

# Relationship between Interpersonal Communication with Participation of Toddler's Mothers in Posyandu Activities of a Puskesmas

Bukhari<sup>1</sup>, Arlinda Sari Wahyuni<sup>2</sup>, Selamat Ginting<sup>2</sup>

<sup>1</sup>Public Health Faculty of STIKesLhoksemawe, Aceh, Indonesia

<sup>2</sup>Public Health Faculty of DELI HUSADA Health Institute, Deli Tua, Indonesia

**Keywords:** Interpersonal Communication, Toddler's Mother, Participation on Posyandu Activities.

**Abstract:** This study aims to determine the relationship of maternal interpersonal communication participation in Posyandu activities in KutaBlang Health Center, Bireuen Regency. This research is descriptive and cross sectional in mothers who have children under five years as many as 91 people through interviews with questionnaires. The results showed participation mothers in Posyandu activities amounted to 68.1%, there was a significant interpersonal communication relationship (openness with RP = 2.3 95% CI = 1,321 to 4,296 • empathy 2.6 95% CI = 1,560 to 4,586; support with RP = 2 , 5 95% CI = 1,432 to 4,504; positive attitude with RP = X3.0 95% CI = 1,632 to 5,577 and equality with RP = 2.6 95% CI = 1,394 to 5,038) with maternal participation. Interpersonal communication has a significant relationship with maternal participation because it has a p-value <α 005. The most dominant relationship with maternal participation in Posyandu cadre activities is position, which has a relationship of 8,616 times (2,352 to 31,569). It is recommended to posyandu cadres to show good empathy in interpersonal communication with mothers, and toddlers mothers should provide good participation.

## 1 INTRODUCTION

Health workers play an important role in efforts to improve health, but the expected coverage has not gone as expected. Efforts to increase community participation are needed one of them through cadre (Winda, 2014).

Based on the profit of the Aceh Health Service (2011), the Government of Aceh as part of the State of Indonesia needs special attention, due to political pressure due to the prolonged conflict and from 1998 to 2006, followed by the earthquake followed by the tsunami wave at the end of December 2004, destroy infrastructure and have a psychological impact on society and have a negative influence on the implementation of Integrated Healthcare Center activities. The number and percentage of Integrated Healthcare Center by district/city were 64.09% classified as Integrated Healthcare Center, 22.99% Integrated Healthcare Center, 7.46% Integrated Healthcare Center full moon and 1.71% independent strata.

One of the effects of the low participation of mothers in Integrated Healthcare Center activities is the pattern of growth and development of children under five who are not controlled, the emergence of various diseases in children under five, the nutritional status of infants is not fulfilled so it is feared that it could threaten the quality of human resources as the nation's next-generation (Puskesmas Kuta Blang, 2018).

To increase the use of Integrated Healthcare Center, it is necessary to source accurate information in conducting interpersonal communication with mothers who have children under five in the working area of the Health Center.

## 2 RESEARCH PURPOSES

General Purpose, in this study to determine the interpersonal communication cadre of Integrated Healthcare Center with the participation of mothers who have toddlers in Integrated Healthcare Center activities. Specific Objectives, the relationship of

openness with maternal participation, the relationship of empathy with maternal participation, the relationship of supportive attitude with maternal participation, the relationship of positive attitude with maternal participation, and the relationship of equality with maternal participation.

## 2.1 Literature Review

The purpose of this study was to determine the effect of parents' attachments, media exposures and peers on adolescent early sexual behavior in the Middle School 4 Middle School in TebingTinggi City in 2019".

## 2.2 Factors That Influence Communication

According to Joseph De Vito (2001) in Carlita (2011), the factors that influence communication through a humanistic approach are as follows; (1) Openness, (2) Empathy, (3) Supporting attitude, (4) Positive attitude, (5) Equality.

### 1. Openness

Openness consists of three aspects that are common in interpersonal communication, namely: the willingness to open information about one's own self which is usually hidden, the willingness to react honestly to the message conveyed, and want to acknowledge the thoughts and feelings that are felt. Openness is realized when health workers/cadres want to be open and honestly inform the public about disease information, health care, treatment measures and the development of public health conditions.

