

## The Influence of Posyandu Cadres Credibility on Community Participation in Health Program

### Pengaruh Kredibilitas Kader Posyandu terhadap Partisipasi Masyarakat pada Program Kesehatan

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#### Abstract

*The foremost guard of health services in Indonesia is in the Puskesmas with its integrated health service post called Posyandu. Posyandu West Bandung Regency has several times won the champion as the best Posyandu in West Java and National level. This achievement was achieved because the role of Posyandu cadres in the area. Based on the background, this study examines how much influence the credibility of Posyandu cadres to public participation in health programs using the Credibility Theory, this study uses an explorative quantitative approach. Result of this research with Pearson correlation analysis showed that credibility Posyandu cadres have an effect on society participation in health program, with  $r = 0.0006$ . While Posyandu cadre expertise is quite influential with  $r = 0.0006$ ; the character of trusted cadres is also influential with  $r = 0.0006$ ; and the appeal of Posyandu cadres is quite influential with  $r = 0.0005$ .*

**Keywords:** Health Communication, Posyandu, Source Credibility Theory, Participation, West Bandung Regency.

#### Abstrak

*Garda terdepan pelayanan kesehatan di Indonesia berada di Puskesmas dengan unit layanan kesehatannya adalah pos pelayanan terpadu (Posyandu). Posyandu Kabupaten Bandung Barat pernah beberapa kali menyabet juara sebagai posyandu terbaik tingkat Provinsi Jawa Barat maupun Nasional. Prestasi ini tidak lepas dari peran kader Posyandu di daerah tersebut. Berdasarkan latar belakang, penelitian ini meneliti seberapa besar pengaruh kredibilitas kader Posyandu terhadap partisipasi masyarakat pada program kesehatan dengan menggunakan Teori Kredibilitas Sumber, penelitian ini menggunakan pendekatan kuantitatif eksploratif. Hasil penelitian dengan analisis korelasi Pearson menunjukkan bahwa kredibilitas kader posyandu berpengaruh terhadap partisipasi masyarakat pada program kesehatan posyandu dengan  $r = 0.0006$ . Sementara keahlian kader Posyandu cukup berpengaruh dengan  $r = 0.0006$ ; sifat dapat dipercaya kader posyandu cukup berpengaruh dengan  $r = 0.0006$ ; dan daya tarik kader posyandu cukup berpengaruh dengan  $r = 0.0005$ .*

**Kata Kunci:** Komunikasi Kesehatan, Posyandu, Teori Kredibilitas Sumber, Partisipasi, Kabupaten Bandung Barat.

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#### Introduction

Health is the primary need as well as human rights. It is realized by the government so that the right to get the health services is listed in the 1945 Constitution (UUD 1945), Article 28 H Paragraph 1 (Pasal 28 H Ayat 1), and Law No. 11 year 2009

on Social Welfare (*UU No. 11/2009*). The law mentions that social welfare is a condition of the fulfillment of the material, spiritual and social needs of citizens in order to live properly and able to develop themselves, so they can carry out their social function. It can be concluded that the level of social welfare is seen not only from the condition of the material but also the condition of physical and mental health.

Spicker (Adi, 2002: 127) states that health is one of the area that is closely related to the development of social welfare. The Government through the Ministry of Health of the Republic of Indonesia (*Kementerian Kesehatan Republik Indonesia*) has launched the Healthy Indonesia 2025 Program ("*Program Indonesia Sehat 2025*"). Healthy Indonesia 2025 goal is an effort to become qualified citizen with healthy life among others by doing sports. This applies to all Indonesian citizens. Healthy information and behavior for this moment is not difficult because various sources of information and facilities to behave healthy are plentiful and easily accessed. One of the parameters to look at the quality of human resources in a country is health, and to assess the level of progress of a country can be seen from its health services.

