



THE EFFECT OF HEALTH EDUCATION USING “MODULE ON MENTAL HEALTH FOR CHILDREN AND ADOLESCENTS” MEDIA ON MENTAL HEALTH KNOWLEDGE OF HEALTH CADRES

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ABSTRAK

Detection of mental health in children and adolescents is essential for the next stage of growth and development, this is done to prevent and minimize disturbances so that when children and adolescents face problems, they can survive. The study aimed to determine the effect of health education using “Module on Mental Health for Children and Adolescents” media on the mental health knowledge of Health Cadres In Suro Village. This study used a pre-experimental design, one group pretest, and a posttest involving 40 health cadres in Suro Village in 2022. The total sampling technique was used because the population was less than 100. Data were collected using mental health knowledge questionnaires tested for validity and reliability by researchers. Univariate analysis was used to describe the characteristics of health cadres, and knowledge of cadres before and after health education. In contrast, bivariate analysis was conducted to determine health education’s effect on increasing knowledge of health cadres using the mental health module. The results showed that the majority of cadres were 25-36 years old (37.5%), the last education was junior high school (47,5%), they were housewives (70%), and the length of service as cadres was 1-10 years (60%). The Wilcoxon test results obtained a p-value of $0.000 < 0.05$, meaning that there was a significant change in the level of knowledge after health education was carried out. “Module on Mental Health for Children and Adolescents” can be used to increase mental health knowledge among Health Cadres.

Keywords: adolescents; children; health cadres; mental health; module

INTRODUCTION

Children and adolescents are individuals in a period of development, both physically and psychologically or mentally. Children and adolescents are the next generations of the future, so every period of their growth includes physical, cognitive, mental, and social health that must be paid more attention to (Panni *et al.*, 2021). From the 2017 Global Health Exchange survey data, 27.3 people in Indonesia experience mental problems, with the highest number caused by anxiety (8.4 million people), depression (6.6 million), and 2.1 experience behavioral disorders (Kementerian Kesehatan RI, 2019) (D. F. Sari, 2019). The results of basic health research in 2018 showed the prevalence of mental disorders characterized by symptoms of depression and anxiety at the age of 15, reaching approximately 6.1% of the total population of Indonesia. The causes are academic pressure, bullying, family factors, and economic problems (Viora, 2018). The COVID-19 pandemic also impacts the high rate of violence against children and adolescents because sudden life changes, stress, and panic have caused reports of emotional violence against children and adolescents (Tinambunan *et al.*, 2021).

Handling mental disorders is the responsibility of health workers and non-health workers, including the community. Village health cadres are workers who are elected from the community voluntarily and are tasked with developing the community, in this case, called village health movers or promoters (Kemenkes, 2011). Health cadres have an important influence in efforts to mobilize the community to participate in counseling healthy groups, risks,

and mental disorders (I. R. Sari, 2018) (Jaftoran *et al.*, 2021). One of the tasks of mental health cadres is to carry out early detection. Early detection is a preventive effort against any indication of psychological conditions or mental conditions to overcome the emergence of disturbances in the process of growth and development of children and adolescents. The "Healthy Mental Health Module for Children and Adolescents" is a literacy-based educational media in the form of a book supported by audiovisuals tested for content feasibility, making it easier for health cadres to learn material about the mental health of children and adolescents. Modules are one form of information delivery that is often used in delivering messages or information about health in schools. Modules can be used independently, according to each individual's learning speed effectively and efficiently (Shahar *et al.*, 2022). This module is presented in a self-instructional form in 3 discussion topics which discuss mental health, how to detect it, and how to prevent it. This module allows readers to determine their own learning speed and intensity. The purpose of this study is to determine the effect of health education using "Module on Mental Health for Children and Adolescents" media on the mental health knowledge of Health Cadres In Suro Village.

