



Dagusibu And Pkrt Health Counseling In The Surrounding Environment For Wkri Dpd West Sumatra

Penyelenggaraan Kesehatan Dagusibu Dan Pkrt Di Lingkungan Lingkungan Rwkri Dpd Sumatera Barat

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Abstract

Mothers need knowledge of the treatment and use of PKRT according to the rules. This is important considering that the mother is the individual responsible for taking care of the family's needs. The expert must welcome the fulfilment of these mothers' needs must be received through devotional activities. One form of service activity that mothers can do is health counselling which aims to measure the influence of counselling on changes in participants' attitudes. The participants in this counselling are the categorial group of WKRI DPD West Sumatra. The method used is offline and online interactive counselling. The supporting media used are Microsoft PowerPoint, Quiziz, and Zoom. The data collection method used is pretest-posttest. The results obtained in the counselling activity were a change in participants' attitudes before and after counselling with a signification value of $p < 0.05$. It means that there is a need for interactive counselling on drugs and PKRT that can help improve public health and lower long-term adverse risks.

Keywords: Mother, DaGuSiBu, PKRT

Abstrak

Ibu membutuhkan pengetahuan tentang pengobatan dan penggunaan PKRT sesuai aturan. Hal ini penting mengingat ibu adalah individu yang bertanggung jawab mengurus kebutuhan keluarga. Ahli harus menyambut baik pemenuhan kebutuhan ibu-ibu ini harus diterima melalui kegiatan bhakti. Salah satu bentuk kegiatan pelayanan yang dapat ibu lakukan adalah penyuluhan kesehatan yang bertujuan untuk mengukur pengaruh penyuluhan terhadap perubahan sikap peserta. Peserta penyuluhan ini adalah kelompok kategori WKRI DPD Sumbar. Metode yang digunakan adalah konseling interaktif offline dan online. Media pendukung yang digunakan adalah Microsoft PowerPoint, Quiziz, dan Zoom. Metode pengumpulan data yang digunakan adalah pretest-posttest. Hasil yang diperoleh pada kegiatan penyuluhan adalah adanya perubahan sikap peserta sebelum dan sesudah penyuluhan dengan nilai signifikansi $p < 0,05$. Artinya, perlu adanya penyuluhan interaktif tentang obat dan PKRT yang dapat membantu meningkatkan kesehatan masyarakat dan menurunkan risiko buruk jangka panjang.

Kata kunci: Ibu, DaGuSiBu, PKRT



INTRODUCTION

Mothers are individuals who have a caring, loving, patient, and wise character. This character needs to be possessed by mothers in fostering their families so that each family member can become a valuable individual for society and the country(1). A child in his growth and development has a primary need that involves the role of the mother. The immediate needs are physical and emotional, and the need for stimulation or education. Children need mothers for their physical fulfilment. The first fulfilment of these material needs is the nutritional adequacy of children according to age. The second is monitoring the average growth and development of organs according to their age. The third is monitoring the smooth functioning of the body's metabolic system, which indicates that the child's health is well controlled. The third is fulfilling first aid for children when they are sick in terms of treatment. The last is the fulfilment of housing and adequate clothing for the growth and development of children (2). Some mothers still lack treatment understanding. Mothers must understand the performance of drugs and things that need to be considered during the growth and development of the child. Mothers need knowledge of the version of medicines to use them appropriately in preventing, treating, and restoring the health of their families. The mother requires knowledge of what to pay attention to during the growth and development of the child.

Actually, in today's society, there cannot be denied a reality about the behaviour of treating diseases without consulting a doctor. This behaviour is known as *self-medication*. The results of a study on health workers at Malaysian Private Universities on self-medicated practices of 77.6% mainly occurred among people with health professions such as pharmacists and nurses. As for a reason for the self-medication, they do this pretty good experience of the symptoms that arise with the drugs used. Meanwhile, several per cent did not self-medicate because they did not want to take risks that were detrimental to long-term health(3). Another study conducted on health practitioners at the Addis Ababa general hospital Ethiopia gave results that were not much different from the research in Malaysia, which was self-medicated due to familiarity with the symptoms and drugs used in treating these symptoms (4). Self-medicated is the first aid in overcoming disease if it is far from a health clinic. This self-medicating is not dangerous if carried out appropriately and correctly according to existing procedures. Self-medicated is usually done for minor illnesses such as fever, cough, flu, stomach ulcers, diarrhoea, and worms(5).