### 2. Empathy

To empathize with someone is to feel what the person feels, to experience what the person is experiencing. The condition of empathy can be realized if the hospital is willing to give attention and know what is being discussed and what is the patient's desire and needs. Empathy can be verbal or non-verbal (facial expressions, eye contact, mindful posture, and physical closeness and proper touch or caress).

### 3. Supporting attitude

A supportive attitude is realized through the ability of health workers to be able to explain clearly and in detail about disease information, medical actions taken and the development of community conditions so that they feel comfortable and not afraid.

### 4. Positive attitude

A positive attitude in interpersonal communication is demonstrated in two ways; to express a positive

attitude, and give praise to others. A positive attitude can be communicated verbally or non-verbally for example by smiling, positive facial expressions, attentive attitudes, verbal positive expressions, eliminating negative judgments.

### 5. Mother's participation

According to Mikkelsen (1999) dividing participation into 6 (six) terms, namely (1) Participation in the voluntary contribution of the community to the project without participating in decision making; (2) Participation is "sensitizing" (sensitizing) the community to increase the willingness to accept and the ability to respond to development projects; (3) Participation is voluntary involvement by the community in changes that it determines on its own; (4) Participation is an active process, which means that the person or group concerned, takes the initiative and uses his / her freedom to do so; (5) Participation is the strengthening of dialogue between the local community and staff who carry out the preparation, implementation, monitoring of the project, so as to obtain information about the local context, and social impacts; and (6) Participation is community involvement in the development of themselves, their lives, and their environment.

## 3 RESEARCH METHOD

This type of research, this research is descriptive through the cross-sectional approach. Population and sample; The study population was all mothers in the working area of KutaBlangPuskesmas with a total of 41 villages (926 people). The sample in this study was taken using a cluster sampling technique of 91 respondents. Research variable; is cadre interpersonal communication to mothers who have children under five, which consists of openness, empathy, supportive attitude, positive attitude and equality in the working area of KutablangPuskesmasBireuen Regency: Data collection consists of primary data and secondary data. Primary data is data obtained from observations/observations, interviews and questionnaires/questionnaires that have been prepared include independent variables that are interpersonal communication, the dependent variable is the participation of mothers. While secondary data in the form of data obtained from certain parties or others. In this study, secondary data were obtained from KutablangPuskesmas documents, other people and family members of respondents. Research instruments and measurement methods; Researchers

collecting data using a questionnaire that has been tested for validity and reliability.

## 4 RESEARCH RESULTS

### 4.1 Univariate Analysis

In the table below we can see the results of interpersonal communication provided by respondents

Table 1: Cadre Interpersonal Communication

Variabel penelitian	Jumlah	(%)
Independen		
Openness		
Well	60	65,9
Less	31	34,1
Total	91	100
Empathy		
Well	72	79,1
Less	19	20,9
Total	91	100
Supporting attitude		
Well	64	70,2
Less	27	29,7
Total	91	100
Positive Attitude		
Baik	59	64,8
Less	32	35,2
Total	91	100
Equality		
Well	53	58,2
Less	38	41,8
Total	91	100
Dependen		
Mother's participation		
Well	62	68,1
Less	29	31,9
Total	91	100,0

Table 1. Shows that for the openness of the 91 respondents studied there were 60 respondents who stated that the cadres had good openness, for empathy there were 72 respondents who stated that the cadres had good empathy, for the supportive attitude there were 64 respondents who said the leader had a good supportive attitude, for positive attitudes there are 59 respondents who stated the leader had a good positive attitude, for equality there were 53 respondents who said that cadr had good

equality and for the dependent variable mother participation of 91 respondents studied the most prominent was in the good category of 62 respondents.

