

IMPROVING HEALTH BEHAVIOR ABOUT PSYCHOSOCIAL AND NUTRITIONAL STATUS THROUGH NURSING AND NUTRITIONAL HEALTH INTERVENTIONS IN KAMPUNG BARU KUALA LUMPUR

Tutik Agustini¹⁾, Yusriani,^{2)*} Muhammad Khidri Alwi²⁾, Alike Nurul Hidayah⁴⁾, Syabania Hasana Muhammad⁵⁾

^{1, 2, 3, 4, 5} Universitas Muslim Indonesia

email: yusriani.yusriani@umi.ac.id

Article Info Submitted Accepted Published	ABSTRACT
Handling Editor:	<i>Students who attend informal education centers generally come from families with low socioeconomic backgrounds, which makes them vulnerable to psychosocial problems such as stress, anxiety, and low self-confidence. Furthermore, inadequate nutritional intake risks leading to nutritional status issues such as chronic energy deficiency (CED) and underweight. These psychosocial and nutritional issues can directly impact children's health, development, and academic achievement. Therefore, integrated efforts are needed to improve their health behavior about psychological well-being and nutritional status. The solutions offered in this community service activity are community nursing interventions and nutritional health interventions. The nursing approach is implemented to support students' mental health through activities such as group counseling, social skills training, and strengthening peer support. Meanwhile, the nutritional health approach is implemented through balanced nutrition education, training in preparing menus based on local foods, and providing nutritious supplementary feeding (PMI). A participatory approach was used, including educational sessions, practical demonstrations, and assessments through pre- and post-tests. The results showed significant improvements, with knowledge increasing from 35% to 95%, positive attitudes from 35% to 85%, and practical skills from 27% to 90%. Outputs included scientific publications, educational videos, posters, and enhanced cadre competencies. The program provided sustainable benefits by empowering students to promote health within their community and contributed to university performance indicators through active involvement of students and faculty. Overall, the program successfully achieved its objectives, with recommendations for continued support and collaboration to sustain and expand its impact.</i>
Keywords: Psychosocial care; healthy eating habits; nutritional and health status; elementary school; health behavior.	

1. INTRODUCTION

The Muhammadiyah Kampung Baru Studio is an informal educational institution that serves as a learning center for children from the Indonesian migrant community living in the Kampung Baru area of Kuala Lumpur, Malaysia. The children at the studio are mostly from migrant worker families and informal sector workers, who generally have limited access to healthcare, formal education, and adequate psychosocial support.

Based on initial observations and communication with the studio management, several conditions were identified that underpinned the need for community service: 1) Students' suboptimal nutritional status. Most students lack a regular and balanced diet. Family economic factors, low nutritional knowledge, and limited access to nutritious food are the main causes. The lack of regular nutritional status monitoring results in potential malnutrition or overnutrition not being detected early. 2) Psychosocial Issues of Migrant Children: Children at the studio face psychosocial challenges, such as feelings of isolation, anxiety, stress due to family circumstances, and limited opportunities for self-expression. This can impact their emotional development, concentration in learning, and social relationships. The lack of professional

support causes these issues to persist and go unnoticed. 3) Limited Capacity: Partners, studio managers, teachers, and volunteers generally lack specific training related to monitoring children's nutrition and mental health. Studio activities focus more on basic academic aspects, while health and psychosocial aspects remain a low priority. This is exacerbated by the lack of regularly accessible health workers or psychologists. 4) Lack of Health Education Resources: Relevant and practical educational media or modules on the importance of nutrition and psychosocial health for children are unavailable. Teachers and parents are not yet equipped with guidance they can use to help children independently. 5) High Enthusiasm and Potential for Collaboration: Despite facing various limitations, the studio demonstrated high enthusiasm and openness to collaboration with the community service team. This presents significant potential for ensuring the sustainability of the program's impact, provided appropriate training and mentoring are provided.

Students at the studio exhibit classic symptoms of malnutrition, such as underweight, low energy, and low immunity. Initial observations indicate that many children skip breakfast before class, consume instant foods or low-nutrition snacks, and lack a basic understanding of the importance of a

balanced diet. This lack of awareness is further exacerbated by families' economic circumstances, which limit their ability to afford healthy food. This directly impacts students' concentration and academic performance, ultimately impacting their educational success.

In addition to nutritional issues, students' psychosocial well-being is also a major concern. Many students experience communication difficulties, lack self-confidence, and exhibit passive or even aggressive behavior in interactions. This can be caused by traumatic experiences, lack of parental attention, or an unsupportive home environment. Students facing emotional stress without adequate psychosocial support are at risk of impaired social and cognitive development. Furthermore, studio facilitators, who are generally not health or psychology professionals, lack the capacity or training to provide appropriate interventions.