To know the level of public health in a country, Human Development Index (HDI) is used. Based on the 2015 Human Development Index Report, issued by UN Development Program (UNDP), Indonesia's Human Development Index is ranked 110 out of 187 countries with index value of 0.684. The higher the ranking of a country's HDI becomes an indicator of the country's success in developing and improving the education, health and economic levels of its people. There are 24 variables of HDI indicators for the health category, including the health of children under five, immunization, and mothers giving birth.

According to Riskesdas 2013 data, there are 10.4% families with the lowest economy in West Java, 20.0% middle to low families, 24.4% middle families, 28% middle to high families and 17.3% families with the highest economic level. The uneven level of the economy has affected the low level of public health.

One kind of government efforts in improving the health of its citizens is by bringing health care access closer to the community. Posyandu or integrated service post was developed based on the initiative of President Soeharto in 1984. Posyandu used to be the pride of the people. Every month, people flocked to community-based Posyandu. Health volunteers at Posyandu--who had got training from local health authorities--provided health guidance for pregnant women and nursing mothers. In addition, Posyandu also provided vaccinations and food supplements to infants and toddlers. Posyandu was also media for early detection of malnutrition and lack of nutrition cases in infants and toddlers.

According to the Minister of Domestic Affairs Regulation No. 19 year 2011 (*Peraturan Menteri Dalam Negeri no. 19/2011*), Posyandu is a community-based health effort that is run with the concept from, by and for the community as form of health development that provides convenience for the community in obtaining basic health services. Basically, posyandu is a place to develop society. Posyandu can be said as communication forum, transferring of technology and health services that are managed and organized from, by and for the community. Posyandu is self-help activity of the community in the health sector with the responsibility of the village head. A.A. Gde Muninjaya (2002: 169) said: "*Integrated health services (yandu) is a type of integrated health services implemented in a working area of Puskesmas. The place of implementation of integrated program services is in hamlet hall, village hall, RW hall, etc that is called Posyandu*". Posyandu concept is closely related to integration. The

integration includes the integration in the aspect of the target, the location of the activity, the staff of the organizer, the funding aspect and so forth (Department of Health, 1987: 10).

Health development is conducted through the improvement of: 1) Health effort, 2) health funding 3) health of human resources, 4) preparation of pharmaceutical, health and food equipment, 5) health management and information, and 6) community empowerment. The effort is done by taking into account the dynamics of population, epidemiology, ecology and environmental changes, scientific and technological progress, as well as globalization and democratization in the spirit of partnership and cross-sectoral cooperation. The emphasis is on improving behavior and independence as well as promotive and preventive. Rice development should be health-oriented, is any public policy should consider the impact on health (2010: 17). From the strategic plan that implements several provinces in some activities, one of them is the revitalization of puskesmas program "*posyandu*". Target of Puskesmas Revitalization is all over Indonesia. However, given the limited resources, the targets are placed on the revitalization of the already inactive or low-rise Posyandu and Posyandu located in area where most of the population are poor.

Ministry of Health mentions there are 289.635 Posyandu throughout Indonesia in 2014. The proportion of the number of posyandu in each village is still not balanced especially in Papua and West Papua. With the still high infant under 5 years mortality rate and the number of mothers giving birth without the help of health workers, then the existence of posyandu is still relevant. However, the level of community participation to check the health of their infants to Posyandu continues to decrease from year to year. Based on Riskesdas 2013, only 65.2% of households in Indonesia know about Posyandu existence, if by province the highest percentage is in West Java (78%) and the lowest is Bengkulu (26%).

Posyandu function as spearhead in providing maternal and child health services includes 5 functions of services, i.e monitoring, growth, nutrition and health education, immunization, family planning services and basic health services. Empirical experiences in some places indicate that the primary health care community strategy with the focus on mother and children can be done in every Posyandu. Posyandu can perform basic functions as children growth monitoring unit, as well as delivering message to the mother as renewal agent and family members who have babies and toddlers to find ways to keep children well, which supports the growth and development of the children.