Indonesians who do self-medicating need special attention from the government and society. One form of concern for the government and health professionals regarding drugs is to launch the Smart Community Movement Using Drugs (GeMa CerMat) program. This program was established by the Minister of Health in 2015 to mobilise policymakers and health professionals. In the implementation of public education, health professionals are needed as *educators* as well as *motivators*. The health professionals involved in this program are *agents of change* (*Aoc*) who assist the government is paying attention to public health. Educational materials can be given in carrying out GeMa CerMat socialisation, one of which is DaGuSiBu (Dapatkan Gunakan Simpan Buang) and how to use drugs (6).

The growth and development of children are also supported by environmental sanitation. In maintaining environmental sanitation, people need household health supplies (PKRT). PKRT is a tool, material, or mixture of materials used to maintain and care for public health in households and public places and control insects that are detrimental to humans(7). PKRT circulating in Indonesia is grouped into three classes based on the risks posed by its use to its users, namely types one, two, and three. PKRT, which belongs to first-class, poses a low risk. PKRT second and third class, respectively, pose medium and high stakes. Examples of class 1 PKRT circulating in the community are cotton and tissues. Examples of PKRT second and third types in a row circulating in the community are household cleaners and pesticides (8).

Tissues are one of the low-risk tools of PKRT. The category of low-risk or class 1 PKRT is that its use does not have an impact that affects the health of its users, such as irritating, corrosive, and carcinogenic (8). Humans widely use tissues for individual hygiene. Tissues have soft materials and beauty, so their use is not only for personal hygiene but can be used for decoration and creativity. Several activities use tissue paper, such as protecting hands when holding a juice/coffee cup, lifting ice cream on the floor, and others (9). Tissues are made of wood that is processed into pulp and then given bleach as a form of beauty (brightness and cleanliness of the tissue). The types of tissues circulating in society today are facial wipes, towel wipes, toilet paper, and napkin wipes(10). Tissues are distributed through the standardisation process of manufacture set by the government. Still, the public needs to be aware of the primary material of tissue which in this day and age is not only derived from wood but can also come from recycling newsprint or printed paper. The essential ingredients



used can affect the quality of the tissues and the presence of bleach and dioxane in the pulp. Polychlorinated dioxins, furans, and polychlorinated benzene are pollutants that are harmful to humans and animals. Polychlorinated dioxins on tissue paper has a carcinogenic effect on cancer development. Still, it requires further studies, so until now, paper-recycled tissues or the presence of dioxins as a dangerous thing still need to be studied further. The public is urged to reduce the excessive use of tissues, especially those related to cleaning vital parts or wrapping oily or hot food (11).

PKRT in the second class is cleaner. PKRT, which is in class 2, is an item that can provide effects such as irritation and corroding but does not cause serious consequences such as carcinogenic. Before distribution, PKRT second classes need to go through preliminary testing in the laboratory (12). The recommended cleanser for individual hygiene in addition to soap is hand sanitiser. Hand sanitiser has a function as an antiseptic(13). Antiseptics are chemicals that can inhibit or kill the growth of bodies (bacteria, fungi, etc.) on living tissues such as the skin surface and mucous membranes. Chemicals used as antiseptics should have the property of not damaging the tissues of the body.

