

Implementation of the Indoor Health Promotion Program at Puskesmas Buaran Pekalongan City

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ARTICLE INFO

Keywords: Health Promotion, Implementation, Community Health Center, Indonesia

Received : 12, November

Revised : 20, December

Accepted: 18, January

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ABSTRACT

Health promotion programs in healthcare settings encounter significant challenges that diminish their effectiveness. This study investigates the implementation of such programs at the Buaran Community Health Center (Puskesmas Buaran) in Pekalongan City, Indonesia. Primary issues identified include inadequate facilities and equipment, technical difficulties (e.g., malfunctioning projectors, unclear sound systems), and human resource constraints affecting program execution. Employing a qualitative descriptive methodology, the research involved in-depth interviews with key stakeholders. Findings indicate competent health personnel delivering information amidst technical and operational hindrances, yet demonstrating positive impacts on community health awareness and knowledge. Recommendations include enhancing human resources, instituting regular monitoring and evaluation, and addressing equipment maintenance to bolster sustainability and effectiveness in health promotion at Puskesmas Buaran.

INTRODUCTION

According to WHO in 1984, health promotion aims to revitalize health education with a new approach, as outlined in the book "Promosi dan advokasi kesehatan" by Widiyaningsih and Suharyanta (2020). While health education focuses on behavior change, health promotion encompasses not only behavior change but also environmental changes that support such changes. Health promotion targets both the sick and the healthy. For the sick, it supports or accelerates healing and rehabilitation processes. Meanwhile, for the healthy, it plays a crucial role in promoting Clean and Healthy Living Behaviors (CHLB) and supporting health improvement to prevent diseases (Bambang Setiaji, Satria Nandar Baharza, 2021).

Health promotion programs in various Community Health Centers (Puskesmas) in Indonesia face several challenges that hinder program effectiveness. Recent research highlights inadequate facilities and equipment as a primary issue. For example, Yuliana and Rahmawati (2021) found that many Puskesmas lack necessary technological devices like projectors and sound systems, thus compromising the optimal delivery of information to the community. Moreover, insufficient training and development for health personnel pose significant constraints. Health workers often lack adequate updates on health promotion methods and strategies due to limited training programs, typically held only upon initiatives from local governments or relevant ministries. Research by Kartika and Setiawan (2022) underscores the importance of continuous training to enhance health personnel's competence in executing effective health promotion programs within the centers.

Furthermore, inadequate coordination and communication among units within Puskesmas also impede the overall program implementation, as revealed in a study by Wulandari et al. (2023). These issues require immediate attention and solutions to ensure effective and efficient health promotion program implementation.

Puskesmas Buaran in Pekalongan City is one such health center implementing in-building health promotion programs, facing several issues that affect its effectiveness. One major technical issue is the inability to connect LCDs, forcing staff to read directly from laptops, which reduces visualization and presentation appeal. Additionally, unclear microphone quality hampers optimal information delivery, making it difficult for patients to grasp the presented material.

On the human resources and program implementation front, short program durations limit in-depth content discussion during counseling sessions. Moreover, occasional oversight of counseling schedules leads to unprepared materials and ineffective session timing. Overall, these issues significantly impact the effectiveness of health promotion programs at Puskesmas Buaran.

Based on findings from Clara et al. (2019), who studied the implementation of health promotion programs focusing on exclusive breastfeeding counseling in Puskesmas Kolongan, North Minahasa Regency, various challenges were identified. These include inadequate facilities and

equipment, compelling staff to use makeshift media, and insufficient knowledge among health promotion personnel about effective promotion strategies, further exacerbated by limited training opportunities. These issues adversely affect the quality of counseling provided to the community.

Given these identified issues, the researcher is interested in studying the "Implementation of in-building health promotion programs at Puskesmas Buaran, Pekalongan City."

LITERATURE REVIEW

According to WHO, health promotion is the process of enabling people to increase control over factors influencing their health, thereby improving their health status. The Ottawa Charter for Health Promotion emphasizes health promotion as a process to enable individuals and communities to achieve and maintain good health. In essence, health promotion encourages communities to actively maintain and improve their own health (Tumurang, 2018).