Figure 1. Weighing, High Measurement and Recording Processes



Figure 2. Toddlers' Growing Consultation

Posyandu in West Bandung regency had 4 times in succession won the champion as the best posyandu in West Java and National Level (<http://www.bandungbaratkab.go.id/content/posyandu-kbb-terbaik-di-jawa-barat>). The assessment criteria are administrative neatness, observation of posyandu opening day service, and cadre capability tests and jury will also investigate the participation of the community on the outcomes of posyandu activities on public opinion about posyandu.

Based on the background that has been described previously, the writers formulate the problem as follows, *"How Much The Influence of Posyandu Cadres Credibility in Improving Community Participation in The Health Programs in Posyandu Jaya Mekar Ngamprah District West Bandung Regency?"*

#### Research Context

Research on the existing health communication has been focused on physician and patient interactions, as done by Byrne and Long (1976), Szasz and Hollan der (1956) in Roter and Hall (Roter and Hall, 1995). Another study in the field of health communication conducted by R. Funny Mustikasari Elita in 2012 concluded that there is significant and strong influence among the skills, trust and attractiveness of health workers for the motivation of Posyandu cadres. It is clear that the credibility of health workers is high, so the Posyandu cadres consider that health workers deserve to be agents of change in health issues in the community. Another study in the field of health communication is mostly done by Grant, Hart and Walker, 2005.

The relationship between patients and health workers is very important, it will be something complex in interpersonal relationships. In public health, the goal and target of the health communication approach are human. As social creature that is bound to social culture life, human can not be separated from communication. So in order to improve public health, people engaged in the field of public health must have health communication skills.

Communication is closely related to everyday life, including in the world of health. Recognizing the importance of communication for medical professionals to improve services and to improve their communication skills, half century ago, Michael Balint stated that the most effective medicine in medical practice is the physician himself (Bensing and Verhaak, 2004: 262). Rasmuson et.al in Graeff et.al (1996) suggests that health communication is systematic attempt to positively influence large population health practices. The main purpose of health promotion is to improve health-related practices and in turn health status. Effective health communication is a combination of art and science. At least one of the keys to success is the application of scientific methodology of health and systematic communication to public health concerns. Although communication strategies are different among countries, but the

methodology used is the same and equally important for the preparation of communication programs that reflect the needs and cultural context of each country.

The Communication Methodology includes five steps: assessment, planning, pre-test, delivery and monitoring (Rasmuson, Seidel, Smith & Booth in Graeff et.al, 1996). Health communication approaches are derived from various sciences, including social marketing, anthropology, behavioral analysis, advertising, communication, education and other social sciences. Various sciences complement each other, exchange common principles and techniques for each other, so that each makes unique contribution to health communication methodology. Because its roots are in the field of education and health education, health communication is influenced by psychology, communication and various other behavioral sciences. The most dominant here is the theory and model of health behavior based on psychology. Some theories and models of health behavior in the field of health and communication promotion are:

1. Health believe model
2. Communication/persuasions models
3. Theory of reasoned action
4. Transtheoretical Model
5. Proceeds Model
6. Diffusions of innovations model
7. Social learning theory
8. Applied behavior analysis (Graeff et.al, 1996)

Whatever the model is, the essence of effective communication is the competence of the communicator itself. The question of communication effectiveness among the health workers is focus frequently debated on health care. There is always difference in meaning among communicators. As noted by Crawford et.al:

*"The construction of meaning is a complex process that moves beyond the simple roles of sender and receiver, as we have argued elsewhere (Crawford et.al, 1998). Rather than merely encoding and decoding information (Osgood, 1957) meaning may better be seen as the 'continuous interplay of perception and action in a coregulated social context'."*

Communication skill is combination of combined knowledge, ideas, skills, experience and resources, as stated by Kagan, that:

*"The 'equation' of communication, where a delicate balance is maintained between the skills, experiences and resources that the interactants have available to draw upon. An imbalance Occurs when one person experiences particular problems"* (Kagan, 1998: 817).