### 4.2 Bivariate Analysis

#### 4.2.1 The Relationship between Cadre Openness and Mother's Participation

Table 2: Relationship between Cadre Openness and Participation of Mothers who have Toddler in Posyandu Activities

Openness	Mother's participation				Amount	<i>p-value</i>
	Well		Less			
Cadre	n	%	n	%	n	%
Well	47	51,6	13	14,3	60	65,9
Less	15	16,5	16	17,6	31	34,1
Total	62	68,1	29	31,9	91	100

The above table shows that respondents who rated good cadre openness had good participation as many as 47 mothers (51.6%) and those who had less participation were 13 mothers (14.3%). Respondents who rated cadre openness lacked good participation by 15 people (16.5%) and those who had less participation by 16 people (17.6%). This shows that  $p = 0.005$  ( $p < 0.05$ ) means that there is a relationship between the openness of cadres and the participation of mothers in Integrated Healthcare Center activities in the work area of Kutablang Puskesmas in Bireuen Regency.

#### 4.2.2 Relationship between Cadre Empathy and Mother's Participation

Table 3: Relationship between Cadre Empathy and Participation of Mothers who have Toddlers in Posyandu Activities

Empathy	Mother's participation				Amount	<i>p-value</i>
	Well		Less			
Cadre	n	%	n	%	n	%
Well	55	60,4	17	18,7	72	79,1
Less	7	7,7	12	13,2	19	20,9
Total	62	68,1	29	31,9	91	100

The above table shows that respondents who rated good cadre empathy had good participation as many as 55 mothers (60.4%) and those who had less participation were 17 mothers (18.7%). Respondents who rated cadre empathy lacked good participation as many as 7 mothers (7.7%) and those who had less

participation were 12 mothers (13.2%). This shows that  $p = 0.002$  ( $p < 0.05$ ) means that there is a relationship between the cadre's empathy and the participation of mothers in Integrated Healthcare Center activities in the work area of KutablangPuskesmas in Bireuen Regency.

#### 4.2.3 Relationship between Attitude Supporting Cadres and Mother's Participation

Table 4: Relationship between Attitudes Supporting Cadres and Participation of Mothers who have children under five in Posyandu Activities

Supporting attitude	Mother's participation				Amount		p-value
	Well		Less				
Cadre	n	%	n	%	n	%	
Well	50	54,9	14	18,7	72	79,1	0,002
Less	12	13,2	15	13,2	19	20,9	
Total	62	68,1	29	31,9	91	100	

The table above shows that respondents who rated good cadre support attitude had good participation of 50 mothers (54.9%) and those who had less participation were 14 mothers (15.4%). Respondents who rated the attitude of supporting cadres lacked good participation by 12 mothers (13.2%) and those who had less participation by 15 mothers (16.5%). This shows that  $p=0.003$  ( $p < 0.05$ ) means that there is a relationship between the attitude of supporting cadres and the participation of mothers in Integrated Healthcare Center activities in the work area of Kutablang Puskesmas in Bireuen Regency.

#### 4.2.4 Relationship between Cadre's Positive Attitude and Mother's Participation

Table 5: Relationship between Cadre's Positive Attitude and Participation of Mothers who have Toddler in Posyandu Activities

Positive attitude	Mother's participation				Amount		p-value
	Well		Less				
Cadre	n	%	n	%	n	%	
Well	48	52,7	11	18,7	72	79,1	0,002
Less	14	15,4	18	13,2	19	20,9	
Total	62	68,1	29	31,9	91	100	

The above table shows that respondents who rated the cadre's positive attitude as having good participation were 48 mothers (52.7%) and those

who had less participation were 11 mothers (12.1%). Respondents who rated the cadre's positive attitude lacked good participation as many as 14 mothers (15.4%) and who had less participation as many as 18 mothers (19.8%). This shows that  $p = 0,000$  ( $p < 0.05$ ) means that there is a relationship between the cadre's positive attitude and the participation of mothers in Integrated Healthcare Center activities in the working area of KutablangPuskesmas in Bireuen Regency.

#### 4.2.5 Relationship between Cadre Equality and Mother's Participation

Table 6: Relationship between Cadre Equality and Participation of Mothers who have Toddler in Posyandu Activities.