Health promotion is an effort aimed at enhancing the quality and capabilities of communities through educational processes involving them as both contributors and beneficiaries. This message aims to empower communities to help themselves (Soko, 2020).

Health promotion is an initiative to enhance community competencies through learning from, by, for, and with the community. The aim is for communities to help themselves and develop activities funded by the community, aligned with local socio-cultural norms and supported by health-focused public policies. Given the complexity of various health issues, health promotion is crucial in maintaining and improving health, thus fostering healthier communities (Halijah, 2023).

Implementation generally refers to the execution or application of an idea, concept, policy, or innovation into tangible actions that impact knowledge, skills, values, and attitudes. It ensures the realization of a political system and its policy. Successful policy implementation is deemed beneficial when the intended objectives are achieved (Ulfatihah, 2020).

Implementation is the process of ensuring the adoption of a political system and the realization of its policies. In this context, implementation must also provide means to create something and yield tangible results for others. Effective policy implementation is a critical phase in the entire process of planning rules or policies (Anshary, 2022).

Systems theory consists of a set of statements used to help individuals understand systems, enabling practitioners to gain a strong explanation and accurate interpretation. A system is an interconnected network of operations unified to perform an activity or achieve a specific goal. Systems have specific objectives; some say their purpose is to achieve goals, while others state it is to attain a particular objective (Yakub, 2012).

In general system theory, systems comprise inputs, processes, and outputs. Inputs are the energies fed into the system, which include human resources, budgets, and infrastructure. System processing or processing involves systems that can become a part of the processor that will transform inputs into outputs.

This process system consists of planning, organizing, moving, and evaluating. The system's output or output is the result of processed and classified energy into useful output and waste disposal, and the output system consists of achievements and successes (Yakub, 2012).

RESULTS

INPUT

1. HUMAN RESOURCES

At Puskesmas Buaran health promotion is not only carried out by health promotion officers but there are also other officers such as nurses, doctors and officers from other sections according to the theme of the material to be delivered and the promkes officer is the person in charge of the program. Human resources in the promotion section almost all have an educational background that is qualified in terms of providing health information according to their scientific fields. In the management of human resources in the field of health promotion at Buaran Health Center, there are no significant obstacles but only sometimes there are officers who forget to carry out counseling according to their schedule.

2. BUDGET

The budget used in health promotion at Buaran Health Center is managed by BOK (Health Operational Assistance) and in terms of its management there is already a separate division according to the annual cost plan. The budget available for health promotion is sufficient but sometimes when there is damage that needs to be replaced and is of considerable value such as TVs and loudspeakers as a supporting tool for health promotion in the building in the replacement process it takes time.

3. SARPAS

The facilities and infrastructure used in the implementation of the Health promotion program in the building at Puskesmas Buaran are found to have adequate LCD projectors, speakers, televisions, leaflets, and sculpture props. The tools used to conduct counseling depend on the needs or material to be delivered during the counseling.

Facilities and infrastructure used for counseling still occur constraints or damage such as LCD projectors that do not turn on and broken televisions. If there is a problem with the LCD projector then the counseling only uses speakers, and when the television is damaged it is necessary to wait for a time for repairs that cannot be determined, because it must make a budget again. then the equipment used is carried out periodic calibration to ensure that the tool is still functioning properly.

PROCESS

1. Planning

The planning process of the Health promotion program in the Building at Buaran Health Center is a planning process carried out by promkes officers and promkes coordinators by making and compiling a schedule of activities that will be used for counseling in the building, officers coordinate with resource persons such as dentists, nutritionists, and general practitioners who will provide counseling material. The schedule of activities is made in the next year which is carried out every month, with details of each poly conducting counseling with material related to the experts who have been determined by the promkes officer and carried out alternately. If there is an important new program, it is immediately socialized even though it is not on schedule.

However, sometimes the obstacle in planning is that the officer who will be on duty forgets the specified schedule or there is no preparation in the counseling officer so that the counseling must be replaced on another day from the day specified in the schedule.