#### Theory of Source Credibility

One of the theories that is often used in health communication is the theory of persuasion, and to be able to persuade well then someone must have credibility. Credibility is owned by the public perception from the communicator. The impact of the message to the public is affected by how the audience sees how the sender or credibility of the communicator in the audience's view.

Credibility is a set of perceptions about the advantages of the source so that the audience receives or follows the communicant (Cangara, 1998: 95). Gobel in Cangara (1998: 95), states that to be an effective communicator must have high credibility. A person who has credibility means reliable, in the sense that we can trust his character and ability. Because it is about credibility of perceptions, credibility varies depending on the perception of the perpetrator (communicant), the topic being discussed, and the

situation. Thus credibility does not exist in the communicator, but lies in the perception of communicant. Therefore, credibility can be changed, can happen, or can be used. As the main actors in the communication process, communicators play very important role, especially in controlling the communication. Communicators are the ones who send messages to the audience (Cangara, 1998: 81).

The communicator of Hovland in his book entitled "*Komunikasi dan Persuasi*" is an individual who communicates directly with the audience and expresses his views on the problem. Thus, communicators or sources have the goal of communicating with the audience. Kelman in Tan states that,

*"Credible communicator can change the attitude of communication through the process of internalization. Internalization occurs when the person who receives the influence of the form of ideas, thoughts and suggestions of others, because of their ideas, thoughts and suggestions are useful to solve the problem, it is important to indicate the direction of or is determined by the value system that was followed. Internalization is closely related to the existence of credibility and trust that expertise communicator"* (Tan, 1981: 120).

The task of the communicator is to make the communicant believes that he is person of integrity, and that he has good intentions towards the communicant. On whom people can trust, whose opinions they perceive important and whose opinions they disregard, to whom they really like, highly depend on the credibility of the communicator. A highly skilled communicator in his field is considered intelligent, capable, skilled, knowledgeable, experienced, or well trained. Conversely, inexperienced communicators, and do not know much by talking about, of course, the communicant will judge low credibility. The way the communicator conveying the message gives big impact. This is not only through verbal aspects (including systematic sentences, easy-to-understand material, etc.), but also non-verbal such as facial expressions, hand gestures, winks, and so on. Everything can affect the attitude changes. Knowledgeable communicators will be easier to decipher messages and easier to provide variations or examples of messages (Citroboto, 1989: 87).

James McCroskey in Cangara (1998: 96) further explained that the credibility of communicators can be derived from competence, character, goals (intentions), personality and dynamics. While Rakhmat shows that the components of credibility are made up of authority, good sense, good character, goodwill, and dynamic. But others argue that the components of credibility are skill, trust, dynamism, socialism, and coorientation (Koehler in Rakhmat, 2005: 260). In this study, researchers referred to Venus (2009: 57) who wrote that research conducted by Hovlad, Janis, and Kelley found three aspects that affect the credibility i.e skill, trust, and attractiveness.

Trust is the most important factor in the credibility of the source. A source deemed dishonest or lack in personal integrity will lose the trust of the audience eventhough he delivers his message calmly or he is known as someone or a few people who are experts on very powerful topics (Venus, 2009: 60). Trust-related assessment shows that resources are considered sincere, honest, wise and fair, objective, personal integrity, and have high social responsibility. Assessment is generally conducted based on past behavior of the source and audience about current alleged behavior. In other words, a person's track record will be worried if a reference is deemed to have credibility or not (Venus, 2009: 57).