METHOD

This study used a pre-experimental design, one group pre-posttest. The samples were 40 health cadres in Suro Village, Kalibagor Subdistrict, Banyumas Regency, Central Java. A total sampling technique was used because the total population was not more than 100 respondents (Notoatmodjo, 2018)). The inclusion criteria were health cadres who are disposed to be respondents, listed in the Suro Village Health Cadre Decree, and participate in health education with the media "Healthy Mental Health Module for Children and Adolescents" from the start to finish. The exclusion criteria were health cadres who did not complete the questionnaire, cadres who were unable to attend health education with the media Healthy Mental Health Module for Children and Adolescents" and cadres who did not finish studying the media "Healthy Mental Health Module for Children and Adolescents". The study was conducted from January 2022 to February 2022. The pretest was done the day before health education using a questionnaire tested for validity and reliability by previous researchers to determine the level of knowledge of health cadres. The questionnaire was tested for validity on 28 health cadres in Pajerukan Village, Kalibagor Subdistrict in January 2022. The statement items tested were valid for as many as 20 questions with a calculated r value obtained in statement numbers 1-20, namely 0.396-0.748 with an alpha value of 0.898 greater than the r table, namely 0.6 so the questionnaire is reliable. The knowledge level questionnaire consists of 20 statements, including 14 favorable and 6 unfavorable statements. The favorable question consists of 2 points if correct and 1 point for the wrong answer, and the unfavorable question consists of points if correct and 2 points for the wrong answer.

The intervention in this study was health education with the media Healthy Mental Health Module for Children and Adolescents" which was given in 3 sessions, every session consisting of two hours for 3 days. Before the intervention, respondents were asked to fill out the pre-test first. After being given health education using the "Healthy Mental Health Module for Children and Adolescents" respondents are invited to study the module independently for 7 days before a post-test is conducted to determine the difference. The Shapiro-Wilk test was used to find out the distribution of data. The collected data were further analyzed using the Wilcoxon test. This research received ethical approval from the research ethics committee of Universitas Muhammadiyah Purwokerto with number KEPK/UMP/105/VI/2022.

RESULTS

General characteristics of participants

The characteristics of respondents in this study consist of four variables: age, last education, occupation, and length of time as a cadre as categorical data. The data are presented in frequency and percentage. The results showed that the characteristics of health cadres in Suro Village were: 15 people (37.5%) are 25-36-year-old categorized as an early adult age group according to WHO and the Ministry of Health in 2009; 19 people (47.5%) have SMP/MTs (Junior High School) education level; 28 people (70%) work as housewives; and 24 people (60%) have been a cadre around 1-10 years (Table 1).

Table 1.
General characteristics of respondents (n=40)

Variable	f	%
Age		
26-25 years old	15	37.5
36-45 years old	12	30
46-55 years old	12	30
56-65 years old	1	2.5
Education Level		
SD (Elementary School)	14	35.0
SMP/MTS (Junior High School)	19	47.5
SMA/SMK/MA (Senior High School)	6	7.5
Diploma/PT (Diploma/University)	1	2.5
Occupation		
Housewife	28	70
Farmer	2	5.0
Trader	7	17.5
Laborer	2	5.0
Village officer	1	2.5
The period of being cadre		
1-10 years old	24	60.0
11-20 years old	13	32.5
21-30 years old	3	7.5

The Knowledge Level Before and After Health Education Using The Media “Healthy Mental Health Module for Children and Adolescents”

Based on Table 2, there was a knowledge level before and after the intervention. Data on knowledge of health cadres before and after health education using the "Healthy Mental Health for Children and Adolescents" media is presented as answers to the questionnaires given. The results show that some health cadres in Suro Village do not yet know the importance of maintaining the mental health of children and adolescents and how to detect it. This statement is evidenced by some of the health cadres of Suro Village confirming that maintaining mental health does not have to be started by oneself; children and adolescents will not experience mental disorders. The correct statement is that maintaining mental health must be started by yourself; children and adolescents are very likely to experience mental disorders.

In addition, the results of the distribution of answers show that health cadres do not yet know how to detect mental disorders in children and adolescents. This condition can be seen from incorrect answers on statements number 6 and 7 regarding the Strength and Difficulties Questionnaire (SDQ).