Antiseptic materials contained alcohol, hydrogen peroxide, boric acid, trichloride, and mercury salt(14). Antiseptic materials can be used to prevent and treat infections in wounds as well as slow the spread of the disease. Antiseptic categorial are germicides (capable of destroying microbes) and bactericidal (slows bacterial growth). An example of a bactericidal antiseptic for cleaning wounds or purulent ulcers is rivanol. Rivanol has organoleptic in the form of a yellow-orange liquid with a concentration of 0.1%. The advantage of rivanol as an antiseptic is that it does not irritate tissues. Other antiseptics that are widely circulated are alcohol and triclosan. 70% alcohol is a potent antiseptic. Alcohol is a germicidal-type antiseptic that works to kill microbes (types of bacteria, viruses, protozoa, and fungi) by clumping proteins in their cells (15). Triclosan is an effective and popular antiseptic. Triclosan can be found in soaps, mouthwashes, deodorants, and others. Triclosan has minimal toxicity properties and a vast antimicrobial power in inhibiting microbial lipids' biosynthesis, so the microbial membrane loses its strength and function. But according to the results of recent studies, the daily use of triclosan presents a lifelong risk for exposed humans. The trouble is known from the presence of triclosan in urine, plasma, and breast milk in the human body worldwide. The chances humans suffer from exposure to triclosan are in the form of endocrine disorders, liver carcinogenesis, and muscle strength barriers(16). The results of a survey of New Zealand households' attitudes about the presence of triclosan and triclocarban in liquid soap as antiseptics can cause health problems for users. This causes them to decide not to use liquid soap that contains these substances (17).

PKRT in the third class is a pesticide. Pesticides eradicate pests that can transmit diseases to humans, such as malaria. The ability of pesticides to eliminate insect-type pests such as mosquitoes, cockroaches, ants, and other types increases the use of pesticides in households. It can interfere with the health of the wearer's body, such as hormonal disorders, nervous disorders, and weakening of the body's immunisation system. This disorder cannot be ignored. Prolonged exposure can result in Parkinson's disease, cancer, asthma, allergies, accelerated calcification of bones and hypertension, and infertility. The results stated that prolonged pesticide exposure was the most significant contributor to the emergence of Parkinson's disease and dementia (senility). The types of household pesticide formulations preferred by the public are sprays/liquids, aerosols, and lotions. The selection of this formula is based on practicality and is straightforward in its application. It is inexpensive and considered safer. The active substances of pesticides widely used by the public are transflutrin, cypermethrin, and imiprotin. The toxin level of this active substance varies from second to third class(18). Proper use of pesticides in terms of dosage and mode of use can reduce the risk of exposure. The risk of pesticide exposure for infants and adults can result in the disruption of fertility hormones. Efforts that can be made to reduce the risk of pesticide use are increased knowledge about the dangers of pesticides and transparent and open information on pesticide products in circulation related to the safety of use(19).

Mothers with a good understanding of medicine and pkrt can help the government improve the people's health in the surrounding environment. Based on the analysis of the situation described above, the AkFar Prayoga service team, as one of the private universities engaged in the health sector, aims to provide counselling that can influence changes in participants' attitudes towards DaGuSiBu and PKRT in the surrounding environment.

METHOD

This service activity began with the need of the participants for knowledge about medicine and daily health care, which was conveyed to one of the service team members. The team discussed this need and devised



an idea to provide health counselling to partners entitled DaGuSiBu and PKRT in the surrounding environment. The stages compiled to carry out this counselling activity can be seen in table 1. This service activity uses an interactive counselling method. The counselling method is part of an educational approach that is structured systematically, planned, and directed to change human behaviour towards something he believes in so far. This change was made to improve in a better direction. Improving the counselling method is suitable because it considers the service participants' social, economic, and local cultural factors (20).

Table 1. Counselling Preparation Activities

No	Activities	Person in Charge
1	Proposal making	Service Team
2	Submission of proposals to partners	Team dan partner
3	Preparation of material slides and participant attitude test questions	Service team
4	Implementation of devotion	Team dan partner

The method used to carry out this devotion is offline and online. These two methods are chosen by the service partner given the large area of distribution of the members of their organisation. This service activity has a schedule of events (table 2) that is arranged as well as possible so that the activity's objectives can be realised. The material presented in this activity is visual slides (figure 1), which can help participants better understand the material presented.