2. Organizing

The in-house health promotion program at Puskesmas Buaran, Pekalongan City, is monitored through monthly local coordination meetings (lokmin) that discuss the previous month's activities and the next activity plan. Detailed monitoring is conducted by the health promotion officer in charge. An obstacle often encountered is that counseling officers sometimes forget the schedule, so that counseling materials are not ready. To overcome this, schedules and materials are well organized, officers are given the responsibility of finding materials, and reminded through direct discussions and communication via WhatsApp. Open and collaborative communication is the key to the success of the program. Despite the obstacles, the program generally ran smoothly.

3. Implementation

The in-house health promotion program at Puskesmas Buaran, Pekalongan City, is usually implemented every Monday morning, and if it is not possible, it is moved to Friday or rescheduled. Activities include counseling, poster installation, use of audio-visual media, and smoking cessation clinics with counseling services. According to the Head of Puskesmas, the activities generally run smoothly, although sometimes the staff are not ready when the counseling arrives. The coordinator added that during the counseling, activities at the polyclinic were temporarily suspended so as not to interfere with the counseling. The counseling materials were arranged in order, with leaflets as additional materials.

The implementation by puskesmas officers as resource persons and organizers showed high competence in delivering health information.

However, technical constraints such as an unconnected LCD and the short duration of the program reduced the effectiveness of the presentation. Although participants did not ask questions, they understood and applied the information provided, such as "balanced nutrition for children." Patients felt significant benefits from the program, indicating that Puskesmas Buaran's health promotion efforts were successful despite the technical constraints.

4. Evaluation

Evaluation of the in-house health promotion program at Puskesmas Buaran, Pekalongan City, was conducted using two main methods: monthly assessment and annual performance assessment. Every month, the assessment is conducted through local activity reports submitted at the lokmin meeting at the puskesmas. The report covers health promotion activities that have been implemented during the whole month.

Based on these monthly reports, in general, no major problems were found in the implementation of activities. However, the main obstacle that often arises is related to equipment damage. This damage can hamper the program and requires special attention to be repaired immediately so as not to disrupt overall operations. At the end of the year, an annual performance assessment is conducted that provides an overall picture of the effectiveness and efficiency of the program over the year. Thus, this periodic evaluation allows for early identification of technical issues as well as the determination of corrective measures needed to improve program performance in the future.

OUTPUT

The output of the in-house health promotion program at Puskesmas Buaran, Pekalongan City showed positive results. Audiences who attended the counseling discussed by health promotion officers gradually began to understand the material presented. Most of the audiences have even gotten used to practicing the knowledge in their homes. They considered that this activity was very useful, because it provided new information for those who did not know and deepened understanding for those who already knew the topics discussed.

Thus, this program succeeded in increasing community knowledge and awareness about health. The hope is that the community will become more knowledgeable and aware of the importance of maintaining health, so that their quality of life can be significantly improved.

DISCUSSION

INPUT

1. Human resources

The human resources involved in the health promotion program at Puskesmas Buaran Pekalongan City consist of two implementers, namely the health promotion coordinator and the health promotion implementer, as is common practice in many health centers in Indonesia. Although there are no specific provisions regarding the standard number of human resources that should be involved, as stipulated in the Decree of the Minister of Health of the Republic of Indonesia No. 585/MENKES/SK/V/2007 on Guidelines for the Implementation of Health Promotion at Puskesmas, the document provides general guidelines on the implementation of health promotion without quantitative details.

In the implementation of Law No.17 of 2023 on Health, there has been internal debate regarding the Registration Standard (STR) for community health workers (CHWs) due to irregular regulations, overlapping policies, and lack of harmonization of regulations across sectors. However, the importance of STRs is recognized for service quality and professional obligations. The need for adjustment between regulations in the Ministry of Health as the user of graduates and in the Ministry of Education and Culture as the producer of graduates, includes revisions to registration obligations, competency tests, and naming of types of public health workers. This conflict highlights the need for clarity of rules and legal certainty regarding the registration and licensing of community health workers.

