

Nutrition Health Services of Child in Accreditation Primary Health Care of Banyuwangi Regency

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Abstract

Nutritional status is one of the indicators of health which is a health problem that is an indicator of concern, because some have increased the possibility of prevention and control. Puskesmas are the front line in organizing first-level public and individual health efforts. Puskesmas has a duty to realize health policies to achieve the goals of health development in work areas. In carrying out its duties, the puskesmas has a function to provide basic health services in a comprehensive, sustainable, and quality manner. This research is a quantitative descriptive study using a cross-sectional design. The population of this study were 45 Puskesmas in Banyuwangi Regency classified according to puskesmas accreditation: 1) Group A (Puskesmas with primary accreditation): 12 Puskesmas x 3 = 36 2) Group B (Puskesmas with intermediate accreditation): 30 Puskesmas x 3 = 90. Respondents in the study were all Puskesmas staff consisting of doctors, nurses / midwives and nutrition staff at the Puskesmas which were the analysis units in Banyuwangi Regency when the research was carried out. The sampling method used was total sampling. The research variables were Human, Method, Machine, Information and the incidence of malnutrition. The statistical test used in this study is a structural equation model using statistics, this research was conducted in December 2019, the instrument used in this study was a questionnaire. The results of this study are that the machines (facilities and infrastructure) in the health center are inadequate, especially the mismatch in the conditions of the nutrition consultation room and the equipment and supporting equipment. The consultation room has a significant influence on the aspects of the machine, where incomplete nutrition service equipment and supplies can affect the quality and quantity of services provided. Low incidence of uruk nutrition that occurs in all major accredited health centers. The health promotion media in the health center must be used optimally so that people pay attention to nutrition for children's development and growth.

Keywords: community health center, information, nutritional status

1.0 INTRODUCTION

Nutritional status according to the Directorate of Community Nutrition, the Ministry of Health of the Republic of Indonesia is the state of health of a person or group of people caused by consumption, absorption, and use (utilization) of food nutrients which are determined based on certain measurements. Nutritional status is the result of the input of food nutrients and their utilization in the body. If there is a health problem, the utilization of nutrients will be disrupted. Nutritional status is one of the health indicators that has become the most concerned health problem, because the magnitude of the problem tends to increase despite efforts of prevention and control interventions. Puskesmas are the front line in organizing first-level public and individual health efforts. Puskesmas has a duty to realize health policies to achieve health development goals in their working areas. In carrying out its duties, the puskesmas has a function to carry out basic health services in a comprehensive, sustainable, and quality manner (1).

The World Health Organization (World Health Organization) estimates that 54% of child deaths are caused by poor nutrition. In Indonesia, currently 4.5% of 22 million children under five or 900 thousand children under five suffer from malnutrition or malnutrition and cause more than 80% of child deaths (2). This is in line with the results of Riskesdas 2007, 2010 and 2013 which show that the prevalence of malnutrition and malnutrition among children under five in Indonesia according to body weight per age tends to fluctuate. The prevalence of malnutrition among children under five based on Riskesdas 2007 was 5.4%, decreased in 2010 to 4.9%, but increased to 5.7% in 2013. The same was shown by the stagnant prevalence of malnutrition among children under five based on Riskesdas 2007 and 2010. at 13.0% but increased to 13.9% in 2013 (3).

Accreditation is also one of the credential requirements as a first level health service in collaboration with BPJS (4). Puskesmas accreditation carried out by the government shows an increase in the quality of services provided to the community. One of the services provided is nutrition services so that the number of malnutrition is reduced. However, children under five who suffer from malnutrition are still found in accredited health centers in Banyuwangi Regency.

Toddler nutrition services at the Main accreditation Puskesmas consist of nutrition services for children under five in the building and outside the building. Nutrition services for toddlers in buildings are generally individual in nature, in the form of promotive, preventive, curative and rehabilitative services. Activities in the building also include planning a nutrition service program for children under five which will be carried out outside the building.

Meanwhile, nutrition services for toddlers outside the building are generally nutrition services for children under five to groups and communities in the form of promotive and preventive forms. The implementation of nutrition services for children under five at Madya and Utama Health Centers requires quality services, so as to produce optimal nutritional status and accelerate the patient's healing process. It is necessary to have a quick and responsive response if nutritional disorders are found in individuals so as not to cause widespread nutritional problems in society.