Table 2. Arrangement of Counseling Activities

No	Activities	Duration
1	Pre-questioner	10 minute
2	Explanation matter of DaGuSiBu	30 minute
3	Game of DaGuSiBu	10 minute
4	Explanation matter of PKRT	20 minute
5	Question time	10 minute
6	Post questioner	10 minute

The statements used to measure the participants' attitudes are presented in Table 3. This attitude questionnaire contains positive or negative comments about DaGuSiBu and PKRT in the Surrounding Environment. This attitude questionnaire uses the Guttman scale. The Guttman scale is a single-dimensional way of measuring attitudes resulting in a person's firm attitude answer to a stated variable(21). This questionnaire is packaged as a quiz with prizes presented using the Quiziz website.

Table 3. Counseling Attitude Quisionare

No	Statement	T	F
1	Before buying a drug, it is necessary to check the drug's license.	v	
2	The drug can be taken over-the-counter without the need to know its type.		v
3	The use of antibiotic drugs can be carried out without a doctor's prescription.		v
4	Before purchase or consumption, it is mandatory to read the brochures and etiquette on the drug wrapper.	v	
5	Purchase of the drug can be made in the shop.		v
6	The use of a hand sanitiser as handwashing is often recommended.		v
7	Using tissue paper as a food wrapper or vital cleaning is not recommended.	v	
8	The use of antiseptic soap is highly recommended in everyday life.		v
9	Pesticides (mosquito repellent spray) are recommended in the household.		v
10	Hand sanitiser as an antiseptic is the 2nd choice if it is far from soap and running water.	v	

The statements in this questionnaire were made to measure the attitudes held by participants towards the material presented. This statement was made to measure participants' attitudes before and after counselling.



Figure 1. Extension Material Slides

This service activity was enlivened by prizes given to active participants and participants who could answer questionnaires after education with the highest points. Participants who actively answer the DaGuSiBu game and ask questions will be given a direct prize (figure 2). After counselling, participants who show a change in attitude will be given a credit prize. The difference in participants' attitudes towards what was conveyed during counselling can be seen from the points obtained in quiziz.



Figure 2. Presentation of Counseling Prizes

RESULTS AND DISCUSSION

Father Mateus Tabebburuk opened the health counselling service activity to the WKRI categorial group as the spiritual advisor of this group. On this occasion, the pastor advised the participants to listen to the information provided regarding drugs and PKRT. According to the Faher Mateus Tabebburuk, mothers (participants) are the first parties to act as saviours and health caregivers in the family, so mothers need more health knowledge.

This activity was attended by 79 participants, all of whom were women of different ages, educational backgrounds, and experiences. The diversity of locations is challenging for the service team to achieve this activity's goals. This activity aims to determine the influence of counselling on improving participants' attitudes about the drug DaGuSiBu and PKRT in the surrounding environment. The method used to find out the initial perspective of the participants through 10 statements related to DaGuSiBu and PKRT materials. The statement is packaged on a Quiziz website. The sentence gives participants to choose between two choices, true or false. The ability of participants to select the correct view according to the recommended conditions depends on the participants' attitudes about DaGuSiBU and the environment around us.

The questionnaire results obtained at the beginning of the activity provided information to the resource persons about the initial attitudes of the participants. The Keynote speaker explained the counselling material as a whole and emphasised the part of the participants' inappropriate attitudes according to the provisions. The subsequent attitude change measurement is carried out after the completed counselling and presented live using the Quiziz website. The results measuring changes in participants' attitudes were processed using Microsoft Excel. The answer obtained is converted into quantitative by giving the number 1 or zero. The number 1 if the participant's response corresponds to the answer key. The number 0 if the participant's answer differs from the