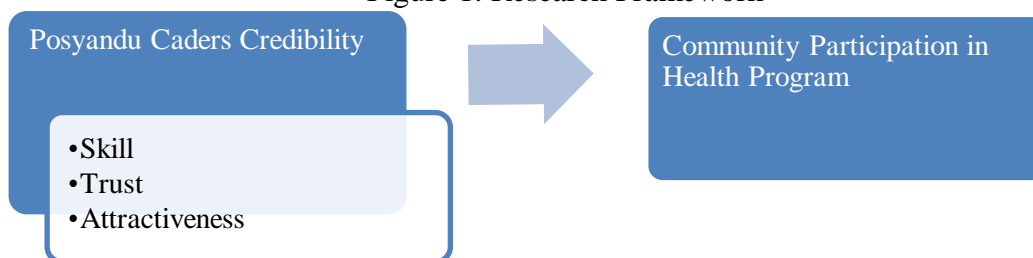
Attractiveness is one of the important factors and must be owned by communicators and affects the credibility of communicators, because it can determine

the effectiveness of persuasion conducted by communicators. Attractiveness factor determines the success of many communications, the listener or the reader can follow the communicator's view, because he has attractiveness. This attractiveness is not only physical appearance, but also can be psychological attractiveness consisting of similarity, familiarity, or in accordance with the wishes (Cangara, 1998: 98).

Participation

According to Mikklesen (2003: 64), participation is community involvement voluntarily in self-determined changes by the community. Adi (2007: 27) explains further about participation that the community is involved in the empowerment program started from the process of identifying the problems and potentials that exist within the community, selecting and making decisions on alternative solutions to address problems, implementing problem-solving efforts, and involving the community in the process of evaluating the changes. In this study, what is meant by community participation is the participation of mothers to check their pregnancy in posyandu, to weigh their children to posyandu routinely and to give complete immunization to their children in posyandu.

Figure 1. Research Framework



Methodology

The approach of this research is quantitative explanative. Quantitative explanative research is a study used to express or explain the causal relationship of a phenomenon or reality by conducting hypothesis testing. The research method used in this study is a survey using questionnaire as its measurement tool. Data collection techniques uses questionnaires, interviews, and literature studies.

In West Bandung regency there are 16 districts with 1.614.495 residents. In Padalarang district, there are 169.434 residents with total area of 36.01 km<sup>2</sup> consisting of 11 villages, 160 RW and 745 RT with 44.908 households. The number of samples taken by estimating the proportion of the population based on the level of precision taken by the writers. The researchers used the method of Yamane sample taking using formula of 10% precision and 90% trust level. The example of the calculation of the size of Yamane technique formula is as follows:

$$n = \frac{N}{Nd^2 + 1}$$

With: n : The number of samples is sought  
 N : Total population  
 d : Precision value = 10%

Based on the sampling calculation using Yamane formula, therefore (N = 169.434, d = 10%) → n = 99.94 ≈ 100

Sampling was done by using multistage cluster disproportional. Of 11 villages in Ngamprah subdistrict, 3 villages will be chosen as village targets that will serve as the spreading of questionnaires. Of 100 respondents then spread 3 in three villages. The

data used in this research were primary and secondary data. For testing relationship among variables X1, X2, X3 and Y, correlation technique was used. Correlation analysis is Pearson correlation analysis, it was used with the formula:

$$r = \frac{\sum xy - \frac{(\sum x)(\sum y)}{n}}{\sqrt{(\sum x^2 - \frac{(\sum x)^2}{n})(\sum y^2 - \frac{(\sum y)^2}{n})}}$$

Pearson correlation is denoted (r) provided that the value of r is not more than the price ( $-1 \leq r \leq +1$ ). If  $r = -1$ , it means perfect negative correlation;  $r = 0$  means no correlation; and  $r = 1$  means that the correlation is very strong. Further testing is to test the significance of work when to look for the meaning of the relationship of variable X to Y, then Pearson Significance correlation results are tested by using the formula:

$$t \text{ test} = r \sqrt{\frac{n-2}{1-r^2}}$$

## Result and Discussion

Posyandu cadre skill is quite influential in increasing community participation in Posyandu Jaya Mekar health program, with the value of  $r = 0.0006$  which has positive value, where the posyandu cadre skill ( $x_1$  value) affects (has weaker unidirectional correlation) in increasing community participation ( $y$  value) in health program of Posyandu Kuntum Mekar West Bandung regency. Based on the test results, it can be seen that the  $r$  value of the skill component of the cadre (0.0006) is greater than -1 and less than 1. Thus it was decided to reject  $H_0$  so that  $H_1$  was accepted. Based on the test results, it can be concluded that the component of cadres skill has an effect in increasing community participation in health program of Posyandu Kuntum Mekar.

