenatal care program (ANC) infrastructure

	Antenatal Care Program (ANC) Lack of Health Promotion Media (Leaflets and Posters)	Propose to the person in charge of the antenatal care program (ANC) to make health promotion media through audio visual.
4	Environment Antenatal care program (ANC) was not achieved due to the COVID-19 pandemic	Provide a proposal that the holder of the Antenatal Care Program (ANC) program at the community health center make a special schedule or activity to provide counseling to the community about Maternal and Child Health while still limiting the number of participants counseling and comply with health protocols.

3.2.1 *Man*

At the Kampar District Health Office, there are not enough staff holding antenatal care (ANC) programs because program holders hold more than one program, so health workers have an integration task. For this reason, it is necessary to analyze the need for health workers and add staff to the family health and nutrition section. So that there are sufficient human resources for the holders of the antenatal care (ANC) program, the implementation of the antenatal care (ANC) program can run as it should, and there is no longer any duty of integrity. According to the Minister of Health of the Republic of Indonesia number 43 of 2019, the calculation of the ideal need for the number and level of positions of each type of Health Workers and non-health workers as referred to in paragraph (1) is carried out through a workload analysis by considering the number of services provided, the ratio to the total population and their distribution. , the area and characteristics of the work area, the availability of other first-level Health Service Facilities in the work area, and the division of working time in accordance with the provisions of the legislation.

The limited budget at the Kampar District Health Office is an inhibiting factor for program holders in participating in special training for antenatal care management (ANC) programs such as Integrated Management of Sick Toddlers (MTBS), Caregivers, Stimulation Management for Early Detection and Interventions for Early Growth and Development (SDIDTK), Antenatal care training (ANC) and others. This training is needed so that the antenatal care (ANC)

program can run optimally and all holders of the antenatal care program are competent.

According to the Decree of the Minister of Health of the Republic of Indonesia No. 43 of 2019, states that the district/city health office must facilitate the provision of education and training for doctors and/or primary care doctors, dentists, and other health workers who do not have the authority to provide health services based on credential results.

According to research conducted by Wahyudin (2019), it is stated that the results of this research are the leadership role of the head of the community Health centers is good and good in the form of giving confidence to issue ideas and ideas, coaching is carried out in the form of workshops, mini workshops and training, motivation in the form of rewards, evaluation of remuneration, staff community Health centers participate actively according to their abilities and commitments in the form of raising joint commitments.

3.2.2 *Method*

Less than optimal recording and reporting of antenatal care (ANC) programs, this is experiencing problems because at the community Health centers the recording and reporting are not in accordance with the format or the data is not real. Reporting should use the mother and child cohort format, but in the field, it was found that antenatal care (ANC) service personnel only used aid books or pocket books, resulting in a lot of incomplete and incomplete reporting data. To overcome this, the holder of the ANC program at the Kampar District Health Office must audit documents every month and remind the officers about recording and reporting the Maternal and Child Health Local Area Monitoring (PWS KIA) for each community health center.

The delivery of the recording and reporting of the community health center was not timely to the Kampar District Health Office, which was supposed to be submitted on the 5th of the following month. In addition, in this COVID-19 pandemic situation, public health centers have not been able to carry out real target data collection, so the target data used are assumed targets. Data collection is also not done systematically (manual). Data collection has not been systematic (manual). So many health centers do not enter data into applications, so online and manual report data are not appropriate. For this reason, the holders of the Maternal and Child Health (KIA) program at the Health Office need to maximize reporting and data synchronization between programs or maximize the use of reports via e-puskesmas. In order for recording and reporting to run optimally or recording and reporting more effectively and efficiently, so that there are no delays in providing reports and no more inappropriate reporting.

This is in line with research by Armarani, (2014), the process of recording, processing, and reporting should be done computerized starting from the midwife

in the village. This computerized process is like an application that can fill in the mother's card directly and the results can be automatically processed into monitoring data or the Maternal Cohort Register and can also automatically provide information to facilitate monitoring, such as risk groups, delivery status, and so on as needed. In addition, this computerization can be designed to be automatically connected to many parties, such as the Head of community Health centers and Bikor. So that they can easily view the data quickly every month and use the data to improve the quality of the Maternal and Child Health (MCH) program.