Equality	Mother's participation				Amount		p-value
	Well		Less				
Cadre	n	%	n	%	n	%	
Well	43	47,3	10	18,7	72	79,1	0,002
Less	19	20,9	19	13,2	19	20,9	
Total	62	68,1	29	31,9	91	100	

The above table shows that respondents who rated equality of cadres as good had good participation of 43 mothers (47.3%) and those who had less participation were 10 mothers (11.0%). Respondents who rated the equality of leaders as lacking good participation were 19 mothers (20.9%) and those who had less participation were 19 mothers (20.9%). This shows that  $p = 0.003$  ( $p < 0.05$ ) means that there is a relationship between cadre equality and maternal participation in Integrated Healthcare Center activities in the working area of KutablangPuskesmas in Bireuen Regency.

### 4.3 Multivariat Analysis

Table 7: Results of Logistic Regression Analysis on Independent Variables

Variabel Independen	SE	Pvalue	Exp (B)	95% CI	
Openess	0,665	0,003	0,138	0,038	-0,508.
Empaty	0,779	0,000	0,057	0,012	- 0,264
Supporting attitude	0,731	0,086	0,286	0,068	- 1,196
Positive Attitude	0,680	0,045	0,2	0,067	- 969
Equality	0,694	0,186	0,399	0,102	- 1,555
Constant	0,849	0,000	48,90		

In this modeling, all candidates are tested together with multiple logistic regression analysis using the enter method. Based on the results of the analysis above, two variables have a  $p\text{-value} > \alpha = 0.05$ , namely the attitude variable supports cadres who have a  $p\text{-value}$  of 0.086 and the cadre equality variable with a  $p\text{-value}$  of 0.186, so that these variables are excluded and the multivariate model. The second stage of the test is then carried out with the following results:

Table 8: Table analysis results of data analysis

Variabel Independen	SE	P-value	Exp (B)	95 % CI
Openess	0,606	0,001	6,906	2,107
Empathy	0,663	0,001	8,616	2,352
Positive Attitude	0,597	0,000	8,585	2,585
<i>Constant</i>	<b>0,852</b>	<b>0,000</b>	<b>0,040</b>	

The results of the analysis found that the cadre empathy variable has a greater relationship than the cadre openness variable and the cadre's positive attitude. The cadre empathy variable has a relationship of 8,616 times (2,352 - 31,569) with the participation of mothers in Integrated Healthcare Center activities.

## 5 DISCUSSION

### 5.1 The Relationship between Cadre Openness and Mother's Participation

The results of the study about the openness of Integrated Healthcare Center leader variables, namely mothers who rate good cadre openness have good participation as many as 47 mothers (51.6%) while mothers who rate openness of cadres less only participate well as many as 15 people (16.5%). Chi-square test results between openness and maternal participation in Integrated Healthcare Center activities obtained a  $p\text{-value}$  of 0.005 ( $\alpha = 0.05$ ), so it can be concluded that there is a significant relationship between the openness of cadres and maternal participation in Integrated Healthcare Center activities. The results of the analysis also obtained a Prevalence Ratio (RP) of 2.382, meaning that mothers who received good openness from Integrated Healthcare Center cadres had twice the chance to participate either compared to those who

lacked openness from Integrated Healthcare Center cadres.

Rahmawati's research (2007), openness will encourage individuals to express everything that will be discussed and is one of the important elements that can influence someone to act better. Effective interpersonal communication must be open to the people they are interacting with and there should be a willingness to open up to reveal information that is usually hidden by others. We want people to react openly to what we say and we have the right to expect MI. There is nothing worse than indifference, even disagreement is much more pleasant.

### 5.2 Relationship between Cadre Empathy and Mother's Participation

The results of the study on cadre empathy variables found that mothers who rated good cadre empathy had good participation of 55 mothers (60.4%) while mothers who rated cadre empathy were less likely to participate only as much as 7 people (7.7%). Chi-square test results between cadre empathy and maternal participation in Integrated Healthcare Center activities obtained a  $p\text{-value}$  of 0.002 ( $\alpha = 0.05$ ), so it can be stated that there is a significant relationship between cadre empathy and maternal participation in Integrated Healthcare Center activities. The analysis also obtained an RP value of 2.675, meaning that mothers who get good empathy from Integrated Healthcare Center cadres have a 2.675 times greater chance of participating either compared to those who lack empathy from Integrated Healthcare Center cadres.