The credibility of Posyandu cadres is quite influential in increasing community participation in health program of Posyandu Kuntum Mekar. Based on the calculation results, it is obtained that the value of  $r = 0.0006$  which is positive value, where the credibility of posyandu cadre ( $x_2$  value) gives effect (has weak unidirectional correlation) in increasing community participation ( $y$  value) in health program of Posyandu Kuntum Mekar West Bandung regency. Based on the test results, it can be seen that the  $r$  value of the component variable of cadre credibility is (0.0006) greater than -1 and less than 1. Therefore it was decided to reject  $H_0$  so that  $H_1$  was accepted. Based on the test results, it can be concluded that the components of cadre credibility gives effect in increasing community participation in the health program of Posyandu Kuntum Mekar.

The attractiveness of posyandu cadres is quite influential in increasing community participation in health program of Posyandu Kuntum Mekar. Based on the calculation result, it was obtained that the value of  $r = 0.0005$  which is positive value, where the posyandu cadres attractiveness ( $x_3$  value) gives effect (has weak unidirectional correlation) in increasing the community participation ( $y$  value) in health program of Posyandu Kuntum Mekar West Bandung regency.

Pearson Correlation Test of Posyandu Cadres Credibility (x) towards community participation (y)

$$r = \frac{8658 - \frac{(1035)(792)}{100}}{\sqrt{(1035^2 - \frac{(1035^2)}{100})(792^2 - \frac{(792^2)}{100})}}$$



$$r = \frac{8658 - 8197,2}{\sqrt{(1071225 - 10712,25)(627,264 - 6272,64)}} \\ r = \frac{460,8}{\sqrt{(1060512,75)(620991,36)}} \\ r = \frac{460,8}{811522,8} = 0.0006 \quad (-1 < r < 1, \text{ there is correlation})$$

From the above calculation, it is obtained that the value of  $r = 0.0006$  has positive value, where posyandu cadres credibility (x value) gives effect (has weak unidirectional correlation) in increasing community participation (y value) in health program of Posyandu Kuntum Mekar West Bandung regency. It means posyandu cadres credibility is quite influential in increasing community participation in health program of Posyandu Kuntum Mekar.

#### Hypothesis Testing Results

##### Theoretical Hypothesis

1. Ho: There is not Influence between Posyandu Cadres Credibility in Improving Community Participation in Health Program
2. H1: There is Influence between Posyandu Cadres Credibility in Improving Community Participation in Health Program

##### Research Hypothesis

1. Ho: The Credibility Quality of Posyandu Cadres has Negative Influence in Improving Community Participation in Health Program
2. H1: The Credibility Quality of Posyandu Cadres has Positive Influence in Increasing Community Participation in Health Program

Based on the above test results, it can be seen that r value of the component variable of the cadres credibility (0.0006) is greater than -1 and less than 1. Therefore it was decided to reject Ho so that H1 was accepted. There is effect between posyandu cadres credibility in increasing the community participation in the health program.

Meanwhile, for the research hypothesis Ho is rejected so H1 is accepted. Posyandu cadres credibility has positive effect in increasing community participation in health program. Based on the test results, it can be concluded that the component of cadres credibility has effect in increasing community participation in health program of Posyandu Kuntum Mekar.

## Conclusion

The study result of Posyandu cadre credibility component in increasing community participation in health program is Posyandu cadres credibility gives effect in increasing participation in health program with r value of cadre credibility component variable is (0.0006), greater than -1 and less than 1.

Based on the testing results, the skill component has effect in increasing community participation in health program It can be seen that r value of component variable of cadres skill (0.0006) is greater than -1 and less than 1. Therefore it can be concluded that skill component of cadre is quite influential in increasing community participation in health program of Posyandu Kuntum Mekar.