At Puskesmas Buaran, the promoters of the health promotion program, including general practitioners, dentists, nutrition officers, have proven to have adequate competencies, including a strong understanding of health promotion principles, good communication skills, and in-depth knowledge of public health issues. They are also able to design and implement effective health promotion strategies according to local needs. Their ability to collaborate with relevant parties is also tested. Nonetheless, there are constraints in the management of human resources implementing health promotion promoters at Puskesmas Buaran, such as schedule clashes and other activities of the promoters, as well as forgetting their scheduled part in being a promoter in that week.

2. Budget

Health Operational Assistance (BOK) is a government program through the Ministry of Health that is funded by the state budget through the Ministry of Health's Assistance Task Fund. The purpose of BOK is to assist local governments in achieving national targets in the health sector. The research shows that the implementation of the BOK program at the process stage, including planning, organizing, implementing, reporting, and monitoring, is generally in accordance with the technical guidelines,

except for planning which still requires emphasis to the Head of Puskesmas. From this study, it can be concluded that there is a relationship between planning and the implementation of BOK at Puskesmas Buaran.

In the implementation of health promotion programs at Puskesmas Buaran, Pekalongan City, the allocation of funds is done through funds derived from BOK which are processed according to the usual procedures, with a plot that has been prepared to meet its needs. Funds for health promotion programs are sourced from BOK and included in the annual cost plan. The budget used for health promotion programs at Puskesmas Buaran has been determined from the beginning by the BOK. The budget is sufficient. Sometimes there are obstacles, such as damage that needs to be replaced, but the delay in handling can be done until the end of the year due to limited costs.

3. Facilities and Infrastructure (Program Infrastructure)

According to Moenir (2006), facilities include various types of equipment that function as the main or direct means of achieving certain goals. Examples include beds, toilets, and trash cans. On the other hand, infrastructure is a set of tools that function indirectly to achieve the goal. Examples of infrastructure include land, buildings, buildings, and the rooms within them.

Facilities and infrastructure for the health promotion program at Puskesmas Buaran Pekalongan City are quite complete. These include projectors, audio visuals, pictures, as well as various models of teeth, food, and other props. The methods vary depending on the need, ranging from the use of LCD projectors to leaflets. Nonetheless, there are a few obstacles, such as delays in replacing broken TVs due to waiting for budget allocations. Similarly, if there is a problem with the projector, counseling is done without using a projector, using only a loudspeaker.

PROCESS

1. Planning

The planning process of the health promotion program at Buaran Health Center is that the promkes officer and the promkes coordinator make and arrange a schedule of activities that will be used for counseling in the building. The schedule is made in the next year with details every month, with details of each poly conducting counseling with material related to experts who have been determined by promkes officers and carried out alternately.

The planning cycle consists of situation analysis, problem determination, solution selection, plan development, and plan communication. In the research IMPLEMENTATION OF HEALTH PROMOTION POLICY (Study on Dinoyo Community Health Center, Lowokwaru District, Malang City) Communication, the success of policy

implementation requires that implementor actors know what to do in this case communication regarding the implementation of health promotion inside the puskesmas building and outside the puskesmas building, the availability of resources to implement the program, the attitudes and responses of the parties involved, and how the organizational structure of the policy implementer.

2. Organizing

The organization of the Health promotion program at Puskesmas Buaran is carried out by compiling a schedule and relevant materials for officers. Officers are given the responsibility to find extension materials and are reminded by the program coordinator or implementer of their schedule. This ensures good preparation and reduces the possibility of forgetting tasks. Coordination is done through direct discussions and communication via WhatsApp to provide updates and reminders about tasks. Open and collaborative communication between all parties is key to the success of the health promotion program in the Puskesmas building.

In the research on the IMPLEMENTATION OF HEALTH PROMOTION POLICY (Study at Dinoyo Community Health Center, Lowokwaru District, Malang City) Resource, in this case with regard to the availability of supporting resources for the effective implementation of health promotion policies, namely human resources. This relates to the attitude given by health workers in providing information to patients and other communities and the availability of specialized officers to carry out health promotion. Bureaucratic structure, in this case with regard to the suitability of the bureaucratic organization of the Dinoyo Health Center organization. There is clarity by using service standards in terms of health promotion such as counseling conducted by the Dinoyo Health Center.