According to research conducted by Hargono (2014), it was stated that previously, however, training on the computerized operational process of Maternal and Child Health Local Area Monitoring (PWS KIA) had to be conducted. Performing all processes of recording, processing, and reporting computerized will also support the timeliness of reporting, increase simplicity in the system, and increase system stability.

Sutisna's research (2012) reveals that community participation is one of the factors that affect the ability to solve health problems. So that the intervention plan proposes a partnership with the village government in line and the partnership between health workers and the community can be well established. The importance of the role of the village and TOMA being the spearhead of the implementation of the Maternal and Child Health (KIA) program in a work area, therefore commitment and collaboration with cross-sectors must be sustainable and there is lobbying from the head of the community Health centers and the person in charge of the Maternal and Child Health (MCH) program to get the maximum data collection of PWS-KIA targets.

In monitoring the implementation of the Maternal and Child Health (KIA) program, it is necessary to report and synchronize from the head of the community Health centers and the person in charge of the MCH program related to Maternal and Child Health Local Area Monitoring (PWS KIA) data. This is in line with research (Ridha, 2020), which says that the e-Puskesmas-based reporting system has not been running due to the lack of knowledge of officers on information system procedures and how to use computers in inputting patient data. - Community Health Centers, resulting in delays in inputting patient data, recording daily, weekly, annual reports, and systems resulting in delays in delivery to the Health Office due to work responsibilities performed outside of expertise.

3.2.3 *Machine*

At the Kampar District Health Office in the Antenatal Care Program (ANC), there are still many infrastructures that are lacking, such as the absence of laptops, computers, and printers. So that the holders of this program work using their own facilities, such as making their reports using their personal laptops, this causes monitoring of data and reports on program implementation at community Health

centers to be ineffective and inefficient so that the implementation of the ANC program does not run well. Even though during the COVID-19 pandemic, antenatal care (ANC) program monitoring at the Community Health Center was carried out online through a zoom meeting or *google meet* for program evaluation. For this reason, it is necessary to allocate special funds or budgets for infrastructure that supports the implementation of antenatal care (ANC) programs such as the procurement of laptops, computers, and printers.

According to the Minister of Health Regulation Number 8 of 2021, it states that the provincial / district / city Health Office, provincial / district / city hospitals can use the Physical Special Allocation Fund (DAK) budget for the Health Sector to fund supporting activities that are directly related to the activities of the Special Allocation Fund (DAK).) Physical Health Sector, this is the basis for the proposed special allocation for the procurement of infrastructure that supports the antenatal care (ANC) program at the Kampar District Health Office.

3.2.4 *Materials*

Lack of Promkes Media (Leaflets and Posters) distributed to community health centers. Actually, we don't only get this health promotion media from posters and leaflets, but we can get it easily by using audio visuals such as activating the social media accounts of the Kampar District Health Office (Facebook, Instagram, Twitter, Telegram, Line and WA Group). For this reason, program holders must be active in providing health promotion related information about antenatal care (ANC).

According to the Ministry of Health of the Republic of Indonesia in 2019, stated that to overcome the shortcomings in conducting counseling cadres can provide opportunities for targets to ask questions and express opinions with one-way counseling and two-way counseling methods. Tools that can be used to assist the implementation of counseling are adjusted to the available facilities, if possible using tools such as a sound system (microphone, speakers, video, cd player) and Communication, Information and Education (KIE) media such as: flipcharts, leaflets, elderly health book The place of implementation can be done indoors or in an open field, according to local conditions.

One of the innovative health promotion efforts is by making simple but interesting videos in line with research journals which say that the benefits of using audio-visual (video) are according to the concept of learning according to the pyramid of experience written by Edgar Dale, that people learn more than 50% of them are from what has been seen and heard (Sandra, 2013).