Table 2.
Frequency Distribution of Respondents' Answers on Health Cadre Knowledge Variables Before and After Health Education using the "Module on Mental Health for Children and Adolescents" Media (n=40)

Statements	Knowledge Level			
	Before		After	
	Correct f (%)	Incorrect f (%)	Correct f (%)	Incorrect f (%)
The mental health of children and adolescents is very important and affects their development and future.	40 (100)	0 (0)	40 (100)	0 (0)
The purpose of mental health screening is to determine children and adolescents' early mental health conditions.	40 (100)	0 (0)	40 (100)	0 (0)
The causes of mental health disorders in children and adolescents are caused by the children themselves, parenting patterns, and the environment.	39 (97.5)	1 (2.5)	40 (100)	0 (0)
One of the impacts of mental health disorders on children and adolescents is disrupting the learning process.	40 (100)	0 (0)	40 (100)	0 (0)
Parents need to know how to maintain the mental health of children and adolescents	40 (100)	0 (0)	40 (100)	0 (0)
Early detection of mental health in children and adolescents can use the Strength and Difficulties Questionnaire (SDQ).	30 (75)	10 (25)	39 (97.5)	1 (2.5)
The Strength and Difficulties Questionnaire contains 25 questions covering emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behavior.	31 (77.5)	9 (22.5)	39 (97.5)	1 (2.5)
Signs and symptoms of mental health disorders in children and adolescents include easy crying, sadness, and being an introverted person.	40 (100)	0 (0)	40 (100)	0 (0)
Eating healthy foods, getting adequate rest, and exercising can maintain mental health in children and adolescents.	40 (100)	0 (0)	40 (100)	0 (0)
Families do not have an important role in maintaining the mental health of children and adolescents*	1 (2.5)	39 (97.5)	1 (2.5)	39 (97.5)
One of the psychotherapies to maintain the mental health of children and adolescents is Islamic religious education.	36 (90)	4 (10)	37 (92.5)	3 (7.5)
Early detection of mental health in Children and Adolescents is not necessary *	6 (15)	34 (85)	3 (7.5)	37 (92.5)
The way to support the mental health of children and adolescents is to create warm, happy, and cheerful home conditions.	27 (67.5)	13 (32.5)	33 (82.5)	7 (17.5)
Maintaining mental and psychological health does not have to start with yourself*	12 (30)	28 (70)	5 (12.5)	35 (87.5)
Children and adolescents will not experience mental and psychological disorders*	9 (22.5)	31 (77.5)	8 (20)	32 (80)
Mental and psychological health detection in children and adolescents is carried out at least every 6 months.	40 (100)	0 (0)	40 (100)	0 (0)
Adolescents who abuse illegal drugs are not included in the indications for mental health disorders*	13 (32.5)	27 (67.5)	7 (17.5)	33 (82.5)
Children and adolescents need to learn to manage emotions.	38 (95)	2 (5)	39 (97.5)	1 (2.5)
The environment cannot affect the mental condition of children and adolescents*	6 (15)	34 (85)	5 (12.5)	35 (87.5)
Protecting mental and psychological health in children and adolescents is an early effort that must be done.	40 (100)	0 (0)	40 (100)	0 (0)

*Unfavorable Statements

The knowledge of health cadres before and after health education was carried out indicated a minimum value of 35 and 37, a maximum of 39 and 40, a standard deviation of 1.189 and 0.829, a median of 38 and 39, and an average of 37.85 and 39, respectively.

Table 3.
The Score of Health Cadre Knowledge Before and After Mental Health Education (n=40)

Parameter	Pretest	Posttest
Mean	37.85	38.92
Median	38.00	39.00
Std. Deviation	1.189	0.829
Minimum	35	37
Maximum	39	40

The Effect of Health Education Using the "Module on Mental Health for Children and Adolescents" Media on Mental Health Knowledge of Health Cadres

Based on the results of the study, the average data before and after mental health education for children and adolescents was 37.85 and after 38.92 with an average difference of 1.07. The initial minimum value was 35 to 37 and the initial maximum value was 39 to 40. The results of static analysis using the Wilcoxon test method showed that there was a difference in the average value of the level of knowledge that occurred before and after health education was carried out with the "Module Mental Health for Children and Adolescents" media with the p-value of 0.000 (p<0.05).