The very crucial role of the Puskesmas in handling cases of malnutrition and malnutrition is in line with research conducted by Setyawati, Pradono and Rachmalina (2015) which states that the role of health services at the sub-district level (Puskesmas) contributes 15.7% to cases of malnutrition. The study also revealed that poor reporting at a health center had a risk of malnutrition among toddlers by about 1.33 times compared to health centers with good reports. Reporting is what health personnel do at Madya and Utama Puskesmas in the form of monthly reports (nutrition, MCH and immunization) and nutrition surveillance reports.

It is said to have good reporting if at least 50% of the sub-district level Puskesmas in a district / city have routine and complete reporting. In addition, the Posyandu program also affects the nutritional status of children under five, the same study also states that under-five with incomplete immunization and non-routine weighing have a risk of experiencing malnutrition approaching 1.3 times compared to toddlers with complete immunization or routine weighing. The purpose of this study was to analyze the implementation of nutrition services for children under five at the main accreditation health center based on organizational factors in the nutrition services guidelines for toddlers at the main accreditation health center in Banyuwangi.

2.0 METHODOLOGY

This research is a descriptive quantitative study using a cross-sectional design. The population of this study were 45 Puskesmas in Banyuwangi Regency classified according to puskesmas accreditation: 1) Group A (Puskesmas with primary accreditation): 12 Puskesmas x 3 = 36 2) Group B (Puskesmas with intermediate accreditation): 30 Puskesmas x 3 = 90. Respondents of this study were all Puskesmas officers consisting of doctors, nurses / midwives and nutrition staff at Puskesmas which were the analysis units in Banyuwangi Regency when the research was carried out. The sampling method used was total sampling.

The research variables were Man (availability of nutrition implementing staff, educational background of nutrition executor personnel, and roles and functions of Puskesmas officers by profession), Method (SPO document and monitoring evaluation document), Machine (facilities and infrastructure), Information (availability of IEC media such as posters, brochures and leaflets) and the incidence of malnutrition. The statistical test used in this study is a structural equation model using a statistic, the statistical test used in this study is a structural equation model using a stat, this research was conducted in December 2019, the variables in this study were the man aspect, the method aspect, the machine aspect, information and incidence of malnutrition. The instrument used in this study was a valid questionnaire developed by the researcher.

The percentage value is used in presenting research data. The results of statistical tests showed that all instruments were declared reliable. Researchers before conducting research also conducted research ethics tests at the faculty of dentistry, University of Jember with registration number No. 878 / UN25.8 / KEPK / DL / 2020.

3.0 RESEARCH FINDINGS

Table 1. Distribution of characteristics

Accreditation Status	Frequency (n)	Percentage (%)
Main	12	29%
Madya	30	71%
Total	42	100%

Professional health center nutrition service personnel	Frequency (n)	Percentage (%)
Doctor	42	33,3%
Nurse / midwife	42	33,3%
Nutritionists	42	33,4%
Total	126	100%

Based on table 1 above, of the 42 Puskesmas in Banyuwangi Regency, which consist of 12 pukesmas with main accreditation status with a percentage of 29%, and pukesmas with intermediate accreditation status with a percentage of 30 with a percentage of 71%, and officers at the Puskesmas with a nutrition service team who are doctors. , nurses and nutritionists are 100% compliant.

Tabel 2. Distribusi Data Aspek Kejadian gizi buruk , Aspek Man, Aspek Method, Aspek Machine,dan Aspek Information.

Variable	Incidence of malnutrition					
	Nothing		Low		Tinggi	
	n	%	N	%	n	%
Professional education for health center nutrition service personnel						
Doctor	42	100	0	0	0	0
Nurse/midwife	42	100	0	0	0	0
Nutritionists	42	100	0	0	0	0
The suitability of the resources used						
Suitable	42	100	0	0	0	0
Not Suitable	0	0	0	0	0	0
Ownership and completeness of documents						
Available	42	100	0	0	0	0
Not available	0	0	0	0	0	0
Equipment and equipment owned						
Meet	32	76	0	0	0	0
Enough to meet	0	0	10	24	0	0
Information on nutrition services						
Available	42	100	0	0	0	0
Not available	0	0	0	0	0	0