This is by the opinion of Devito (1997) that empathy is as "one's ability to 'know' what is being experienced by others at a certain time, from the other person's perspective, through the eyes of other people. With good empathy from Integrated Healthcare Center cadres, then cadres will feel what will be experienced by mothers who will participate in Integrated Healthcare Center activities. In this study, there is an empathetic relationship between cadres with the participation of mothers to participate.

### 5.3 Relationship between Attitude Supporting Cadres and Mother's Participation

The results of the study of the attitude supporting cadres variables showed that mothers who rated good supporting cadres' attitudes had good

participation of 50 people (54.9%) while mothers who rated the attitude of supporting cadres less only participated well as many as 12 people (13.2%). Chi-square test results between the attitude of supporting cadres and the participation of mothers in Integrated Healthcare Center activities obtained a p-value of  $0.003 < (\alpha = 0.05)$ , so it was stated that there was a significant relationship between the attitude of supporting cadres and maternal participation. The results of the analysis also obtained an RP value of 2.540, meaning that mothers who get a good supportive attitude from integrated Healthcare Center cadres 2,540 times more likely to participate in Integrated Healthcare Center activities compared to those who lack supportive attitude from Integrated Healthcare Center cadres.

This is in agreement with Nurhayati (2013), Supporting attitude of cadres when conducting interpersonal communication is an attitude that commits to support the implementation of open interaction about the implementation of Posyandu activities.

The supporting attitude from cadres shows a supportive attitude by being descriptive and spontaneous giving support to mothers.

#### **5.4 Relationship between Cadre's Positive Attitude and Mother's Participation**

The results of the study about the cadre's positive attitude variable showed that mothers who rated the cadre's positive attitude as good had good participation of 48 people (52.7%) while those who rated the cadre's positive attitude less only participated well as many as 14 people (15.4%). Chi-square test results between cadre's positive attitude and maternal participation in Integrated Healthcare Center activities obtained a p-value of  $0.000 < (\alpha = 0.05)$ , so it was stated that there was a significant relationship between cadre's positive attitude and maternal participation. The analysis also obtained an RP value of 3.017, meaning that mothers who get a positive attitude both from Integrated Healthcare Center cadres have an opportunity of 3,017 times more likely to participate in Integrated Healthcare Center activities compared to those who lack the positive attitude of Integrated Healthcare Center cadres.

According to Devito (1997), in conducting interpersonal communication our officers communicate positive attitudes in interpersonal communication in at least two ways: (1) express a positive attitude and (2) positively encourage people

who are friends to scat interact. Interpersonal communication is fostered if a person has a positive attitude towards themselves and positive feelings for the communication situation, in general, are very important for effective interaction. To increase maternal participation in Integrated Healthcare Center activities, it can be done through an interpersonal communication approach from Integrated Healthcare Center cadres about Integrated Healthcare Center activities carried out in the work area of KutaBlangPuskesmas, Bireuen Regency. Interpersonal communication is emphasized that cadres as educated personnel in the health sector or mediators who are closest to the mother barns have a role in providing a positive attitude to the mother.

#### **5.5 Relationship between Cadre Equality and Mother's Participation**

The results of research on the cadre equality variable found that mothers who rated the equality of good leaders had good participation of 43 people (47.3%) while mothers who rated equality of cadres less only participated well as many as 19 people (20.9%). Integrated Healthcare Center test results between cadre equality and maternal participation in Integrated Healthcare Center activities obtained a p-value of  $0.003 < (\alpha = 0.05)$ , so that there was a significant relationship between cadre equality and maternal participation. The analysis also obtained an RP value of 2.650, meaning that mothers who received good equality from Integrated Healthcare Center cadres had a 2.650 times greater chance of participating both in Integrated Healthcare Center activities compared to those who received less equality from Integrated Healthcare Center cadres.

