



INCREASING SIBOLGA STUDENTS' HEALTH KNOWLEDGE AND ATTITUDE THROUGH THE COMBINATION OF MY HEALTH REPORT AND COUNSELING

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Info Artikel

Sejarah artikel :
Diterima 3 April 2019
Disetujui 15 Juni 2019
Dipublikasi
31 Januari 2020

Keywords: Counseling; Knowledge; My health report book; School student

Abstrak

Buku Rapor Kesehatanku seri Informasi Kesehatan (buku RK seri Infokes) telah diterapkan di Indonesia sejak tahun 2015 dan dikirim ke daerah termasuk Kota Sibolga pada tahun 2017. Hingga saat ini, penelitian yang menganalisis hubungan penggunaan buku RK seri Infokes terhadap pengetahuan dan sikap siswa masih terbatas. Studi ini bertujuan untuk mengetahui dampak kombinasi penggunaan buku RK seri Infokes dengan penyuluhan terhadap peningkatan pengetahuan dan sikap kesehatan siswa. Desain studi yang digunakan adalah *quasy experimental* dengan rancangan *one group pretest-posttest*. Siswa yang menjadi responden sebanyak 82 orang yang terdiri dari 3 kelas di SMP Negeri 1 Sibolga. Responden diberi intervensi berupa penggunaan Buku RK seri Infokes yang dikombinasikan dengan penyuluhan kesehatan. Penyuluhan dilakukan sebanyak 3 kali dengan jarak pemberian antar penyuluhan adalah 1 minggu. *Pretest* dan *post test* diberikan 1 minggu sebelum dan 1 minggu setelah masa intervensi. Hasil studi membuktikan responden terdiri dari 41,46% laki-laki dan 58,54% perempuan dengan umur antara 11 – 14 tahun. Sebagian besar responden (78,04%) memiliki status gizi baik (IMT/U). Terdapat perbedaan yang signifikan antara tingkat pengetahuan dan sikap terkait kesehatan responden sebelum dan setelah intervensi. Simpulan studi ini adalah penggunaan buku RK seri Infokes yang dikombinasikan dengan penyuluhan kesehatan dapat meningkatkan pengetahuan dan sikap kesehatan siswa sekolah.

Abstract

In Indonesia, since 2015, Health Information series in My Health Report Book (RK Infokes Book series) has been applied and was distributed to districts including Sibolga City in 2017. Until now, research which analyzed the relationship between the use of RK Book series toward students' health knowledge and attitude was still limited. This study aimed to determine the impact of the use of the RK Infokes Book series combined with counseling to increase knowledge and attitudes related to the health of students. The study design used was quasi experimental with one group pretest-posttest design. There were 82 students who were respondents, consisting of three classes in SMP Negeri 1 Sibolga. Respondents were given an intervention in the form of using the RK Infokes Book Series combined with health education. Counseling was done three times with the distance between the counseling was one week. Pretest and posttest were given a week before and a week after the intervention period. The results of the study prove that respondents consisted of 41.46% of men and 58.54% of women between the ages of 11-14 years. Most respondents (78.04%) had normal nutritional status (BMI/U). There was a significant difference between the level of knowledge and attitudes related to the health of respondents before and after the intervention. The study conclusion was the use of RK Infokes Book series combined with health education could improve the knowledge and attitudes related to the health of school students.

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Introduction

Middle school age (SMP) includes the adolescent period which is a phase in the life cycle that is important to note. This is because in this period there is rapid growth and development, including the development and maturation of sexual organs. In addition, this period is also a transition period from children to adults so it is very important to pay attention to their health conditions (Soetjningsih & Ranuh, 2016). But the fact is, there are still many health problems experienced by adolescents in Indonesia, especially in adolescents aged 10-14 years. Nationally in Indonesia, as many as 41.4% of adolescents aged 10-14 years have tooth decay, cavities or illness, 50.4% of adolescents are accustomed to consuming sweet foods with a frequency of once a day or more, there are around 15.3% of adolescents not consuming fruit / vegetables, only 14.1% of adolescents consume 3-4 servings of fruits / vegetables per day for a week and as many as 96.8% of adolescents are included in the category of less fruit / vegetable consumption. Judging from his behavior, only 43.0% of adolescents aged 10-14 are accustomed to washing their hands properly, 5.3% of adolescents aged 10-18 years smoke every day, and 64.4% of adolescents aged 10-14 years lack physical activity (BaliHangkes, 2018).