3. Implementation

The implementation of health promotion programs in the building at Puskesmas Buaran is usually carried out every Monday morning. If that day is not possible, the activity will be moved to Friday. If on Friday it is also not possible, then the implementation will be rescheduled for the following Monday. The health promotion program implementer added that if the implementation on Monday is not possible, it will be changed to another day in the same week. If the entire week is still not possible, it is considered a "debt" that will be collected in the following week or month. Forms of implementation of this program include in-building counseling, poster installation, use of audio-visual media such as television, and smoking cessation clinics that provide counseling services by promkes officers.

In the study of IMPLEMENTATION OF HEALTH PROMOTION POLICY (Study on Dinoyo Community Health Center, Lowokwaru District, Malang City) Disposition, in this case deals with the willingness of the implementers to implement the public policy. Disposition in the

Dinoyo Community Health Center public organization is the attitude of support given by health center staff in implementing health promotion at the health center. This attitude of support is found in the actors who carry out health promotion, namely special promotion and empowerment officers who have received training on health promotion and are assisted by cadres from the community by providing regular counseling at the puskesmas.

4. Evaluation

Specifically for the Health promotion program in the Building at Puskesmas Buaran, the assessment is by making a report and reported through a monthly mini work, there will be seen the performance of the past month's achievements along with the problems and there is a follow-up plan for the next month. There is also a recap of all work programs for one year and their achievements, usually the assessment is carried out at the end of the year.

Evaluation of the health sector (WHO) includes activities to analyze various aspects of program development and implementation by studying the relevance, adequacy, progress, effectiveness, efficiency and impact of the program.

OUTPUT

Outputs are direct results of activities in the program that are expected to contribute to the results of the activity. Criteria that must be owned by the output include: The output is not consumed by external parties but internal parties, the scope is narrower than the result, the amount of output directly affects the result, the output target is the user of the product or service provided by the program. The level of success of the program is measured quantitatively by comparing the targets that have been set with the output of program activities. One of the successes of the Health promotion program in the Building is being able to apply the knowledge that has been conveyed and can practice it in everyday life.

Based on the results of research interviews obtained information that the health promotion program at Puskesmas Buaran has been implemented well, it is expected that the health promotion program will use social media to make it easier to get information about health or information about the program.

To improve the health promotion program, a physical building that is adequate and equipped with facilities is also important in improving health promotion programs in the building. It is expected that the health promotion officer together with the leadership will collect funding sources for health promotion program activities.

Training for health workers in the health center is still lacking because so far the training has only been waiting for an invitation or call from the Health Office. With regular training for health workers in the puskesmas and for extension workers, it can make health workers

competent and have better knowledge and abilities in conducting health promotion programs both in the building.

CONCLUSIONS

This study concludes that the implementation of health promotion programs in the building at Puskesmas has shown effectiveness in increasing community awareness and knowledge about health. The existence of routine counseling and direct interaction between health workers and the community increases trust and good relations between the two parties. Although the program is successful, there are still some obstacles such as limited human resources and supporting facilities.

RECOMMENDATIONS

1. **Improving Human Resources:** It is recommended that Puskesmas add qualified health workers who will help implement a more effective health promotion program.
2. **Conduct regular monitoring and evaluation:** Continuous monitoring and evaluation of program implementation is essential to assess its effectiveness and efficiency. Evaluation results should be used to make necessary improvements and adjustments to the program based on community needs.
3. **Development of Promotional Materials:** Development of health promotion materials that are attractive and easily understood by various community groups is also necessary. This could be in the form of posters, brochures, videos, or other digital media that are informative and educative.
4. **Monitoring and Evaluation:** It is recommended to strengthen the program monitoring and evaluation system to measure effectiveness and efficiency.

FURTHER STUDY

This research has its own limitations: this research still has limitations, so further research is needed on the topic of implementing health promotion programs in buildings at puskesmas to complement this research and add insight to readers.

ACKNOWLEDGMENT

The author would like to thank the Head of Buaran Health Center and the health promotion officers who have participated and are willing to be asked for information related to the health promotion program in the building at Buaran Health Center. High appreciation is shown to the research group team who were directly involved during data collection.

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