Aspects of Malnutrition

Malnutrition	Frequency (n)	Percentage (%)
High	3	7,1%
Low	39	92,9%
Total	42	100%

Man aspect (availability of nutrition implementing personnel, educational background of nutrition implementing personnel, as well as the roles and functions of Puskesmas officers by profession)

Professional education for health center nutrition service personnel	Frequency (n)	Percentage (%)
Doctor	42	33,3%
Nurse/midwife	42	33,3%
Nutritionists	42	33,4%
Total	126	100%

The suitability of the resources used	Frequency (n)	Percentage (%)
Suitable	36	85,7%
Not Suitable	6	14,3%
Total	42	100%

Aspects of Method (SPO document and monitoring evaluation document)

Ownership and completeness of documents	Frequency (n)	Percentage (%)
Available	42	100%
Not available	0	0
Total		100%

Aspek Machine (Sarana dan Prasarana)

Equipment and equipment owned	Frequency (n)	Percentage (%)
Meet	38	90,5%
Enough to meet	4	9,5%
Total	42	100%

Information Aspect (availability of IEC media such as posters, brochures and leaflets)

Information on nutrition services	Frequency (n)	Percentage (%)
Available	42	100%
Not available	0	0
Total	42	100%

Based on the data in the table above, it can be concluded that all major accreditation pukesmas have low incidence of malnutrition, and almost a portion of the last education of the nutrition service professionals are doctors, nurses, and nutritionists, based on the suitability of the human resource aspects of the main accreditation health centers that are in accordance with the guidelines as many as 36 with a percentage of 85.7%, all major accredited health centers have met the requirements for nutritional service facilities and infrastructure by fulfilling as many as 38 with a percentage of 90.5%, all health centers provide information related to nutrition with a percentage of 100%.

4.0 DISCUSSION

The results of the statistical test showed that the factors that influence the quality of Gzi services for toddlers at the primary accreditation center are machines. The research findings show that machines (facilities and infrastructure) that are fulfilled at the puskesmas will have good quality nutrition services for toddlers, so that they can improve the nutritional status of toddlers. The results showed that the nutritional services for children under five at the health center were not very influential by human factors (availability of nutrition implementing personnel, educational background of nutrition executors, as well as the roles and functions of Puskesmas officers by profession), methods (SPO documents and monitoring evaluation documents), information (availability of IEC media). Machine factors (facilities and infrastructure) that have the most influence on nutritional health services for toddlers at health centers.

Nutritional service equipment and supplies can affect the quality and quantity of services provided. Not only available, but the functional tools must also be good so that they can support the services provided. In addition to tools and equipment, the suitability of service facilities and infrastructure includes supporting equipment and equipment for nutrition services as well as requirements for nutrition consultation rooms at Puskesmas. Availability and fulfillment of the requirements stipulated in the Guidelines for Nutrition Services at Puskesmas, in this case the nutrition service consultation room at the Puskesmas with main accreditation has a nutrition room that has complied with the requirements according to applicable regulations, namely the building in front of the appropriate size and most new buildings post renovation.

Overall, the description of the human aspects which include the availability of nutrition implementing personnel, the educational background of nutrition implementing personnel, and the suitability of the roles of other health professionals related to involvement in nutrition services compared to the Guidelines for Nutrition Services at Puskesmas. Man aspects related to nutrition services at Puskesmas are mostly in accordance with provisions in the Guidelines for Nutrition Services in Puskesmas published by the Ministry of Health of the Republic of Indonesia in 2014 such as reviewing nutritional history, physical anthropometric examination, determining the type of diet, nutrition education, nutritional counseling and monitoring and evaluation of nutritional care, no matter how good the role of health center nutrition executives in providing care nutrition if the care process is not documented, then the care process cannot be used as a factual reference for the improvement of nutrition services at the health center, the distribution of SPO documents as well as recording and reporting documents with the requirements stipulated by the guidelines. has a significant tendency in the high and low predictor of cases of malnutrition or malnutrition in the working area of the Puskesmas. This proves that the fulfillment of the requirements on the method factor is not something that can be identified as a factor causing the high cases of malnutrition in the working area of the Puskesmas.

