

**ISSN 2597- 6052**DOI: <https://doi.org/10.56338/mppki.v7i6.5244>**MPPKI****Media Publikasi Promosi Kesehatan Indonesia**  
*The Indonesian Journal of Health Promotion***Research Articles****Open Access**

## **The Efforts of Toddler Integrated Healthcare Center Cadres in Increasing Mother Visits to Integrated Healthcare Center Kartini Bandungrejosari**

**Regita Lafemme Rania<sup>1</sup>, Handy Lala<sup>2\*</sup>, Ganif Djuwadi<sup>3</sup>**<sup>1</sup>Sarjana Terapan Promosi Kesehatan, Poltekkes Kemenkes Malang| [regitalafemmerania@gmail.com](mailto:regitalafemmerania@gmail.com)<sup>2</sup>Sarjana Terapan Promosi Kesehatan, Poltekkes Kemenkes Malang| [Handy\\_lalaskm@poltekkes-malang.ac.id](mailto:Handy_lalaskm@poltekkes-malang.ac.id)<sup>3</sup>Sarjana Terapan Promosi Kesehatan, Poltekkes Kemenkes Malang| [ganif826@gmail.com](mailto:ganif826@gmail.com)\* Corresponding Author: [Handy\\_lalaskm@poltekkes-malang.ac.id](mailto:Handy_lalaskm@poltekkes-malang.ac.id)

### **ABSTRACT**

**Introduction:** One of the factors causing stunting is that the utilization rate of healthcare by mothers of toddlers in Indonesia is low, while in healthcare there is a lot of education about maintaining the health of toddlers and providing additional food for toddlers. This is proven by the average percentage of toddlers who are weighed at the healthcare is still below the target, where the target for toddlers who are weighed is 85%. There are still many healthcare that do not meet coverage shows that the role of toddler healthcare cadres in increasing mother's visit to the healthcare less than optimal or not in accordance with their duties.

**Objective:** The purpose of this study was to determine the efforts of healthcare toddler cadres in increasing maternal visits to the healthcare.

**Method:** This study used qualitative methods and took 13 responden, consisting of 7 healthcare cadres, 5 mothers who have toddlers, and 1 health worker. Data collection techniques using interviews, observation, documentation. Data validity used is data triangulation and method triangulation.

**Result:** The results show that the implementation of healthcare service activities is still not optimal, this is evidenced by the non-implementation of one of the healthcare service activities.

**Conclusion:** The conclusion is that the efforts of cadres in increasing the visit of mothers of toddlers to Healthcare Kartini in Bandungrejosari Village, Sukun Subdistrict. still not implemented optimally. It is recommended for cadres to improve health service activities, namely counseling to mothers of toddlers, and making new innovations to increase the interest of mothers to bring their toddlers to the healthcare.

**Keywords:** : Effort; Cadres; Healthcare; Toddlers; Visit

## INTRODUCTION

The problem of stunting in Indonesia is still classified as chronic because it is still above the rate tolerated by WHO (1). Stunting and malnutrition in infants and children is a global problem that is a priority in Indonesia and needs to be addressed together between the government, the private sector, and the community. Based on data from the Studi Status Gizi Indonesia (SSGI) in 2021, the prevalence of malnourished toddlers in Indonesia was 7.1% while the prevalence of stunted babies in Indonesia is currently still quite high at 24.4% or 5.33 million (2).

One of the factors causing stunting is the low utilisation of posyandu by mothers of toddlers in Indonesia, even though posyandu provides a lot of education about maintaining the health of toddlers and providing additional food to toddlers (3). This is evidenced by the average percentage of toddlers who are weighed at the posyandu is still below the target, where the target for toddlers who are weighed is 85%. Based on data from the 2020 Indonesian Health Profile, the average percentage of infants under five who were weighed in Indonesia in 2020 was 61.3% of children per month, while in East Java Province it was 56.3% of children per month (4).