Judging from the complex problems of adolescents, health education needs to be given to improve adolescent knowledge and attitudes. Health education can be done through several media and methods. Counseling with lecture methods and pictorial media assistance is a form of health education that can increase knowledge and attitudes for those who follow it (Safitri & Fitranti, 2016; Yulinda & Fitriyah, 2018).

Picture media such as booklets and pocket books can increase nutritional knowledge in the educational process. Booklets and pocket books that are used as media facilitate the delivery of material and clarify teenagers in receiving and understanding the material presented (Safitri & Fitranti, 2016; Suaebah, Semah, & Ginting, 2018).

My Health Report Card especially the Health Information series (RK *Infokes* series) is one of the illustrated media published by the Indonesian Ministry of Health aimed at students. This book has been applied nationally since 2015 and was sent to regions including Sibolga City in 2017. It contains various information relating to the health and growth and development of students whose function as a medium of Information, Education, and Communication (IEC) as well as monitoring health according to the level of the life cycle (Ministry of Health, 2018).

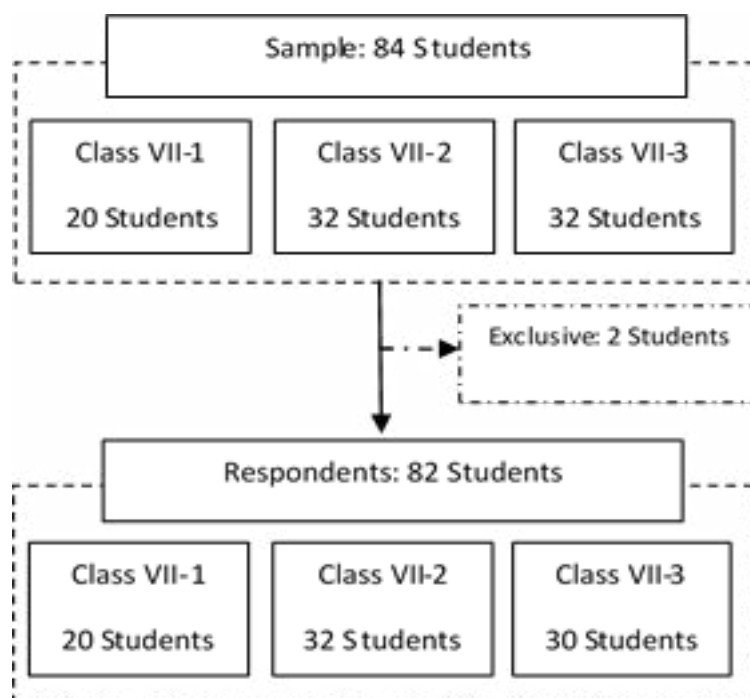
Based on existing problems and facts, the RK *Infokes* book series needs to be given to all teenage stu-

dents because it is thought to improve health knowledge and attitudes. However, since its launch in 2015 until now research that analyzes the relationship of the use of the RK *Infokes* book series to students' knowledge and health attitudes, especially in Sibolga is still limited. Therefore, it is necessary to conduct a study that aims to determine the effect of the combination of the use of the RK *Infokes* book series with counseling on improving students' knowledge and health attitudes. This research was conducted at SMP Negeri 1 Sibolga which was a pilot school using health report cards at the SMP / MTs level in Sibolga City.

Methodology

This study uses a portion of the intervention data from the results of the activity entitled "School Formation / Pilot Classes Using My Health Report Card in Sibolga" conducted by the Sibolga Health Office in September to November 2018 at SMP Negeri 1 Sibolga. The study design used was Quasi Experimental with one group pretest-posttest design. Determination of Sibolga Public Middle School 1 as a pilot location based on the Sibolga Mayor Decree Number: 440/290 / Year 2018 on the Designation of School / Pilot Classes, Establishment of a Guidance Management Team, Periodic Student Health Examination Committee for School Students / Pilot Classes Use of Junior High School Health Reports in the City / MTs Sibolga.