Table 4.
Wilcoxon Test on the Effects of Health Education Using the "Module Mental Health for Children and Adolescents" Media on Mental Health Knowledge of Suro Village Health Cadres (n=40)

Intervention	f	Mean (minimum-maximum)	Mean Difference	Z Value	p-value
Pretest	40	37.85 (35-39)			
			1.07	-4.088	0.000
Posttest	40	38.92 (37-40)			

DISCUSSION

The Characteristics of Respondents

Respondents in this study were village health cadres. The health cadres can contribute to mental health control in the community (Jaftoran *et al.*, 2021). This study's characteristics of village health cadres showed that most cadres were 26-35 years old, or 37.5%, who were classified as early adulthood according to the age classification of WHO and the Ministry of Health in 2009. At this time, humans have an excellent opportunity for self-exploration and are ready to face enormous challenges (Herawati & Hidayat, 2020). Early adults are individuals aged 20-40 years and have more significant roles and responsibilities; they have endurance and excellent health levels so that in carrying out activities they are more creative and proactive (Putri & Fernanda, 2018). Several studies stated that individuals who engage in many physically and mentally stimulating activities have a lower risk of cognitive decline in the later stages of adulthood

The last education of health cadres was mostly with education level of SMP/MTS, so most of the cadres did not work or were housewives. The level of knowledge was influenced by education; the higher a person's education, the higher his knowledge because the information received was also more and more (Dharmawati & Wirata, 2016). Education is needed to obtain information that supports health to improve a person's quality of life. Several studies have stated that the education of health cadres was not statistically related to knowledge, but the requirements that health cadres must possess included being able to write, read, and count so that education could also be considered in the selection of cadres (Baroroh *et al.*, 2016). Most

health cadres in Suro Village do not work, or they are only housewives; this is because most of those who work are the head of the family or fathers. This statement follows the role of the family, namely the economic function. The economic function is the function of the family in earning a living, planning, spending, and using it for the needs of its members (Maknunah *et al.*, 2017). In this case, the division of tasks the father has a function to earn a living and the mother takes care of the household. The health cadres mostly become cadres for 1-10 years, which is related to skills in carrying out tasks; the longer a person becomes health care, the more knowledge and skills in carrying out tasks will be more satisfactory (Sandiyani, 2021). The length of time being a cadre will have a positive impact because the longer time they spend the more experience and understanding they gain. In terms of information, cadres who have been cadres for a long time have better knowledge and skills than new ones.

Knowledge Before and After Health Education Using the "Module on Mental Health for Children and Adolescents" Media

Calculation of the frequency of respondents' answers to knowledge before health education using the media of "Module Mental Health for Children and Adolescents" in the questionnaire indicated that 8 statements still resulted in many incorrect answers. The first incorrect answer was found in statements numbers 6 and 7 about how to conduct early detection using the Strength and Difficulties Questionnaire (SDQ). The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening instrument for children and adolescents (3-17 years) which provides a brief overview of their behavior focusing on their strengths as well as their difficulties (Vugteveen *et al.*, 2022). The majority of health cadres (12 people) thought that maintaining mental health did not have to be started by oneself and 9 people justified that children and adolescents would not experience mental and psychological disorders. This statement was considered inaccurate. Maintaining mental and psychological health must be initiated by oneself by being able to learn to understand and accept oneself, and form self-defense (Vibriyanti, 2020). Mental health is very likely to be experienced by children and adolescents because adolescence is a critical period of child development towards adulthood, this period often triggers conflicts between both themselves (internal conflict) and the surrounding environment (external conflict) (Mubasyiroh *et al.*, 2017). The results of the respondents' answers indicated that the need for village health cadres to mental health education for children and adolescents was on how to detect, prevent relapse, and take follow-up actions. The above statement was by research studies stating that non-medical public health workers had the consequences of inappropriate diagnosis and treatment in dealing with mental health cases (Yang *et al.*, 2018)