Posyandu (Integrated Service Post) is a form of Community-Sourced Health Efforts (UKBM) implemented by, from and with the community, to empower and provide convenience to the community to obtain health services for mothers, infants and children under five (5). According to data from the East Java Provincial Health Office before the pandemic, the percentage of active posyandu in East Java increased from year to year. In 2018 the number of posyandu was 46,733 with 77.12% with PURI status (active posyandu), in 2019 the number of posyandu was 46,868 with 79.23% with PURI status, but there was a decrease in the percentage of active posyandu in 2020 to 76.22% of 46,976 posyandu (6). This is because during the pandemic, villages with red, yellow, and orange zones are not allowed to provide posyandu services (7). So that the service of 5 priority posyandu activities is carried out by appointment at a health service facility, while villages with green zones are allowed to provide posyandu services but by implementing strict health protocols.

Many factors influence the visit of mothers under five in the utilisation of posyandu. According to previous research conducted by Fatimah, 2022 on factors associated with the participation of mothers under five to the posyandu states that there is a significant relationship between the knowledge of mothers under five, the work of mothers under five, the motivation of mothers under five, and the role of cadres with the visit of mothers under five in the utilisation of posyandu (8). The successful implementation of development in the health sector is highly dependent on the active role of the community concerned (9).

The activeness and visit of mothers of toddlers in the utilisation of posyandu is expected, because one of the targets of the utilisation of posyandu is toddlers (10). The inactivity of a mother who has a toddler will cause a variety of problems that will have a direct impact on the growth and development of her toddler such as growth disorders that are not detected early, toddlers do not get vitamin A, and mothers do not get counselling about maintaining the health of toddlers and Supplementary Feeding (PMT) (11). One of the efforts of posyandu toddlers in order to improve the health and prevention of disease in toddlers, then monitoring the health condition of toddlers periodically to check the health of toddlers to posyandu (12). Efforts to monitor the growth of toddlers are carried out through weighing activities at posyandu routinely every month (13). Community health cadres are responsible to the local community as well as leaders appointed by health service centres (14). Good performance is generated when a cadre is highly motivated and able to perform their duties well. The motivation of the cadre is also one of the dominant factors that is very influential in increasing the visit of mothers under five to the utilisation of posyandu (15).

On the basis of the above thoughts, the researcher feels interested in conducting research with the title 'Efforts of Toddler Posyandu Cadres in Increasing Maternal Visits to Posyandu Kartini, Bandungrejosari Village, Sukun District, Malang City'.

## METHOD

This research uses qualitative methods with a case study approach. The research place is the location where the research will be carried out, while the place of this research is Posyandu Kartini 3 rw.04 Bandungrejosari Village, Sukun District, Malang City. This research was conducted from November 2022 to January 2023. The informants of this study were health workers or midwives in charge of posyandu kartini in Bandungrejosari village, 7 cadres in charge of posyandu kartini in Bandungrejosari village, and 5 community members or mothers of toddlers who were active in posyandu activities. There are 10 cadres in this posyandu kartini but only 7 people who serve as posyandu cadres for toddlers. So that researchers only examined 7 people from posyandu cadres, this posyandu covers 3 RTs in Bandungrejosari village. Primary data in this study were obtained from subject answers based on the results of in-depth interviews, observation, and documentation. Secondary data in this study is obtained from data that is already available, for example documents from the posyandu so that researchers only need to search and collect. Data collection techniques in this study were interviews, observation, and documentation. Researchers used triangulation to test the validity of the data. Triangulation includes source triangulation, method triangulation, and data triangulation. Data processing techniques include data reduction, data presentation, and conclusion drawing.

Explanation of the type of research utilized (quantitative, qualitative, or mixed) and the chosen research design.

