

RESEARCH ARTICLES

Leaflet Distribution on Perceived Susceptibility to Cervical Cancer Among Women of Reproductive Age

Pemberian Leaflet terhadap Persepsi Kerentanan Mengenai

Kanker Serviks pada Wanita Usia Subur

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Abstract

Perceived susceptibility to cervical cancer is an important factor in encouraging preventive behaviors among women of reproductive age (WRA). Health education media, such as leaflets, can be used as tools to improve individuals' knowledge and perceived susceptibility. This study aimed to analyze differences in perceived susceptibility to cervical cancer among women of reproductive age (WRA) before and after leaflet distribution in Baledu Village, Kandungan District, Temanggung Regency. This study employed a quantitative approach with a quasi-experimental one-group pretest-posttest design. The sample consisted of 59 women of reproductive age selected using purposive sampling based on inclusion and exclusion criteria. The research instrument was a perceived susceptibility questionnaire that had been tested for validity using the Pearson product-moment and reliability using Cronbach's alpha coefficient. Data were analyzed using the Wilcoxon signed-rank test. The results showed a p-value of < 0.001 , indicating a significant difference between the pre-test and post-test scores. The pre-test results showed that only 16 participants (27.1%) were in the high perceived susceptibility category, whereas this number increased to 32 participants (54.2%) in the post-test. Thus, a significant difference in perceived susceptibility was observed between the pre-test and post-test following leaflet distribution. This study is expected to serve as a basis for the development of health promotion programs, particularly in efforts to increase awareness and participation among women of reproductive age in the early detection of cervical cancer.

Keywords: cervical cancer, health belief model, leaflet, women

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Abstrak

Persepsi kerentanan terhadap kanker serviks merupakan faktor penting dalam mendorong perilaku pencegahan pada wanita usia subur (WUS). Dalam penelitian ini, leaflet digunakan sebagai media edukasi kesehatan untuk memperkuat pemahaman wanita usia subur (WUS) mengenai risiko kanker serviks, dengan tujuan meningkatkan persepsi kerentanan terhadap penyakit tersebut. Penelitian ini bertujuan untuk menganalisis perbedaan persepsi kerentanan WUS mengenai kanker serviks sebelum dan sesudah pemberian leaflet di Desa Baledu, Kecamatan Kandangan, Kabupaten Temanggung. Penelitian ini menggunakan pendekatan kuantitatif dengan desain quasi-experimental one-group pretest-posttest. Sampel penelitian berjumlah 59 WUS yang dipilih menggunakan teknik purposive sampling berdasarkan kriteria inklusi dan eksklusi. Instrumen penelitian ini berupa kuesioner persepsi kerentanan yang telah dilakukan uji validitas menggunakan Pearson product-moment dan uji reliabilitas menggunakan koefisien Cronbach's alpha. Analisis data dilakukan menggunakan uji statistik Wilcoxon signed-rank test. Hasil penelitian menunjukkan nilai p-value sebesar $<0,001$, yang berarti terdapat perbedaan yang signifikan antara nilai pre-test dan post-test. Hasil pre-test menunjukkan bahwa hanya 16 orang (27,1%) yang berada dalam kategori persepsi kerentanan tinggi, sedangkan setelah dilakukan pemberian leaflet hasil post-test kategori tinggi menunjukkan peningkatan yaitu terdapat 32 orang (54,2%). Dengan demikian, terdapat perbedaan yang signifikan pada persepsi kerentanan WUS antara sebelum dan sesudah pemberian leaflet. Penelitian ini diharapkan dapat menjadi dasar dalam pengembangan program promosi kesehatan, khususnya dalam upaya meningkatkan kesadaran dan partisipasi WUS terhadap deteksi dini kanker serviks.

Keywords: health belief model, kanker serviks, leaflet, wanita

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Highlight:

- Perceived susceptibility to cervical cancer among women of reproductive age increased following health education using a leaflet.
- The proportion of women of reproductive age with high perceived susceptibility increased in the post-intervention assessment.
- Leaflets can be used as a health education medium to provide information about the risks of cervical cancer and the importance of early detection.

INTRODUCTION

Cervical cancer remains a health concern and is still considered a threat to women of reproductive age (WRA), particularly due to low awareness of the risk of the disease. Low perceived susceptibility directly contributes to low community participation in preventive behaviors, such as screening and vaccination. This is consistent with the *Health Belief Model* (HBM), which explains that individuals are more likely to change their health behavior when they perceive themselves as being susceptible to a disease (Alyafei and Easton, 2025). Individuals with a high perception of susceptibility tend to be more motivated to engage in preventive actions (Wahyusantoso and Chusairi, 2021). International studies have shown that public knowledge of cancer warning signs

remains low in countries such as India, England, Scotland, Ireland, Iran, and France (Sharifikia et al., 2020). Perception and knowledge are closely related and are important factors influencing preventive efforts against disease. Adequate knowledge is needed to enable individuals to recognize their susceptibility and realize the importance of taking preventive measures (Hasanah et al., 2025).