2. METHODS

This program used a community-based participatory approach with pre-and post-intervention evaluation at the Muhammadiyah Learning Guidance Center, Kampung Baru, Kuala Lumpur. Activities were jointly implemented by a multidisciplinary team from health promotion, nursing, and nutrition departments.

The participants consisted of 30 elementary school students aged 9–12 years. Inclusion criteria included active attendance at the center and parental consent. Baseline demographic information was collected prior to the intervention.

The intervention integrated nursing psychosocial activities and nutritional education. Nursing activities included stress management workshops, group relaxation, self-care education, and peer counseling. Nutritional activities included balanced diet education, healthy cooking demonstrations, anthropometric measurements, and maintenance of a food diary.

Preparation phase (coordination and baseline data), Educational sessions, Practice and monitoring, and Evaluation and reflection (post-test and feedback).

This study measured three main components: knowledge, attitudes, and behaviors related to psychosocial and nutritional status. Each variable was measured using a developed instrument to reflect respondents' level of understanding, attitudinal tendencies, and actual practices in the context of psychosocial health and nutritional fulfillment.

Knowledge about psychosocial and nutritional status was measured using a 10-question knowledge test. Operationally, knowledge is defined as

the respondent's level of understanding of the basic concepts of psychosocial status, the importance of mental health, the principles of balanced nutrition, and the relationship between psychosocial conditions and nutritional status on health. Each correct answer was given a score of 1, while an incorrect answer was given a score of 0, resulting in a total score ranging from 0 to 10. The objective assessment criteria were categorized as good if the respondent scored $\geq 76\%$ of the total score (8–10), fair if they scored 56–75% (6–7), and poor if they scored $\leq 55\%$ (0–5).

Attitudes toward psychosocial and nutritional status were measured using a Likert-style attitude scale with a score range of 1–5, ranging from strongly disagree to strongly agree. Operationally, attitude is defined as an individual's internal assessment or response to the importance of maintaining psychosocial health and achieving balanced nutrition. The attitude instrument consists of several statements describing the respondent's perceptions, beliefs, and acceptance of psychosocial health and nutrition practices. The total score is obtained by summing all item scores. Objective criteria are categorized as positive if the respondent's score reaches $\geq 76\%$ of the maximum score, fair if it falls within the range of 56–75%, and negative if it falls $\leq 55\%$ of the maximum score.

Behaviors related to psychosocial and nutritional status are measured using a behavior checklist that assesses respondents' actual practices through observation or reporting of daily practices. Operationally, behavior is defined as an individual's concrete actions in maintaining a balance between psychosocial conditions and healthy nutritional consumption patterns, such as nutritious eating habits, stress management, healthy social interactions, and the implementation of other healthy lifestyle habits. Each practice performed is given a score of 1, while those not performed are given a score of 0. The total score is then objectively categorized as good behavior if it reaches $\geq 76\%$ of the total score, adequate behavior at 56–75%, and inadequate behavior at $\leq 55\%$ of the total score.

With this approach, measuring knowledge, attitudes, and behavior can provide a comprehensive picture of an individual's level of readiness to understand, accept, and implement practices that support psychosocial health and nutritional status. Data were analyzed using descriptive statistics.

Implementation Stages

a. Preparation Stage

- 1) Coordination with relevant stakeholders, such as the Head of Sanggar Bimbingan

Muhammadiyah Kampung
Baru, Kuala Lumpur, Malaysia.

- 2) Coordination with students as prospective participants.
 - 3) Socializing with partners, in this case, students at the sanggar bimbingan who will participate in education and training activities.
 - 4) Preparing materials, equipment, and modules for education and training.
 - 5) Researching references for education and training materials.
 - 6) Coordination with the printing service.
 - 7) Preparing the location/venue for education and training. Socializing the objectives and activities of the program to students and teachers (Notoatmodjo, 2022).
- b. Activity Stage
- Nutrition Education and Intervention
- a. Providing interactive counseling regarding healthy eating patterns, nutritious local food, and good eating habits for children.
 - b. Hold a demonstration of a healthy and cheap menu that suits the economic context of the student's family.
 - c. Develop a simple monitoring schedule that teachers/parents

can carry out regarding children's eating habits.

Psychosocial Intervention

- a. Hold supportive group therapy sessions and educational games to improve students' social interactions, self-confidence, and emotional expression.
 - b. Carrying out psychosocial assistance based on a community nursing approach, using empathetic, narrative and expressive approach methods (through drawing, telling stories, etc.).
 - c. Provide light counseling space for students who need special attention.
 - d. Early detection of children's nutritional and psychosocial problems.
 - e. Providing educational modules and pocket books to support ongoing coaching.
- c. Evaluation Stage
- Pre-test and post-test questionnaires are used to measure the improvement in participants' knowledge and skills. Observations are made to assess how well participants perform health-related tasks during role-playing and practical activities. Additionally, feedback sessions are conducted to evaluate the overall effectiveness of

the program and identify areas that may need further improvement. These steps ensure that the program's impact is properly assessed and that adjustments can be made to enhance its effectiveness (Asri et al., 2021).