Information (availability of IEC), IEC media such as posters, brochures, and leaflets related to nutrition services are among the items that become nutritional support equipment and equipment that must be available at Puskesmas. The IEC media is used to facilitate the provision of information and education to patients and their families regarding diseases and interventions that must be carried out on patients. All Puskesmas research analysis units have met the availability of IEC media in the nutrition consultation room. Apart from availability, frequency of use, and ease of reading and understanding by patients and visitors are also things that must be paid attention to by nutrition implementing staff and health promotion personnel at Puskesmas.

There are brochures and leaflets placed on the consultation table in the room that can be seen by patients or visitors when visiting the nutrition consultation room. Posters and several indoor x-banners were placed inside the consultation room and in the corridors of the Puskesmas and were visible to patients and visitors. The health center nutrition staff suggested reprinting it if the brochures or leaflets had been distributed to patients or visitors during counseling. The IEC media update is carried out when the message content is no longer relevant to changes in policies or current conditions of society, such as a change from a 4 healthy 5 perfect eating guide to a balanced nutrition guideline. The IEC media update was also carried out when the colors and images on the indoor posters or x-banners had faded and made it difficult for patients or visitors to read.

The discrepancy distribution of IEC media with the requirements stipulated by the guidelines did not have a significant trend in the high predictor of cases of malnutrition or malnutrition in the working area of the Puskesmas. This proves that meeting the requirements for the information factor is not something that can be identified as a factor causing the high number of cases of malnutrition and malnutrition in the working area of the Puskesmas.

5.0 CONCLUSION

The machines (facilities and infrastructure) in the health center are inadequate, especially the mismatch in the conditions of the nutrition consultation room and equipment and supporting equipment. required in the Guidelines for Nutrition Services at Puskesmas published by the Ministry of Health of the Republic of Indonesia in 2014. The findings of the researchers indicated that all Puskesmas which were the research analysis units did not have a Skin Fold Calliper device (measuring tool for measuring fat

folds). The scales (beam balance) and microtoises that are not available in the nutrition consultation room, because joining the tools available in the KIA room, also result in the Puskesmas not meeting the requirements for equipment needs. IEC media such as posters, brochures, and leaflets related to nutrition services is one objects that become nutritional support equipment and equipment that must be available at the Puskesmas.

The IEC media is used to facilitate the provision of information and education to patients and their families regarding diseases and interventions that must be carried out on patients. For the puskesmas to maintain consistency in providing services to patients according to the SPO that has been made and to record and report properly and correctly according to the provisions outside the accreditation assessment period. I as a researcher would like to thank the related parties, namely addressed to the Banyuwangi health office and all puskesmas is in the banyuwangi area.

6.0 CONFLICT OF INTEREST

Authors declare that they have no competing interests to disclose.

7.0 SOURCE OF FUNDING

There is no funding of this research.

8.0 ETHICAL CLEARANCE

This research has undergone ethical test in ethics commission of health research of Faculty of Dentistry, University of Jember in this following registration number 878/UN25.8/KEPK/DL/2020.