## RESULTS

### The Role of Toddler Posyandu Cadres

One of the roles of posyandu cadres is to prepare for the implementation of posyandu. This is supported by the informant's statement regarding the preparations made by the cadres who stated that,

*'Yes, we prepare the table, we clean the place, how should we do it, right, the division is There are 2 because there are posyandu for toddlers and elderly people together.'* (K2)

In the activities of preparing the place for the implementation of posyandu, mothers of toddlers are not directly involved, but the preparations made by cadres are good according to the opinion of one of the mothers of toddlers, because posyandu starts in a state of readiness. Based on observations, it can be seen that the readiness of cadres in preparing the place of posyandu implementation can be said to be good. It is evident that the posyandu location is clean and the tasks between cadres have been divided regularly and fairly.

*'It's good, I also see that the uti is a cadre, so every 7 o'clock is ready to stand by there cleaning and preparing what is needed, yes, the estimated 8 or 9 o'clock the baby is there so it's fine, it's ready.'* (IB3)

At Posyandu Kartini, information dissemination is always carried out by cadres every month according to schedule through whatsapp groups, directly or through local community meetings such as recitation or PKK activities. Cadres receive a fixed schedule of posyandu opening days from the puskesmas every month. This is supported by the informant who stated that,

*'Yes, always before the day, if the weighing is the last week, beforehand it is always informed, there is a group we share tomorrow weighing time so we remind them, Monday for toddlers, Sunday we share, in the morning we repeat it.'* (K1)

At Posyandu Kartini, the division of tasks in the implementation of posyandu activities has been divided evenly among all cadres, the division of tasks is also carried out alternately every month so that all cadres can master all tasks in posyandu activities.

*'Yes, the division of tasks rotates, for example last month in the registration of Mrs Romlah in the recording of Mrs Wiwik and Mrs Sih in weighing, weighing there are 2 yes, weighing toddlers who can stand up and babies, in babies there are also 2, well we replace Mrs Ririn with who, then in recording I am with who, but still every month so that all know, so all have felt oh been here have been here, so let's know all, but the division of cadre duties does exist.'* (K6)

The above expression is also reinforced by the results of interviews conducted with mothers of toddlers. The mother of a toddler revealed that the results of cooperation between cadres were good.

*'Alhamdulillah, if here, thank God, the cooperation is good, everyone is active.'* (IB1)

Meanwhile, according to health workers in charge of posyandu activities, the results of cooperation between cadres are good, but there is still a need for the role of cadres to remind them because sometimes there are cadres who do not know what to do in posyandu activities.

*'The cooperation is good, usually it depends on us, the point is that we also play a role, sometimes reminding them and then, for example, what is missing, for example, sometimes they don't know what to do at the posyandu, so we can invite buk ayo to help in the weighing section so they can be taught if they can take turns, not all of them are constantly at one table, so they usually take turns, Like that, so you can feel it too, right, feel it in the recording, feel it when weighing, feel it when counselling so everyone can replace them later if for example someone doesn't come.'* (N1)

In addition to preparing facilities and infrastructure in the implementation of posyandu cadres also prepare PMT that will be given to toddlers. The preparation is done by one of the cadres on duty in turn. Cadres usually

provide PMT with rice flour-based ingredients such as nogosari, lapis jenang sumsum, green beans.

*'For snacks, we usually avoid wheat flour-based ingredients, ager ager basic ingredients and then there are noodles made from corn that we don't allow, so as much as possible, we make snacks from rice flour, for example, there is nogosari, lapis jenang sum sum, green beans, healthy vegetable soup, there are quail eggs and tofu, now we avoid wheat flour because wheat flour contains too high sugar levels in children's dental caries, That's why if for example bread is also not good so we ager ager is also not good, if you can ager ager but if for nutrijel that is not allowed at all but if here that must be yes lapis, nogosari then tofu fantasy is good then healthy soup later quail egg satay that lo, eggs and tofu are bundled then green beans if noodles yes noodles from rice, so that's a snack so we don't use rice if at that hour the child has eaten, they should just get that snack.'* (K6)

Based on the results of interviews with Kartini posyandu cadres. Cadres prepare counselling materials in the form of what will be delivered during counselling later. This is evidenced by the opinion of the informant who stated that

*'Ya prepared what you want to convey.'* (K1)

Before posyandu service activities begin, cadres first organise and prepare the facilities to be used.