Credibility components has effect in increasing community participation in health programs. It can be seen that the value of  $r = 0.0006$  is positive, greater than -1 and less than 1. Therefore it can be concluded that credibility component is quite influential in increasing community participation in health program of Posyandu Kuntum Mekar.

Posyandu cadres attractiveness component has effect in increasing community participation in health program. It is obtained that the value of  $r = 0.0005$  is positive value, where the posyandu cadres attractiveness ( $x_3$  value) has effect (has weak unidirectional correlation) in increasing community participation ( $y$  value). Therefore it can be concluded that posyandu cadres attractiveness component is quite influential in increasing community participation in health program of Posyandu Kuntum Mekar.

The following are suggestions that can be used as input materials for Puskesmas Jaya Mekar as Posyandu Kuntum Mekar builder, among others (1) increasing the knowledge of Posyandu cadres on health, especially maternal, child and elderly health by providing technical guidance and health training for all Posyandu cadres, (2) Posyandu Kuntum Mekar needs to create attractive and renewable health programs that attracts community participation to participate in the health program.

### Acknowledgement

The writers would like to thank Universitas Padjadjaran as the funders of this research which gives the writers a chance as a novice researcher. To Posyandu Cadres at Jaya Mekar, Ibu Sainah and Ibu Tita for enabling us to visit their Posyandu to observe their operations. I would also like to thank to our students: Fairuz, Sofy, Tasya, Thoriq and Bagus for their assistance with the collection of our data. And our special thanks for the staff of Public Relations Study Program and Faculty of Communication Sciences, Universitas Padjadjaran, for their support, guidance and critique for this research work.

### References

- Adi, I.R. (2002). *Pemikiran-pemikiran dalam Pembangunan Kesejahteraan Sosial*. Jakarta: Lembaga Penerbit FE-UI.
- Bensing, J.M., Verhaak, P.F.M. (2004). Communication in Medical Encounters: Towards a Health Psychology Perspective. In A. Kaptein and J. Weinman (Eds), *Health Psychology, An Introduction*. Blackwell.
- Cangara, H. (1998). *Pengantar Ilmu Komunikasi*. Jakarta: Raja Grafindo Persada.
- Citrobroto, S. (1989). *Prinsip-prinsip dan Teknik Berkomunikasi*. Jakarta: PT Citra Aditya Bakti.
- Graeff, J.A., Elder, J.P., Booth, E.M. (1996). *Indonesian Edition: Komunikasi untuk Kesehatan dan Perubahan Perilaku* (Penerjemah: Mubasyir Hasanbasri, Editor: Ova Emilia). Yogyakarta: Gadjah Mada University Press.
- Kagan, A. (1998). *Supported Conversation for Adults with Aphasia: Methods and Resources for Training Conversation Partners, Aphasiology*.
- Kementerian Kesehatan RI. (2010). *Rencana Strategis Kementerian Kesehatan, Tahun 2010-2014*. Jakarta: Depkes RI.
- Mikklesen, B. (2003). *Metode Penelitian Partisipatoris dan Upaya-upaya Pemberdayaan: Sebuah Buku Pegangan bagi Para Praktisi Lapangan*. Jakarta: Yayasan Obor Indonesia.
- Muninjaya, A.A.G. (2004). *Manajemen Kesehatan*. Jakarta: Penerbit Buku Kedokteran.
- Rakhmat, J. (2005). *Psikologi Komunikasi*. Bandung: Remaja Rosdakarya.
- Tan, A. (1981). *Mass Communication Theories and Research*. Ohio: Grid.
- Venus, A. (2009). *Manajemen Kampanye*. Bandung : Simbiosis Rekatama Media.
- UUD 1945.
- Peraturan Menteri Dalam Negeri no 19 tahun 2011
- <http://www.bandungbaratkab.go.id/content/posyandu-kbb-terbaik-di-jawa-barat>