Various health surveys and studies in Indonesia have shown that public perceptions of susceptibility to cervical cancer remain low. Studies conducted in West Java, South Sumatra, Sulawesi, and DKI Jakarta indicate that perceived susceptibility is one of the factors contributing to low preventive efforts against cervical cancer (Hasanah et al., 2025; Dianaulina et al., 2025; Yuliati et al., 2024; Harwati, 2023). These findings indicate that health promotion strategies need to focus on increasing public perceptions of susceptibility to cervical cancer. In Central Java, particularly Temanggung Regency, local health reports indicate that community participation in cervical cancer screening remains low, with screening coverage reaching only 5.5% of the 70% national target (Dinkes, 2023).

Health information data from Temanggung Regency in 2023 indicate that Kandangan Public Health Center (Puskesmas Kandangan) was among the health centers with low cervical cancer screening coverage compared with the other 26 public health centers (Dinkes, 2023). The low screening coverage provided the basis for selecting this research setting, as it indicates the need to improve WRA's perceived susceptibility and awareness of cervical cancer risk. Factors influencing an individual's perception of susceptibility may originate from information obtained through the environment, education, social media, and other health information media, including leaflets (Hasanah et al., 2025).

The study by Kadek (2025) showed that understanding and awareness of cervical cancer risk influence an individual's perception of disease prevention. In the context of cervical cancer, perceived susceptibility refers to an individual's belief regarding the likelihood of developing cervical cancer, or a personal assessment of disease risk based on experience, symptoms, and knowledge, as described by Rosenstock (Alyafei and Easton, 2025).

The government has established a Minister of Health Decree concerning national guidelines for cervical cancer management, as stated in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/349/2018, which stipulates that the Minister of Health, governors, and regents are responsible for providing guidance and supervision of cervical cancer management (Kemenkes, 2021). This is in line with the policy of the Temanggung Regency Government to provide guidance to 26 public health centers in implementing preventive health efforts through health promotion programs for cervical cancer screening.

A preliminary study conducted in November 2025 through an interview with a midwife at Kandangan Public Health Center indicated that cervical cancer screening in the area remained relatively low, partly due to low perceived susceptibility among individuals. Educational efforts using leaflets have been implemented at Kandangan Public Health Center as one of the health promotion strategies. However, the effectiveness of leaflet use in changing WRA's perceived susceptibility to cervical cancer risk in the area has not been quantitatively evaluated. Statements from WRA in the working area of Kandangan Public Health Center indicated that they were reluctant to undergo visual inspection with acetic acid (VIA) screening because of feelings of embarrassment, fear, and concern about the examination results.

These findings indicate that the low uptake of cervical cancer screening in

Kandangan is influenced by individual perceptions. Given the characteristics of the population and the relatively low attitudes toward cervical cancer screening among WRA, no study has yet examined the use of leaflets to improve perceived susceptibility to cervical cancer. Therefore, further research is needed to analyze changes in perceived susceptibility to cervical cancer among women of reproductive age (WRA) before and after leaflet distribution. This study aimed to analyze differences in perceived susceptibility to cervical cancer among women of reproductive age (WRA) before and after leaflet distribution. The findings are expected to strengthen the importance of providing cervical cancer education through leaflet media to improve WRA's perceived susceptibility and awareness of the importance of early detection of cervical cancer.

METHODS

This study was conducted in December 2025 in Baledu Village, within the working area of Kandangan Public Health Center, Temanggung Regency, Central Java. A quantitative approach with a *quasi-experimental one-group pretest-posttest* design was employed to assess changes in perceived susceptibility among women of reproductive age (WRA) before and after leaflet provision. The study sample consisted of 59 WRA selected using *purposive sampling* based on the inclusion and exclusion criteria. The inclusion criteria were women of reproductive age aged 15–49 years who were able to read and write, while the exclusion criteria were WRA who were absent or refused to participate as research subjects. The sample size was determined using the *Slovin* formula and met the established eligibility criteria. Data were analyzed using the *Wilcoxon signed-rank test*.