The sample in this study were all students of grades VII-1, VII-2 and VII-3 in SMP Negeri 1 Sibolga, respectively 20, 32 and 32 students. The sample was chosen purposively by considering the ease of access in the implementation of activities and the level of student acceptance of learning material considered uniform because these three classes are superior classes with uniform learning methods. The inclusion criteria for students who became respondents in this study were study samples, willing to participate in a whole series of activities as evidenced by the signing of the consent to be a respondent after the explanation (informed consent) and students present during the data collection process and interventions carried out. The total number of respondents who passed the inclusion criteria was 82 students. A total of 2 students were excluded because more than one time was absent during data collection and intervention (Figure 1).



Picture 1. Flow Diagram of respondent selection

Interventions given to respondents in this study took the form of the use of the My Health Report Card Book on Health Information Series (RK *Infokes* book series) combined with the provision of health education in the form of health education. The material given to respondents in accordance with seven info as contents in RK *Infokes* series book. Counseling is done three times with the distance is a week. The material given in the first counseling are 1st Info (Puberty) and 6th info (Mental Health), in the second counseling material given 3rd Info (Reproductive Health), 4th Info (IMS / ISR and HIV / AIDS), and 5th Info (Avoiding Drug), and 2nd Info (Balanced Nutrition) and 7th Info (Myth) as materials on the third counseling.

The variables observed in this study were the characteristics of the respondents (gender and age), the nutritional status of the respondents obtained through the Body Mass Index (BMI) indicator calculated from the results of measurements of Body Weight (BW) and Height (H), knowledge and health attitudes respondents before and after the intervention was given.

Respondent characteristics in this study were obtained by filling out the questionnaire independently (self-administered questionnaire) by respondents who were guided directly by researchers. Gender data are grouped into Men and Women, while the age of respondents is grouped into School Age Children 10 - 12 years old and Teenagers 13 - 15 years (Ministry of Health, 2014).

Respondents BW data were obtained through weighing using digital stepping scale Camry series EB9005 with 0.1 kg accuracy and H was measured

using microtoa with 0.1 cm accuracy. The nutritional status of respondents was determined using the z-score of the BMI index by age (BMI / U). The z-score value was calculated using WHO Anthro Plus v1.0.4 software. The nutritional status of the BMI / U index is categorized as Malnutrition (z-score <-3 Standard Deviation / SD), Malnutrition (z-score -3 SD to <-2 SD), Good Nutrition (z-score -2 SD to with 1 SD), Over Nutrition (z-score > 1 SD to 2 SD), and Obesity (z-score > 2 SD) (Ministry of Health, 2020).

Knowledge and health attitude variables of the respondents were obtained through pretest given a week before the first counseling and posttest given a week after the third counseling. The number of questions given to measure knowledge is 20 closed questions extracted from the RK *Infokes* book series. The answers to each question are given a score, with the rating score of the correct answer = 1 and false = 0. The sum of all knowledge scores is further categorized into three, namely good (> 80% correct answers, score > 16), sufficient (60 - 80% correct answer, score 12-16), and less (<60% correct answer, score <12). Measurement of the attitude of respondents in this study using a questionnaire containing 10 statements with a Linkert scale namely Strongly Agree, Agree, Disagree, and Strongly Disagree. Respondents' choices for each statement were then given a minimum score of 1 and a maximum of 4. The sum of all attitudes scores was further categorized into three, namely good (> 80% correct answers, scores > 32), sufficient (60 - 80% correct answers, scores 24 - 32), and lacking (<60% correct answers, score <24) (Safitri & Fitranti, 2016).

All data is then entered and tabulated as a result of descriptive analysis. Differences in the average score of knowledge and attitudes before and after the intervention were tested using paired tests (Paired t test) because they met the normality and homogeneity of the data with a value of $p > 0.05$. The relationship between age, sex, nutritional status, BMI, BW, and H variables with the variables of change and also the respondents' knowledge and attitude scores before refreshment were statistically tested using the correlation test. The results of the analysis stated significantly different if the value of $p < 0.05$.

Results and Discussion

Middle school students who were respondents aged between 11-14 years with an average age of 11.84 ± 0.55 years. Most of the respondents fall into the category of School Age Children (10-12 years) as many as 78 people (95.12%), the rest are included in the category of Teenagers (13-15 years) as many as 4 people (4.88%). In terms of gender characteristics, the proportion of respondents who were female (58.54%) was more than the proportion of male respondents (41.46%) (Table 1).