This is according to Devito (1997), that in every situation, inequality might occur. Apart from this inequality, interpersonal communication will be more effective if the atmosphere is equal. This means that there must be a tacit acknowledgment that both parties are equally valuable and valuable and that each party has something important to contribute. In an interpersonal relationship characterized by equality, discrepancy and conflict are seen more as an effort to understand the differences that must exist rather than as an opportunity to bring down another party, equality does not require us to simply accept and approve all the verbal and nonverbal behaviors of others.

## 5.6 Relationship of Cadre Interpersonal Communication with Mother's Participation

Based on the results of the multivariate analysis used is multiple logistic regression analysis, to obtain answers to variables that have a greater relationship between several independent variables. In this model all independent variable candidates can be included in the multivariate model because it has a p-value <0.25 then it is tested together with multiple logistic regression analysis using the enter method. Based on the results of stage one analysis, two variables have a p-value >  $\alpha = 0.05$ , namely the attitude supporting cadre variable and the cadre equality variable, so that the variable is excluded from the multivariate model. Then the second stage of the test with the openness variable, the cadre empathy variable, and the cadre's positive attitude significantly correlates with the participation of mothers in Integrated Healthcare Center activities. The results of the second resilience analysis found that the cadre empathy variable had a greater relationship than the cadre openness variable and the cadre's positive attitude. The cadre empathy variable has a relationship of 8,616 times (2,352 - 31,569) with the participation of mothers in Integrated Healthcare Center activities.

## 6 CONCLUSION

The results showed that openness has a relationship to maternal participation with a significant value of  $p = 0.005$  ( $p < 0.05$ ), empathy has a relationship to maternal participation with a significant value of  $p = 0.002$  ( $p < 0.05$ ), supportive attitude has a relationship to participation mothers with a significant value  $p = 0.003$  ( $p < 0.05$ ), a positive attitude has a relationship to maternal participation with a significant value  $p = 0,000$  ( $p < 0.05$ ), equality has a relationship to maternal participation with a significant value  $p = 0.003$  ( $p < 0.05$ ). To increase maternal participation in Integrated Healthcare Center activities, it can be done through an interpersonal communication approach from Integrated Healthcare Center cadres about Integrated Healthcare Center activities carried out in the KutaBlangPuskesmas work area, Bireuen Regency. The interpersonal communication was emphasized that cadres as educated personnel in the health sector or mediators who are closest to the mother must have a role in giving a positive attitude to the mother.