The research instrument was a questionnaire that had undergone validity and reliability testing among 30 women of reproductive age residing in Caruban Village, Kandangan District. Validity was assessed using the *Pearson product-moment* correlation with a 5% significance level of 0.374, resulting in 13 valid statements for measuring WRA's perceived susceptibility to cervical cancer before and after leaflet provision. Reliability testing using *Cronbach's alpha* yielded a value of 0.769, indicating that all questionnaire items were reliable. The questionnaire consisted of 13 questions using a five-point Likert scale: STS = Strongly Disagree, TS = Disagree, N = Neutral, S = Agree, and SS = Strongly Agree. The scores were subsequently categorized as low (13–29), moderate (30–46), and high (47–65). The assessed aspects included perception, risk, knowledge, and concern. This study was declared ethically appropriate by the Health Research Ethics Committee of UNISA under approval No. 4983/KEP-UNISA/XII/2025.

RESULTS AND DISCUSSIONS

Characteristics of the research setting and study subjects

Based on Table 1, the majority of the study subjects were women of reproductive age (WRA) who were housewives (84.7%). This finding indicates that most subjects had their primary activities within the domestic and immediate social environment. This condition may influence how subjects receive health information, particularly information related to reproductive health. Regarding educational attainment, most subjects had completed junior high school (42.4%). Despite the fact that most subjects had a moderate level of formal education, the results showed an increase in perceived susceptibility among WRA after receiving the cervical cancer leaflet. All WRA

included in the study were married (100%). This marital status places all subjects in a group that has entered the reproductive stage of life both socially and biologically. In the context of reproductive health, married women generally have greater exposure to risk factors associated with reproductive health conditions, including cervical cancer.

Table 1. Characteristics of the study subjects (n = 59)

Variable	n	%
Occupation		
Housewife	50	84.7
Civil servant	2	3.4
Private-sector employee	4	6.8
Other (laborer)	3	5.1
Education		
Elementary school	10	16.9
Junior high school	25	42.4
Senior high school/Vocational high school	18	30.5
Diploma	2	3.4
Bachelor's degree	4	6.8
Marital status		
Married	59	100.0
Unmarried	0	0
Sexual activity		
Sexually active	59	100.0
Not sexually active	0	0
Screening history		
Previous screening	17	28.8
No previous screening	42	71.2
Previous education		
Previously received education	37	62.7
No previous education	22	37.3

Source: Primary data, 2025

The results also showed that all WRA subjects had previously engaged in sexual intercourse with one partner (100%). Sexual activity is one of the major risk factors for Human Papillomavirus (HPV) infection, which is recognized as the primary cause of cervical cancer. Therefore, the sexual history of the subjects places them in a group at risk of developing the disease. Most WRA had never undergone cervical cancer screening, with 42 subjects (71.2%) reporting no previous screening, while only 17 subjects (28.8%) had undergone screening. This condition indicates a low perceived susceptibility to cervical cancer and highlights the importance of increasing awareness through health education. Although the WRA were in a risk group, their participation in screening remained low. A total of 37 WRA (62.7%) had previously received cervical cancer education, while 22 (37.3%) had not. Although most WRA had received education previously, screening uptake remained low. This finding suggests that previously acquired knowledge had not yet been sufficiently translated into individual risk perception. The leaflet provided by the researchers served to reinforce the education previously received, thereby increasing the level of perceived susceptibility.

Perceived susceptibility among WRA before cervical cancer leaflet provision

The results presented in Table 2 show that before receiving the leaflet, the majority of WRA had a moderate level of perceived susceptibility, comprising 38 subjects (64.4%), followed by a high level in 16 subjects (27.1%) and a low level in 5 subjects (8.5%). This distribution indicates that, at baseline, most WRA had not fully recognized their potential risk of developing cervical cancer, although all subjects belonged to a risk group because they were married and sexually active.

Table 2. Distribution of WRA's perceived susceptibility before leaflet provision

Category	n	%
Low	5	8.5
Moderate	38	64.4
High	16	27.1
Total	59	100.0

Source: Primary data, 2025

The predominance of moderate and low perceived susceptibility indicates that WRA's understanding of cervical cancer was still limited, particularly regarding risk factors, early symptoms, and the importance of early detection. This finding suggests that, before the intervention, the information possessed by the WRA was not sufficiently strong to optimally develop awareness of their risk. Therefore, strengthening health education was an important need in this study. This finding is consistent with the study by [Hasanah et al. \(2025\)](#), which reported that most WRA had moderate to low perceptions of risk before receiving health education, resulting in low participation in cervical cancer screening. Similarly, [Rosmawati and Wijayanti \(2024\)](#) found that low perceived susceptibility before an intervention was associated with limited exposure to structured and easily understandable information. Thus, the pre-test findings of this study further support the evidence that WRA require effective educational interventions to increase their perceived susceptibility to cervical cancer.

Perceived susceptibility among WRA after cervical cancer leaflet provision

The post-test results presented in Table 3 showed an increase in perceived susceptibility among WRA after receiving education using a leaflet in accordance with the standard operating procedure (SOP). A total of 32 WRA (54.2%) had a high level of perceived susceptibility, while 26 (44.1%) had a moderate level and only 1 subject (1.7%) remained in the low category.