According to research conducted by Latifah and Budiono (2016), it is stated that Communication, Information and Education (IEC) in health programs is aimed at overcoming problems by increasing awareness and producing specific behavior

changes. In its implementation, Communication, Information and Education (IEC) requires media so that it will facilitate the understanding process.

According to research conducted by Leonita (2018), it is stated that health promotion is carried out by utilizing social media. Social media over the internet has great potential for health promotion and other health interventions, and it is easier to reach targets at every level.

3.2.5 *Environment*

Implementation of the antenatal care (ANC) program was not achieved due to the COVID-19 pandemic. For this reason, the person in charge of the antenatal care (ANC) program at the Health Office must coordinate with the person in charge of the program at the community health center to continue to implement and continue to provide antenatal care (ANC) services during the pandemic, such as the person in charge of the antenatal care (ANC) program at the Community Health Center. make a schedule or special activity to provide counseling to the public about Maternal and Child Health while still limiting the number of counseling participants and complying with health protocols. So that the implementation of antenatal care (ANC) services at Community Health Centers can continue even during the COVID-19 pandemic.

According to the Yankes 2020 Guidelines, antenatal care (ANC) counseling is still carried out by observing health protocols, as below:

- a. Giving understanding to mothers and children to do activities at home. Explain the principle of physical distancing, keeping a distance of at least 1.5 meters from other people.
- b. Get used to the mother and child washing their hands with clean water and soap more often, namely before eating, after defecating, before and after doing activities (playing, touching animals). The use of hand sanitizers is only an alternative if running water and soap are not available, for example if they are far from hand washing facilities.
- c. Remind mothers and children not to touch their eyes, nose and mouth before washing their hands with soap and running water
- d. Wear masks (cloth masks) when going out of the house to prevent transmission through coughing and sneezing.
- e. Immediately take a shower, wash your hair and change clothes when you get home after traveling.
- f. Clean frequently touched objects such as furniture, doorknobs, toys, gadgets and others with disinfectant regularly.
- g. Parents teach children to apply infection prevention practices with interesting methods.
- h. Sneeze or cough with your elbow.

According to research conducted by Yulia et al (2021), it was stated that Maternal and Child Health (MCH) services were the most influential in the COVID-19 pandemic. This is due to social restrictions and prohibitions on gathering in groups that result in crowds. So that the integrated service post, which is a community-based activity, has to be postponed.

4. Conclusion

From the search for data and information obtained through interviews, observations, direct observations and document searches on the Maternal and Child Health (KIA) program at the Kampar District Health Office, it was found that the implementation of the antenatal care program (ANC) was not optimal yet. Midwifery and the not yet optimal implementation of the Neonatal Complications program. To analyze the problem using the Fish Bone. Solving the problem of not yet optimal implementation of the antenatal care (ANC) program at the Kampar District Health Office by making a Work Proposal Plan (RUK) or designing a Plan Of Action (POA) at the Kampar District Health Office. And a Plan Of Action (POA) plan has been given. The recommendations are that it is hoped that the Head of the Kampar District Health Office will increase the number of officers for and analyze the needs of health workers, propose that the person in charge of the Maternal and Child Health (KIA) program only holds one program, propose to hold special training for the Maternal and Child Health management program. (KIA), and proposes to allocate special funds or budgets for infrastructure for the Maternal and Child Health (KIA) program. It is also expected that the person in charge of the Maternal and Child Health (KIA) program to audit documents every month and remind officers about the recording and reporting of Maternal and Child Health Local Area Monitoring (PWS KIA) for each public health center, maximizing reporting and synchronizing data between program or maximize the use of reports via e-Puskesmas, propose to make health promotion media through audio visuals, and make suggestions at public health centers to make special schedules or activities to provide counseling to the public about Maternal and Child Health while still limiting the number of counseling participants and complying with health protocols.

Acknowledgements

The authors would like to thank the various parties who helped, including 1) To the Master of Public Health Sciences, Hang Tuah University, Pekanbaru which has provided knowledge to the author 2) To the Kampar District Health Office where the author is doing residency and 3) Informants for the information provided to the author in making the report.

Conflik of Interest

There is no conflict interest in this research.

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