An increase in the results of correct answers after health education was found in numbers 6 and 7, initially answered correctly by 31 respondents (77.5%) to 39 respondents (97.5%). In addition, the increase in correct answers reached 100%, there were 8 statement numbers. The increase in the correct answer score on the knowledge questionnaire about the mental health of children and adolescents showed that there was a learning process experienced by health cadres during health education. Health education could change individual behavior because of the awareness of the individual, group, and society not only because of the influence of the transfer of information from individuals to other individuals (Ramos *et al.*, 2018).

The Effects of Health Education Using the "Module on Mental Health for Children and Adolescents" Media on Mental Health Knowledge of Health Cadres

Based on the average value of the knowledge level of health cadres before health education was 37.85, and it increased to 38.92 after health education was carried out. The results of the bivariate analysis with the Wilcoxon test method had a p-value of 0.000 which meant that the

p-value was 0.000 <0.05, so it can be seen that there is an effect of health education using the "Child and Adolescent Mental Health Module" media on the mental health knowledge of health cadres. These findings are by the study by Yoo (2020). They reported that the effect of project-based learning modules on a community dental hygiene practicum showed significant improvements from 36.40 to 39.20 on a problem-solving item, 25.71 to 27.31 on the project value item, 83.57 to 87.51 on the teamwork item, and 17.97 to 20.51 on community dental hygiene item. (Yang *et al.*, 2018) reported that there were significant differences in improving knowledge between before and after the mental training programs for multidisciplinary staff from 4.00 to 4.88 and the scores for relevance ranged from 3.5 to 4.4.

The increase in knowledge of health cadres in this study was due to the educational method using the module and audio-visual media. Audio-visual media not only produces an effective way of learning in a shorter time but what is received through audio-visual media will last longer and be better remembered (O'Brien *et al.*, 2020). Another possible reason for this result was that the intervention in conducting health education was adapted to the respondent's culture and local wisdom (Akhmadi *et al.*, 2021). The use of modules supported by audio-visuals made it easier for health cadres to learn mental health materials because they could read over and over again, while audio-visuals made it easier to deliver of information so that it is easy to understand. From the research that has been done, learning outcomes using module media could increase learning outcomes by 61.38% compared to not using modules which were only 38.62%, this was because the learning process using modules was more interactive (Turner *et al.*, 2017). The results of the same research conducted by Meidiana (2018) show that there is an influence of education using audio-visual media and leaflets on increasing the knowledge and attitudes of overweight teenagers before 8.83 and after 9.42 for attitudes before 36.45 and after 39.65.

The Mental Health for Children and Adolescents Module was developed with effective learning to assist cadres in understanding theories about mental health for children and adolescents while strengthening their skills. The module learning method is a new and continuous learning method by combines the advantages of various learnings taking into account the individual's speed in understanding them (Yoo *et al.*, 2020) This statement was in line with the opinion of Patel and Rahman 2015 that to change the mental health of children and adolescents globally, a bold agenda was needed to mobilize public and community health workers to take advantage of the use of technology in addition to increasing conventional access and effectiveness of universal services, especially for children and adolescents who lived in Indonesia. in low- and middle-income countries (Day, 2015).

CONCLUSION

The conclusion of this study is based on the research objectives that have been previously determined, namely the characteristics of respondents from Suro Village health cadres; 37.5% of respondents are 25-36 years old, 47.5% have the last education of SMP/MTS (Junior High School), 70% work as housewives, and 60% have been health care for 1-10 years. The level of knowledge of village health cadres increases after being given health education showing a significant difference in value ($p < 0.05$). The use of the "Children and Adolescent Mental Health Module" affects increasing the knowledge of health cadres about mental health and can support the implementation of mental health Posyandu in the community.

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