Table 3. Distribution of WRA's perceived susceptibility after leaflet provision

Category	n	%
Low	1	1.7
Moderate	26	44.1
High	32	54.2
Total	59	100.0

Source: Primary data, 2025

Although not all participants reached the high category, this increase indicates a meaningful change compared with the pre-intervention condition. The increase in perceived susceptibility suggests that the structured leaflet, delivered in accordance with the standard operating procedure (SOP), was associated with improved understanding of

cervical cancer among WRA. The information was presented concisely and clearly and could be reviewed repeatedly, allowing participants to understand the material gradually and increasing their awareness of the risk of cervical cancer.

A previous study by [Aturrohman](#) (2024) reported that health education using printed media was effective in increasing perceived susceptibility because such media are easily accessible, do not depend on technology, and are appropriate for rural communities. Therefore, the post-test findings of this study further support the use of leaflets as an educational medium for increasing perceived susceptibility among WRA.

Differences in perceived susceptibility before and after leaflet distribution

Based on Table 4, there was a significant difference in the level of perceived susceptibility among WRA before and after receiving the cervical cancer leaflet. Statistical analysis using the *Wilcoxon signed-rank test* showed a *p*-value of < 0.001 ($p < 0.05$), indicating a significant difference in perceived susceptibility before and after leaflet provision.

Table 4. Analysis of perceived susceptibility before and after leaflet provision

Leaflet Provision	Perceived Susceptibility				<i>Wilcoxon p-value</i>
	Low n (%)	Moderate n (%)	High n (%)	Total n (%)	
<i>Pre-test</i>	5 (8.5)	38 (64.4)	16 (27.1)	59 (100.0)	<0.001
<i>Post-test</i>	1 (1.7)	26 (44.1)	32 (54.2)	59 (100.0)	

Note: *Wilcoxon signed-rank test; significant if *p*-value < 0.05

Perceived susceptibility refers to an individual's perception of being at risk of developing a particular health condition based on their experiences, symptoms, and knowledge ([Dianaulina et al.](#), 2025). Among WRA, perceived susceptibility to cervical cancer is associated with perceptions of concern, risk, and knowledge regarding cervical cancer. According to the *Health Belief Model* (HBM), the higher an individual's perceived susceptibility, the greater their tendency to engage in disease prevention efforts ([Alyafei and Easton](#), 2025).

The results showed that one WRA (1.7%) remained in the low perceived susceptibility category after the post-test. Although this finding was not fully expected after leaflet provision, the subject still experienced an increase in their score from the pre-test to the post-test. The low level of perceived susceptibility may have been influenced by several factors, including limitations in the subject's ability to understand the information, low reading interest, and limited communication. This finding is consistent with research indicating that leaflet-based educational media may not be optimally effective when they are not adapted to the characteristics of the target population and are not supported by interpersonal communication ([WHO](#), 2020).

Statistical analysis using the *Wilcoxon signed-rank test* showed a *p*-value of < 0.001 ($p < 0.05$), indicating a significant difference in perceived susceptibility among WRA before and after receiving the cervical cancer leaflet. These findings indicate a change in perceived susceptibility following leaflet distribution in accordance with the standard operating procedure (SOP), covering aspects of the definition, risk factors, symptoms, management, and prevention of cervical cancer.

This finding is consistent with the study by [Warsinah et al.](#) (2023), which reported that leaflets could increase WRA's interest in undergoing cervical cancer screening based on comparisons before and after leaflet-based education. Midwives play an

important role in providing reproductive health education, particularly regarding cervical cancer. Health education can provide additional information that is useful for increasing individual knowledge. Such information can be delivered through various media, both in group and individual settings (Raidanti and Wijayanti, 2022). Midwives also play an important role in strengthening community health, particularly through direct interaction with communities to promote and support preventive and promotive health efforts.

CONCLUSIONS

This study showed a significant difference in perceived susceptibility to cervical cancer among women of reproductive age (WRA) before and after the distribution of the leaflet. The findings indicated an increase in the category of perceived susceptibility among WRA following health education using the leaflet. Before the education, most participants had a moderate level of perceived susceptibility. After receiving health education through the leaflet, there was an increase in the perceived susceptibility category, with the majority of participants falling into the moderate and high categories. These findings indicate that health education using leaflets can serve as a medium for delivering information about the risks and prevention of cervical cancer, supported by the role of midwives in providing reproductive health education. This study examined only one aspect of the Health Belief Model (HBM). Further research is recommended to examine all aspects of the HBM more comprehensively.

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