Table 1. Distribution of respondent characteristics based on age and gender

Characteristics	Amount	Percentage
Age		
School Age Children	78	95,12
Teenagers	4	4,88
Sex		
Male	34	41,46
Female	48	58,54
Total	82	100

Source: Secondary Data of SMP Negeri 1 Sibolga

This study proves that all junior high school students who are respondents are in accordance with the requirements of prospective new students in grade VII of SMP / Equal. In contrast to elementary schools (SD) which provide the lowest age requirement of 6 years for new students, the requirement for new students of junior high school students is a maximum of 15 years old and having a diploma or letter of graduation from elementary school / equivalent (Kemendikbud, 2018). Age is related to the readiness and maturity of students. The higher the age of the students, the more the level of student maturity will also increase. However, the maximum age restriction on new students of junior high school / equivalent is done to prevent age that is too old in undergoing education (Malini & Fridari, 2019; Mariyati, 2017).

Gender was significantly related to changes in knowledge scores and changes in attitude scores after the intervention of the use of the RK Infokes book series and health education. This can be caused by student motivation in learning, especially related to health. According to Malini & Fridari (2019), women's learning motivation levels are better than men's learning motivations.

Respondents' weight (BW) ranged from 23.50 - 80.10 kg with an average body weight of 39.56 ± 9.68 kg. The respondent's height (H) ranged from 128.30 - 163.90 cm with an average H of 147.70 ± 7.45 cm.

Table 2 shows that the majority of respondents have normal nutritional status when viewed from the BMI / U index with a percentage of 78.04%. This result is not much different from the Basic Health Research (Riskesdas) in 2018 which showed that as many as 72.7% of children aged 5-12 years in North Sumatra Province had normal nutritional status, while those who had very thin and under nutritional status were 7.1 %.

Table 2. Distribution of respondents based on index nutritional status parameters and BMI / U

Nutritional Status Parameters	Amount	Percentage
BMI / U Index		
Malnutrition	0	0
Undernutrition	6	7,32
Good Nutrition	64	78,04
Overnutrition	8	9,76
Obesity	4	4,88
Total	82	100

Source: Primary Data

There were no respondents who had poor nutritional status based on the BMI / U index, but the percentage of respondents who were overweight (over nutrition and obesity) was quite large at 14.64%. This indicates that obesity needs to be a concern especially among children and adolescents. Sedentary factors significantly influence the incidence of obesity (Al Rahmad, 2019). Other factors that influence the incidence of obesity in adolescents, including heredity, wrong eating patterns such as excessive micronutrient intake, frequent consumption of fast food, and no breakfast, lack of physical / sports activity, emotions, and other environmental factors. Obesity has an impact on metabolic disorders which are risk factors for non-communicable diseases. Efforts can be made to prevent obesity in school children and adolescents through interventions to increase physical activity and healthy eating behaviors (Djaiman, Sihadi, Sari, & Kusumawardani, 2017; Kurdanti et al., 2015).

Prior to the intervention in the form of a combination of the use of the *Infokes* RK book series with health education, almost all respondents were included in the category of lack of health knowledge (96.34%), the rest were sufficient (3.66%) with an average score including the less category of 7.52 ± 2.22 . After the intervention, the average score of respondents experienced an increase to 10.35 ± 3.11 but it was included in the less category. There was an increase in the percentage of respondents with a sufficient level of health knowledge to be 39.02% and a decrease to the less category to 60.98% (Table 3).

Counseling is a form of health education. Several studies have shown that counseling can increase knowledge and attitudes for those who follow it. Research at SMK Negeri 5 Surabaya proves that health education can improve the level of knowledge and attitudes of young women (Yulinda & Fitriyah, 2018).