*'Prepare for children to weigh babies, measure height, baby's length, digital scales, arm circumference meter, head circumference meter, dacin.'* (K6)

### **Implementation of Toddler Posyandu Activities**

Based on the results of interviews conducted with cadres, it is stated that the activities of the Kartini posyandu service in Bandungrejosari Village, Sukun Subdistrict, Malang City include five table activities carried out by cadres. This is supported by 2 informants who stated that,

*'There are many activities during the day, there is weighing, zinc clearly there is weighing, measuring height, taking head circumference, if there are women of childbearing age (WUS) who come we take the arm circumference of WUS, if there are pregnant women who come, we usually record, weigh, measure arm circumference and provide counselling, Later, if her health has been monitored, we provide counselling, we have gone to the puskesmas, we have done the lab, we refer her to the midwife, that's all. There are many times when there is a main weighing, that's it, if for the examination of pregnant women, it is only limited to recording because we don't have a room for it, if there is a detailed examination, we have to have a cot, it's not available, so we refer pregnant women to the puskesmas.'* (K6)

*'Activities during posyandu are weighing, measuring height and weight, and consulting if there are complaints'* (IB1).

One mother of a toddler also expressed her enthusiasm for participating in posyandu activities because there were health workers present so that she could consult regarding health problems that occurred in her toddler.

*'Sometimes, for example, the baby does not poop every day, we are worried, we ask there so when we go home from there we are relieved because there is already a solution to what we are worried about.'* (K4)

The role of posyandu is very important because with the presence of health workers, mothers of toddlers do not need to go to the doctor or to the health centre for consultation related to the growth and development of toddlers.

*'It's important because we also go once a month so that we know how the health is, how the development is, and what we can consult too instead of going to the doctor.'* (IB3)

This shows that the motivation of mothers of toddlers to attend posyandu activities to attend every month is to monitor the health and growth of their toddlers so that stunting does not occur. The following are the results of interviews conducted with mothers of toddlers related to motivation.

*'Yes, because we have toddlers, of course we need it there, we need the growth of the child, especially the scales, and then the growth is the term.'* (IB4) In addition, the provision of immunisation that is free of charge is also one of the motivations for mothers of toddlers to come to the posyandu *'In the past, I went to*

*the doctor, any immunisation was more than a million, then I was told, directed to the posyandu, finally now if immunisation at the puskesmas.’ (IB2)*

Cadres also stated that they always motivate mothers of children under five to come to the posyandu. One informant stated that,

*‘We always motivate them if posyandu is very important, or we know the growth and development of the child is very important, we always tell them that.’ (K1)*

In addition to motivating mothers of toddlers, cadres also conduct counselling during the activity.

*‘The activities in this posyandu are weighing, and counselling. The counselling is usually from the cadres in turn, sometimes from the midwife. Usually it is about that, the provision of what is additional food, yes there is, then how to wash hands properly, then the dangers of smoking are also there.’ (K1)*

However, based on the results of interviews conducted by puskesmas health workers, N1 stated that for cadre counselling, they directly directed health workers or midwives on duty, even though cadres should have been able to conduct counselling themselves.

In addition, based on the results of observations made by researchers at the posyandu counselling table 4, it was seen that there were no counselling activities carried out by cadres. Cadres only measure blood pressure to mothers of toddlers.

In addition to the role during posyandu implementation activities, cadres also have a role after the posyandu opening day. Activities carried out by cadres outside the posyandu opening day are visiting the homes of mothers under five who do not come during the posyandu opening day by carrying, scales, meters, and notebooks. In addition to weighing and measuring, cadres also provide counselling to mothers of toddlers about the importance of posyandu and the importance of weighing toddlers regularly at posyandu.