REFERENCES

1. Consumption patterns of grain-based foods among children and adolescents in Canada: evidence from Canadian community health survey-nutrition 2015, Hosseini et al., 2019
2. Challenges and opportunities of integration of community based Management of Acute Malnutrition into the government health system in Bangladesh: a qualitative study, Gee, Vargas and Foster, 2018)
3. Choudhury, N., Ahmed, T., Hossain, M.I., Mandal, B. N., Mothabbir, G., Rahman, M., Islam, M. M., Husain, M. M., Nargis, M., and Rahman, E., 2014. Community-based management of acute malnutrition in Bangladesh: feasibility and constraints. Food and Nutrition Bulletin, Vol. 35 No. 2, 2014. Tersedia di: <https://www.ncbi.nlm.nih.gov/pubmed/25076775>
4. Kementerian Kesehatan Republik Indonesia, 2011. Panduan penyelenggaraan pemberian makanan tambahan pemulihan bagi balita gizi kurang (bantuan operasional kesehatan). Jakarta: Direktorat Jenderal Bina Gizi dan KIA. Tersedia di: <http://gizi.depkes.go.id/wp-content/uploads/2011/11/Panduan-PMT-BOK.pdf>
5. Kementerian Kesehatan Republik Indonesia, 2012. Buku saku asuhan gizi baginakes. Jakarta: Direktorat Jenderal Bina Gizi dan KIA. Tersedia di: <https://www.edukia.org/web/wp-content/uploads/2013/11/Buku-SakuAsuhan-Gizi-di-Puskesmas-complete1.pdf>
6. Kementerian Kesehatan Republik Indonesia, 2012. Petunjuk pelaksanaansurveilans gizi. Jakarta: Direktorat Jenderal Bina Gizi dan KIA. Tersedia di: <http://gizi.depkes.go.id/wp-content/uploads/2012/06/New-BukuSurveilans-Final1.pdf>
7. Huybregts, Lieven, 2017. The impact of integrated prevention and treatment on child malnutrition and health: the PROMIS project, a randomized controltrial in Burkina Faso and Mali. BMC Public Health, Vol. 17 No. 1:237. Tersedia di: <https://www.ncbi.nlm.nih.gov/pubmed/28274214> doi: 10.1186/s12889-017-4146-6
8. Lamid, A. et al. (2018) 'Penanganan Balita Gizi Buruk di Puskesmas Provinsi Banten, Jawa Barat, Kalimantan Barat, dan Nusa Tenggara Timur', Jurnal Penelitian dan Pengembangan Pelayanan Kesehatan, pp. 175–183. doi: 10.22435/JPPPK.V2I3.1129
9. Setyawati, B., Pradono, J., Rachmalina, R., 2015. Peran individu, rumah tangga dan pelayanan kesehatan dasar terhadap status gizi buruk pada balita di Indonesia. Media Litbangkes, Vol. 25 No. 4, Desember 2015: 227 – 234. Tersedia di: <http://ejournal.litbang.depkes.go.id/index.php/MPK/article/download/4589/4126>.