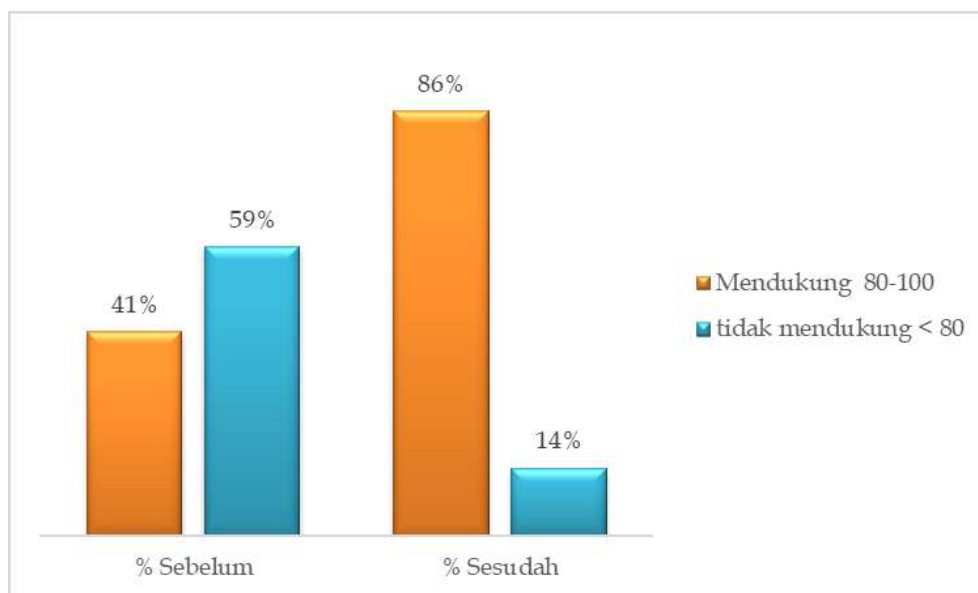
answer key. The answer value generated by participants before and after counselling from the highest, lowest, and average is presented in table 4.

Table 4. Results of Questionnaire Value Processing Before and After Counseling

No	Value Categories	Questionnaire Deployment Time	
		Before	After
1	Highest	100	100
2	Lowest	20	50
3	Average	71	88

Table 4 presents data on participants' attitudes about DaGuSiBu and PKRT before and after counselling. In the value processing table, the highest and lowest scores obtained showed that there were participants who had improper and appropriate attitudes regarding DaGuSiBu and PKRT. Meanwhile, the average score provides an overview of the distribution of participants' attitudes that are appropriate regarding DaGuSiBu and PKRT.

The assessment points of the questionnaire are grouped into two categories: supported and unsupported. Participants are grouped in the category of supportive attitudes if the correct answer points are obtained > the average score. Participants are grouped in the category of unsupported if the right answer point is obtained < the average value (22). Based on the average results obtained, a grouping of attitude categories before and after counselling was carried out using a bar graph (figure 3). The results obtained before and after counselling were tested for differences in significance using the Wilcoxon test with a P-value of < 0.05 (figure 4).



Gambar 3. Grafik Sikap Peserta Penyuluhan

In the chart, it can be seen that there is a change in attitude that occurs in respondents after being given counselling. The percentage of participants in the category of supportive (positive) attitudes increased from 41% (12 of 29 participants) to 86% (25 of 29 participants). According to Notoatmojo, attitude is an acceptance that occurs in an individual before working on something. The participants learned about DaGuSiBu drugs and PKRT in the surrounding environment, which resulted in approval. This acceptance attempts to embody the knowledge received in the form of action(23).

**Test Statistics**

	After-Before Counseling
Z	-3.779 ^b
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

Figure 4. Wilcoxon Test Results

The Wilcoxon test was used to see a significant influence on the change in attitudes of the participants after being given counselling. Asymp results. Sig. (2-tailed) from the Wilcoxon test for data before and after this counselling obtained by 0.000. This value is less than the regulated requirement, i.e. the asymp value. Sig. (2-tailed) < 0.05. Participants' attitudes are significantly different before and after counselling (23). The results obtained from this service activity are in line with the results of the research obtained regarding the occurrence of significant differences in participants after being given counselling (24)

This significant change in the attitude of the counselling participants can be realised in everyday life. The participants are expected to be able to apply it in the family and community. The application can be in the form of actions and concerns to share communication with others in the community.

CONCLUSION

After processing the data obtained from counselling activities to WKRI DPD-SumBar mothers, it is known that this counselling has a significant influence on improving mothers' attitudes toward the use of drugs and PKRT in the surrounding environment in their daily lives. This counselling activity is suggested by participants to be carried out repeatedly to gradually improve people's attitudes that are not or are not appropriate in using drugs and PKRT in the surrounding environment.

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