*‘What are our efforts, yes, to make them want it, if they don't want it, we are forced to visit them, otherwise we can't get reports on children every month, how is the increase and decrease, we don't know.’ (K2)*

## DISCUSSION

### The role of Posyandu toddler cadres

The role of posyandu cadres in posyandu activities for toddlers is to prepare for the implementation of Posyandu activities that organise Posyandu activities should be in a location that is easy to reach by the community (2). In line with this, the place of implementation of Posyandu Kartini activities is in a place that is easily accessible to the community, namely in the middle of residents' homes so that the community has no difficulty in accessing the posyandu location. The location of the posyandu is determined by the community itself. In addition, preparations made by cadres are cleaning the room and arranging tables that will be used for services.

The next role is to disseminate information about Posyandu opening days through local community meetings or circulars. Dissemination of posyandu opening days is done through local community meetings (pengajian, other religious meetings, arisan, PKK activity meetings). Cadres can invite the community to come to the posyandu with the help of local community leaders (2). In line with this, based on the results of research conducted by researchers to cadres, the answers obtained are consistent that before the posyandu opening day activities, cadres disseminate information related to posyandu opening days. Dissemination of posyandu opening days is carried out through whatsapp groups, directly or through local community meetings such as recitation or PKK activities.

In addition, the division of tasks for posyandu cadres is carried out in accordance with the activities carried out at the posyandu, namely registration, weighing, recording monitoring results, counselling, and services that can be carried out by cadres (2). Based on the results of the interviews, the answers obtained were aligned by all informants that the posyandu was evenly divided according to the activities carried out, namely registration, weighing, recording, counselling, and services that could be carried out by cadres. The division of tasks is also carried out alternately every month so that all cadres can master all tasks in posyandu activities. Cadres have also cooperated well in the implementation of posyandu activities.

The next role is PMT preparation and counselling preparation. The preparation of counselling materials is in accordance with the problems faced by parents and is tailored to the counselling method, for example: preparing food ingredients if cooking demonstrations are to be conducted, flip sheets for counselling activities, cassettes or CDs, KMS, MCH books, and stimulation tools for toddlers (2). Based on the results of the study related to preparing PMT

and counselling materials, the researchers found similar opinions and responses regarding the preparation of PMT to be given to toddlers. Cadres usually provide PMT with rice flour-based ingredients such as *nogosari*, *lapis jenang sumsum*, green beans. Cadres also prepare materials for counselling such as what materials will be delivered during *posyandu* activities.

In addition, the preparation of infrastructure for *posyandu* activities for toddlers is also the role of cadres. The need for facilities in the implementation of *posyandu* activities in the form of KMS / MCH books, weighing tools, nutritional drugs (vitamin A capsules, blood enhancement tablets), counselling aids, recording and reporting books (2). Researchers conducted in-depth interviews with *posyandu* cadres who revealed that the facilities prepared at the time of *posyandu* implementation included weighing babies, measuring height, baby length, digital scales, arm circumference meters, head circumference meters, *dacin*. Before *posyandu* service activities begin cadres first organise and prepare the facilities to be used.

### **Implementation of Toddler Posyandu Activities**

*Posyandu* service activities carried out by cadres on the opening day of the *posyandu* are registration, including registration of pregnant women, toddlers, postpartum women, nursing mothers, and other targets. Conducting maternal and child health services, including weighing, determining growth status, counseling and counseling, immunisation if there is a health worker. Guiding parents to record the results of monitoring the condition of toddlers. Conduct counselling on parenting for mothers and toddlers.

Motivating parents to continue to provide good parenting. Expressing appreciation to parents who have come to the *posyandu*, and asking them to come back. Provide information to contact cadres if there are problems. Recording the activities that have been carried out (2). After conducting interviews with all informants, the results showed that the service activities at *Posyandu Kartini* were still not optimally carried out, because cadres had not carried out all the main activities in the *posyandu*, namely counselling activities regarding parenting mothers and toddlers.

At table 4 cadres should provide counselling but cadres only check blood pressure on pregnant women or mothers of toddlers, cadres are less able to provide counselling to the community, but cadres only provide motivation and appreciation to mothers of toddlers to be diligent to come to *posyandu*. After in-depth interviews with 13 informants related to activities carried out by cadres after the opening day of *posyandu* implementation, all answered by visiting the homes of mothers under five who did not come to the *posyandu*.