## REFERENCES

- Ach.WazirWs.,et al., ed. (1999). Panduan Penguatan Menejemen Lembaga Swadaya Masyarakat. Jakarta: Sekretariat Bina Desa dengan dukungan Aus AID melalui Indonesia HIV/AIDS and STD Prevention : Care Project.
- Agustin, H., Hutagaol, E., F., (2012).Komunikasi interpersonal petugas kesehatan dalam kegiatan posyandu di wilayah kerja puskesmas muarasiberut kabupaten mentawai, jurnal Kesehatan Masyarakat. Medan : FKM IJNIB
- Arikunto, S, (2010). Prosedur Penelitian; Suatu Pendekatan Praktek, edisi revisi 5, Rineka Cipta, Jakarta.
- Carlita.,Talya. 2011. Hubungan Antara Kualitas Komunikasi Interpersonal Pelugas Medis dent Pasien Rawat Inap dengan Tingkat Kepuasan Komunikasi Pasien. Skripsi\_ Yogyakarta: program studi ilmu komunikasi fakultas ilmu social dan ilmu politik universitas atmajaya
- Conyers, Diana. (1991). Perencanaan Sosial di Duniaketiga. Yogyakarta: UGM Press.
- Devito, 1997, The Interpersonal Communication Book.
- Dinkes Aceh., (2015). Angka Kematian Bayi Heningkatdi Aceh. <http://aceh.tribunnews.com/2015/04/22/angka-kematian-bayi-meningkat-di-aceh>. Diakses 25 Juli 2018.
- Effendy., (1999). Ilmu Komunikasi (Teori dan Praktek) CV Remadja Karya, Bandung.
- Fisher, B. Aubrey, (1999). Teori-Teori Komunikasi (Penyunting Jalaludin Rakhmat). Bandung: CV Remadja Karya
- Harisman.,dkk. (2012). Faktor -faktor yang mempengaruhi keaktifan kader posyandu di desa Mulang Maya Kecamatan Kotabumi Kabupaten Lampung Utara Tahun 2012.Lampung; FKM Universitas Malahayati B. Lampung.
- Hastono, (2007). Analisis Data Kesehatan. Jakarta. (TidakDipublikasikan). PenerbitFakultas Kesehatan MasyarakatUniversitas Indonesia.
- Isbandi Rukminto Adi. (2007). Perencanaan Partisipatoris Berbasis Aset Komunitas: dari Pemikiran Menuju Penerapan. Depok: FISIP UI Press.
- Jaspin.,Saurlina Manulu., (2014). Pengaruh komunikasi interpersonal terhadap kinerja perawat pelaksana ruang rawat inap di rumah sakit Umum daerah dr.djasamensaragih Pematang siantar Tahun 2014.Tesis, Medan: Program studi s2 ilmu kesehatan masyarakat fakultas kesehatan masyarakat universitas sumatera utara
- Liliweri, Alo. (2011). Dasar-dasar Komunikasi Kesehatan. Yogyakarta: PustakaBelajar
- Marniati., (2012). Pengaruh factor predisposisi, pendukung dan kebutuhan ibu balita terhadap pemanfaatan posyandu di wilayah kerja puskesmas alue bilie kecamatan darul makmur Kabupaten Nagan Raya.,Tesis, Medan: Program studi s2 ilmu kesehatan masyarakat

- Mikkelsen.,Britha. (1999). Metode Penelitian Partisipatorisdart Upaya-upaya Pemberdayaan: sebuah buku pegangan bagi para praktisi lapangan. Jakarta: Yayasan Obor Indonesia.
- Mulyana, D. (2011). IlmuKomunikasisuatuPengantar.PT RemajaRosdakarya. Bandung
- Nurhayati,S., (2013). Pengaruh Komunikasi Interpersonal Petugas Kesehatan dan Karakteristik Ibu terhadap Kelengkapan Imunisasi Dasar di wilayah kerja Puskesmas Bandar Dolok Kabupaten Deli Serdang.,Tesis, Medan: Program studi S2 ilmu kesehatan masyarakat Fakultas kesehatan masyarakat Universitas Sumatera Utara.
- Purwandari.,Atik. (2010). Ilmu Kesehatan Masyarakat dalam Konteks Kebidanan.Jakarta; EGC.
- Rahmawati, S.P. 2007. Analisis FaktorSumber Daya Manusia Yang Berhubungan dengan Hasil Cakupan Imunisasi Bayi Dasar oleh Petugas Imunisasi Puskesmas di Kabupaten Blara.Tesis Mahasiswa Universitas Diponegoro, Semarang.
- Riadi., (2012). Komunikasi Interpersonal. <http://www.Kajianpustaka.com/2012/10/kmunikasi-interpersonal.html>.Diakses 27 Juli 2018.
- Sariana., (2010). Angka Kematian Bayi di Indonesia. <https://www.academia.edu>. Diakses 10 Oktober 2018.
- Sistiarani, Colti.,dkk (2013). Peran Kader dalam Penggunaan Buku Kesehatan Ibu dan Anak. Jurnal Kesehatan Masyarakat, Vol 8 (2) 99-105 Purwokerto: FKIK Universitas Jenderal Soedirman.
- Syafruddin.;dkk, (2011). Buku Ajar IlmuKesehatan Masyarakat untuk Mahasiswa Kebidanan. Jakarta: TIM
- Undang-Undang Republik Indonesia Nomor 36 tahun 2009 TentangKesehatan.