The methods and media used in the delivery of health education also contribute to the success of capturing messages by adolescents (Yulinda & Fitriyah, 2018). Submission of counseling in this study uses the lecture method with the help of the *RK Infokes* book media. The lecture and question-and-answer method

Table 3. Distribution of respondents based on health knowledge and attitude categories

Parameter	Before Intervention (Pretest)		After Intervention (Posttest)		p-value
	Amount (n)	Percentage (%)	Amount (n)	Percentage (%)	
Health Knowledge Level					
Less (Score < 12)	79	96,34	50	60,98	0,000
Enough (Score 12 – 16)	3	3,66	32	39,02	
Good (Score > 16)	0	0	0	0	
Average ± Deviation Standard	7,52 ± 2,22		10,35 ± 3,11		
Health Attitude Level					
Less (Score < 24)	48	58,54	27	32,93	0,004
Enough (Score 24 – 32)	34	41,46	55	67,07	
Enough (Score > 32)	0	0	0	0	
Average ± Deviation Standard	22,44 ± 3,51		24,27 ± 4,51		
Total	82	100	82	100	

Source: Primary Data

Correlation test proves that between age, sex, nutritional status, BMI, BW, and H, only gender is significantly associated with changes in knowledge scores ($p = 0.042$) and changes in attitude scores ($p = 0.028$) before and after intervention a combination of the use of the *RK Infokes* book series with counseling. Changes in knowledge scores were significantly related to changes in attitude scores ($p = 0.002$). Paired t test results showed that the level of knowledge and attitudes related to the health of respondents before and after the intervention experienced significant differences (knowledge, $p = 0,000$ and attitude, $p = 0.004$).

The results of this study prove that there are significant differences between the level of knowledge and attitudes of respondents before and after the use of the *RK Infokes* book series combined with health education. There is an increase in the average score of students' knowledge and attitudes after the intervention, even if seen from the category it is still consistent the level of knowledge is lacking. This indicates that the use of the *RK Infokes* book series combined with counseling can improve students' knowledge scores and attitudes towards health.

is an effective method for delivering frequent messages and can be done with a sufficient number of targets for high and low educated targets (Guspita, 2017; Hamida, Zulaekah, & Mutalazimah, 2012). Rusmilawati (2016) proves that extension lecture methods influence the attitude of active smokers about the dangers of smoking. According to Safitri & Fitranti (2016), nutrition education through lectures affects adolescent nutrition.

The media also has an important role in providing health education. The results of the study conducted are in line with Nuryanto, et al. (2014) which proves that nutrition education using pocket books and posters for three months can improve the knowledge and nutritional attitudes of school children. Nutrition education with booklet media for two weeks is effective in increasing nutritional knowledge, especially about anemia in elementary school children in Surakarta (Zulaekah, 2012). The use of pocket book media can also increase the knowledge of obese adolescents (Suaebah et al., 2018).

The media of the *RK Infokes* book series used in the study contained material made like a booklet. Safitri & Fitranti (2016) prove that adolescent nutritional attitudes. The strengths of the booklet are that it has more complete, detailed, clear and educative material and is in accordance with the needs and conditions of adolescents. Not too large size also makes the booklet can be taken home to read and study at home.

In addition to containing health related material in written form, the *RK Infokes* book series also has a visualization in the form of color images. This colorful picture can attract the attention and interest of students to see and read the *RK Infokes* book series and help students to understand more about health material. Ridho, Pradana, & Mayarestya (2017) prove that the provision of education by using interesting media such as picture comics influences children's knowledge about eye health. Image media has the advantage to clarify a problem by seeing clear images and in accordance with the subject so that students will be clearer about a subject or material delivered by the material provider (Hamida et al., 2012).

Conclusion

The use of the Health Report Card especially the Health Information series combined with health education can improve the knowledge and health attitudes of school students. Further research needs to be done to analyze the optimization and independence of students in the use of the My Health Report Card Book especially the Health Information series with the assistance of teachers and parents.

Acknowledgement

Thank you to the Ministry of Health of the Republic of Indonesia for providing assistance in the form of a My Health Report Card Book grants for Elementary / Equivalent, Middle / High School and High School / equivalent, the Sibolga City Education and Culture Office and Sibolga City Middle School 1 which has given permission and for their cooperation in the School / Pilot Class Program Using My Health Report Card for Junior High School / equivalent, as well as the Sibolga City Health Office which has given permission to use the data for this study. Thanks, and appreciation as much as possible is also conveyed to Mr. H. M. Syarfi Hutauruk as Mayor of Sibolga who has supported and directed the School / Pilot Class Program for the Use of My Health Report Card for Junior High School / equivalent in Sibolga City.

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