The cause of the mothers of toddlers not coming to the *posyandu* is because they are hindered by work so that no one takes the toddlers to the *posyandu*. In addition to visiting the homes of mothers of toddlers who do not come to the *posyandu*, cadres also invite mothers of toddlers who do not come to the *posyandu* to come to the cadre's house to take measurements of their toddlers. For mothers of toddlers who do not want to be visited or cannot be visited at their homes, cadres also provide solutions by asking mothers of toddlers to weigh their toddlers independently at home or hitchhike at the pharmacy and send the data to cadres via whatsapp.

The activities of *posyandu* cadres after the opening day of the *posyandu* are home visits to toddlers who are not present on the opening day of the *posyandu*, children who are malnourished, or children who experience outpatient malnutrition, and others (2). Based on the results of interviews conducted with all informants, it was found that in the *posyandu Kartini Kelurahan Bandungrejosari Subdistrict Sukun Malang City* there are also additional activities for mothers of toddlers, namely BKB (*Bina Ibu Balita*). This activity is not carried out by all mothers of toddlers, but only a few selected mothers of toddlers chosen by the *posyandu* cadre leader based on needs.

This is in accordance with the provisions of the Ministry of Health, 2012 Communities can add new activities in *posyandu* in certain circumstances in addition to the 5 main activities that have been implemented. From the results of research conducted by researchers to cadres, it was found that *posyandu* cadres also received training from midwives and nutrition health workers who were usually held at the health centre or health department. These training activities are attended by cadre representatives or cadre leaders only.

This training is conducted once a month. Cadres are coached and trained on how to weigh infants and toddlers, how to measure toddler height, how to measure toddler head circumference, good parenting in children, child growth and development and how to record the results of weighing and measuring toddlers in the reporting book and filling in SIP (*Posyandu Information System*).

Based on the results of in-depth interviews conducted with informants conducted during the implementation of *posyandu Kartini Bandungrejosari Village, Sukun Subdistrict, Malang City*, it is found that the efforts made by cadres in increasing the visit of mothers under five to the *posyandu* are to improve services and always remind the importance of *posyandu* for infants and toddlers. In addition, cadres also motivate mothers of toddlers regarding the importance of *posyandu* to monitor the development of infants and toddlers. The head of the cadre also stated that his efforts in increasing the visit of toddlers to *posyandu* were to decorate the *posyandu* post to be more attractive and provide snacks that were different from usual, so that toddlers became comfortable. Giving awards to mothers

of toddlers who diligently come to the posyandu is also one of the efforts made by posyandu cadres in order to increase the visit of mothers of toddlers to the posyandu.

## CONCLUSION

The results show that the implementation of posyandu service activities is still not optimal, this happens because the role of posyandu toddler cadres is still not optimal. The conclusion in this study is that the efforts of cadres in increasing the visit of mothers under five to the posyandu Kartini Kelurahan Bandungrejosari Subdistrict Sukun Malang City are still not implemented optimally because it is not in accordance with the indicators of posyandu achievement, namely carrying out counselling. It is recommended for posyandu cadres to improve posyandu service activities, namely counseling to mothers of toddlers, and create new innovations to increase the interest of mothers to bring their toddlers to the posyandu.