10. Suharyanto, 2015. Karakteristik tingkat ketahanan pangan rumah tangga petaniberbasis agroekosistem lahan sawah irigasi di Provinsi Bali. SEPA, Vol. 11No.2, Februari 2015: 191 – 199.
11. Susanti, E. M., Handayani, O. W. K. and Raharjo, B. B. (2017) 'IMPLEMENTASI PENATALAKSANAAN KASUS GIZI BURUK DI WILAYAH KERJA PUSKESMAS CILACAP UTARA I', Unnes Journal of Public Health. Department of Drama, Dance and Music, Semarang State University, 6(1), p. 47. doi: 10.15294/ujph.v6i1.11726.
12. Ulfa, H. M. (2018) 'Analisis Unsur Manajemen dalam Pengolahan Rekam Medis di Rumah Sakit TNI AU Lanud Roesmin Nurjadin', KESMARS: Jurnal Kesehatan Masyarakat, Manajemen dan Administrasi Rumah Sakit. IPM2KPE, 1(1), pp. 20–25. doi: 10.31539/kesmars.v1i1.146Undang-Negara Indonesia Nomor 36 Tahun 2009 Tentang Kesehatan. Jakarta.
13. Ma'rifat, 2010. Analisis hubungan pemanfaatan pelayanan kesehatan dengan status gizi anak balita. Thesis. Institut Pertanian Bogor. Tersedia di: <http://repository.ipb.ac.id/jspui/bitstream/123456789/58802/1/2010mar2.pdf>
14. Lubis, Z., Tampubolon, E. and Jumirah, J. (2012) 'ANALISIS IMPLEMENTASI PROGRAM PENANGGULANGAN GIZI BURUK PADA ANAK BALITA DI WILAYAH KERJA PUSKESMAS MEDAN LABUHAN, KOTA MEDAN TAHUN 2008 (ANALYSIS OF THE IMPLEMENTATION OF CHILDREN UNDERNUTRITION IMPROVEMENT PROGRAM IN WORKING AREA MEDAN LABUHAN HEALTH C', Penelitian Gizi dan Makanan (The Journal of Nutrition and Food Research), 35(1), pp. 70–77. doi: 10.22435/PGM.V35I1.3085.70–77.
15. Masro, A., Edison, E. and Gracediani, L. (2013) 'IMPLEMENTASI PENANGGULANGAN GIZI BURUK DI WILAYAH KERJA PUSKESMAS SUNGAI LIMAU KABUPATEN PADANG PARIAMAN', Jurnal Kesehatan Masyarakat Andalas, 8(1), pp. 15–20. doi: 10.24893/JKMA.V8I1.119.
16. Ministry of Foreign Affairs of Denmark Evaluation Department, 2009. Addressing the underlying and basic causes of child undernutrition in developing countries: what works and why?. Copenhagen: Ministry of Foreign Affairs of Denmark Evaluation Department. Tersedia di: <https://www.oecd.org/derec/denmark/43962804.pdf>
17. Praharmeyta, Rizma, 2011. Efektifitas fungsi manajemen tenaga pelaksana gizi puskesmas terhadap pelaksanaan program penanggulangan gizi buruk di Kabupaten Demak tahun 2010. Thesis. Universitas Negeri Semarang. Tersedia di: <http://lib.unnes.ac.id/8025/>
18. Puett, C., Saul G., 2014. Barriers to access for severe acute malnutrition treatment services in Pakistan and Ethiopia: a comparative qualitative analysis. Public Health Nutrition, Vol. 18 No.10: 1873–1882. Tersedia di: <https://www.ncbi.nlm.nih.gov/pubmed/26017477>
19. Rahma Pakaya, I. K. A. and Rahma Edy Pakaya, I. K. A. (2012) 'Upaya Penanggulangan Gizi Buruk pada Balita melalui Penjaringan dan Pelacakan Kasus', Berita Kedokteran Masyarakat, 24(2), p. 69. doi: 10.22146/bkm.3597.
20. Republik Indonesia. 2012. Peraturan Menteri Kesehatan Nomor 37 Tahun 2012 tentang Penyelenggaraan Laboratorium Pusat Kesehatan Masyarakat. Jakarta.
21. Republik Indonesia. 2013. Peraturan Menteri Kesehatan Nomor 26 Tahun 2013 tentang Penyelenggaraan Pekerjaan dan Praktik Tenaga Pelaksana Gizi. Jakarta.
22. Republik Indonesia. 2014. Peraturan Menteri Kesehatan Nomor 75 Tahun 2014 tentang Pusat Kesehatan Masyarakat. Jakarta.
23. UNICEF, 1998. The state of the world's children. New York: Oxford University Press. Tersedia di: <https://www.unicef.org/sowc/>
24. Weisstaub G., Aguilar, Ana M., Uauy, Ricardo, 2014. Treatment and prevention of malnutrition in Latin America: Focus on Chile and Bolivia. Food and Nutrition Bulletin, Vol. 35 No. 2: S39–S46. Tersedia di: <https://www.ncbi.nlm.nih.gov/pubmed/25069292>
25. Wijono, Djoko. 1999, Manajemen Mutu Pelayanan Kesehatan : Teori, Strategi, dan Aplikasi Vol 1 & 2, Airlangga University Press, Surabaya
26. Kementerian Kesehatan RI. Peraturan Menteri Kesehatan Republik Indonesia No. 57 Tahun 2014 Tentang Pusat Kesehatan Masyarakat. Indonesia; 2014 p. 1–27.
27. Yunartha M-. Hubungan Tingkat Pengetahuan Ibu, Status Sosial Ekonomi Dan Jarak Kelahiran Terhadap Status Gizi Balita Di Puskesmas Talangbakung Kota Jambi Tahun 2018. Sci J

- [Internet]. 2019 May 23 [cited 2019 Aug 6];8(1):226–34. Available from: <http://ejournal.unaja.ac.id/index.php/SCJ/article/view/441>
28. Kementrian Kesehatan RI. Riset Kesehatan Dasar [Internet]. Jakarta: Badan Penelitian dan Pengembangan Kesehatan; 2013. Available from: <http://www.pusdatin.kemkes.go.id/resources/download/general/pokok2%25%0A20hasil%2520riskesdas%25202013.pdf>
29. Kementrian Kesehatan RI. Peraturan Menteri Kesehatan Republik Indonesia No. 46 Tahun 2015 Tentang Akreditasi Puskesmas, Klinik Pratama, Tempat Praktik Mandiri Dokter, dan Praktek Mandiri Dokter Gigi. Jakarta; 2015.
30. Setyawati B, Pradono J, Rachmalina R. Peran Individu, Rumah Tangga dan Pelayanan Kesehatan Dasar Terhadap Status Gizi Buruk Pada Balita di Indonesia. Media Penelit dan Pengemb Kesehat [Internet]. 2015 Dec 25 [cited 2019 Apr 10];25(4). Available from: <http://ejournal.litbang.kemkes.go.id/index.php/MPK/article/view/4589>