## REFERENCES

1. Fitri N, Widiawati N, Ningtyas RP, Sarnyoto FDA, Nisa W, Ibnistnaini W, et al. Strategi Gerakan Cegah Stunting Menggunakan Metode Sosialisasi di Desa Darakunci, Kabupaten Lombok Timur. *J Pengabdian Inov Masy Indones*. 2022;1(2):80–6.
2. Kemenkes RI. Ayo Ke Posyandu Setiap Bulan. Vol. 13. 2012. 17 p.
3. Ahmalia R, Zaelfi R. Hubungan Motivasi Ibu dan Peran Kader dengan Keaktifan dalam Mengikuti Kegiatan Posyandu Balita Di Wilayah Kerja Puskesmas Enam Lingsung Kabupaten Padang Pariaman. *J Akad Baiturrahim Jambi*. 2019;8(2):33–41.
4. Kemenkes RI. Buku Saku Hasil Studi Status Gizi Indonesia (SSGI) Tingkat Nasional, Provinsi, dan Kabupaten/ Kota Tahun 2021. Vol. 2, Buana Ilmu. 2021.
5. Wigati DN, Ekasari WU. Rutinitas Kunjungan Posyandu Terhadap Peningkatan Berat dan Balita. *J Berk Epidemiol* [Internet]. 2020;5(1):90–6. Available from: <https://core.ac.uk/download/pdf/235085111.pdf> website: <http://www.kemkes.go.id> [http://www.yankes.kemkes.go.id/assets/downloads/PMK No. 57 Tahun 2013 tentang PTRM.pdf](http://www.yankes.kemkes.go.id/assets/downloads/PMK_No_57_Tahun_2013_tentang_PTRM.pdf) [https://www.kempppa.go.id/lib/uploads/list/15242-profil-anak-indonesia\\_-201](https://www.kempppa.go.id/lib/uploads/list/15242-profil-anak-indonesia_-201)
6. Dinas Kesehatan Kota Malang. Profil Kesehatan Kota Malang Tahun 2020. Dinas Kesehatan Kota Malang. 2021;1–178.
7. Dinas Kesehatan Provinsi Jawa Timur. Profil Kesehatan Provinsi Jawa Timur 2019. Dinas Kesehatan Provinsi Jawa Timur, [Internet]. 2020;tabel 53. Available from: [www.dinkesjatengprov.go.id](http://www.dinkesjatengprov.go.id)
8. Fatimah. Analisis Partisipasi Ibu Balita Dalam Pemanfaatan Posyandu di Kelurahan Baru Kecamatan Rebo Jakarta Timur. *SIKLUS J Res Midwifery Politek Tegal*. 2022;11(2):2089–6778.
9. Perwitasari ID, Hendrawan J. Rancang Bangun Sistem E-Posyandu Penjadwalan Dan Monitoring Perkembangan Bayi Berbasis Android. *INTECOMS J Inf Technol Comput Sci*. 2020;3(1):1–8.
10. Kemenkes RI. Hasil Riset Kesehatan Dasar Tahun 2018. Vol. 53, Kementerian Kesehatan RI. 2018. 1689–1699 p.
11. Fatimah S, Abdullah A, Harris A. Analisis partisipasi ibu balita dalam pemanfaatan Posyandu di wilayah Puskesmas Kota Banda Aceh. *J SAGO Gizi dan Kesehat*. 2020;1(2):185.
12. Al Azizah W, Agustina IF. Partisipasi Masyarakat Dalam Posyandu Di Kecamatan Sidoarjo. *JKMP (Jurnal Kebijakan dan Manaj Publik)*. 2017;5(2):229–44.
13. Restuningtyas D, Febriyanti D, Amalia E, ... Pelaksanaan Posyandu Balita Sebagai Upaya Peningkatan Kesehatan. ... , *Heal Policy*, ... [Internet]. 2021;169–83. Available from: <http://conference.um.ac.id/index.php/sexophone/article/view/2920> <http://conference.um.ac.id/index.php/sexophone/article/download/2920/1541>
14. Dwi Hastuti. Pengaruh Motivasi, Kompetensi dan Kepuasan Terhadap Kinerja Kader Kesehatan Dengan Komitmen Kerja Sebagai Variabel Intervening. *J Magiswa*. 2018;6(1):23–34.
15. Ulina Panggabean SM. Hubungan Peran Kader Terhadap Kunjungan Ibu Balita Di Posyandu Kenanga Kampung Jawa Kelurahan Sekanak Raya Belakang Padang Kota Batam. *Enhanc a J Heal Sci*. 2020;1(1).