3. RESULTS AND DISCUSSION

Socialization of PKM Activity

Community service outreach activities were carried out at the Muhammadiyah Tutoring Studio. The socialization activity was attended by the Principal, Teachers and students as potential training participants.

In the next stage, the implementing team (chairman and members) discussed the implementation of education by compiling counseling materials that would be delivered to partners, also discussed training methods, training instruments such as evaluation (pre-test and post-test) and educational aids and training on how to eat healthy, nutritious local food and good eating habits for children, demonstration of healthy and cheap menus that are appropriate to the economic context of the student's family, supportive group therapy sessions and educational games to increase students' social interaction, self-confidence and emotional expression, psychosocial assistance based on a nursing approach community, with empathic, narrative

and expressive approach methods (through drawing, telling stories, etc.), early detection of children's nutritional and psychosocial problems.

Discuss and reconfirm with partners (the school) regarding the timing of activities (training) so that they do not coincide with the Islamic boarding school's activity schedule. The location of the activity (training) and the training support tools needed are also discussed. Apart from that, determine the participants who will take part in the training and what the process of implementing the training will be for partners.

Education and Training Program

Providing education and training by the Implementation Team to partners through lecture, discussion, demonstration and observation methods, in the context of increasing knowledge and attitudes regarding the implementation of healthy eating patterns, improving the physical and psychosocial health status of school children, so that it is hoped that participants can actively participate in training activities to improve participants' knowledge, attitudes and practices which will have an impact on increasing the level of public health. Education and training activities by the implementing team were carried out at the Muhammadiyah Guidance Studio.

30 Wisma Sabarudin Jl. Raja Alang Kampung Baru, 50300, Kuala Lumpur, Malaysia. The training was attended by 30 participants.

After the registration process, the education and training process takes place. The training begins with giving a pre-test, to measure the participants' abilities and the focus of the material that will be provided. Followed by an explanation of the objectives of providing education and training (material, methods and evaluation) and the expected results.

The education and training materials provided are: (1) Building Learning Commitment (BLC) to increase learning commitment so as to achieve the targets that have been set. (2) Psychosocial Health. and (3) How to Maintain a Healthy Diet, Nutritional Status and Physical Health.

The training methods used are lecture, question and answer, observation, demonstration, and practice. The education and training process takes place full of enthusiasm and enthusiasm, because the material presented is relevant to everyday life and the many problems and challenges they face are conveyed during education and training. Education and training are also characterized by active discussions about various matters related to participants' experiences in carrying out

work. After completion of the training, an evaluation is carried out in the form of a post test on the material that has been provided.

a. Registration Process

The participants welcomed the community service team. During the registration process, participants filled out an attendance sheet and received a folder containing essential materials, such as a handbook, notebook, pen, and an ID card.

b. Pre-Test Administration

After the registration process, a pre-test is given before carrying out education and training. The pre-test questions consist of 30 question items which include 10 questions about knowledge, 10 questions about attitudes and 10 questions about practice/skills. The content of the questions is adapted to educational and training material in achieving targets of increasing participants' knowledge, attitudes and skills in implementing psychosocial care education, implementing healthy eating patterns, as well as ways to improve the nutritional and health status of school children.



Figure 1. Pre-Test Administration

c. Delivery of Building Learning Commitment (BLC) Material

In a participatory training approach, creating an optimal learning environment is essential, as participants' active involvement hinges on the dynamics established during the training. The BLC method aims to initiate and foster learning commitment by encouraging participants to express their hopes for the training. It also involves setting values and norms agreed upon collectively by all participants. This commitment-building process begins with getting to know each other, discussing expectations, and establishing norms that guide the training sessions. This process is crucial for ensuring all participants are actively engaged in achieving the goals of the training.



Figure 2. Providing BLC Material

d. Delivery of Training Material

The training program included essential topics such as concepts of psychosocial status, the importance of mental health, the principles of balanced nutrition, and the relationship between psychosocial conditions and nutritional status on health. Various methods such as lectures, Q&A sessions,

brainstorming, group discussions, and demonstrations were used to facilitate the learning process. The media and teaching aids included wireless microphones, sound systems, speakers, laptops, projectors, notebooks, pens, ID cards, banners, videos, and posters.



Figure 3. Providing Material

e. Provision of First Aid Equipment

The equipment provided in the effort to implement PkM at the Muhammadiyah Kampung Baru tutoring studio, Kuala Lumpur Malaysia includes:

- Pressure meter
- Thermometer
- Educational Posters.





Figure 3. Providing Tensimeters and Thermometers, poster

Participant Description

Table 3.1 Characteristics of Students at Sanggar Bimbingan Belajar Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia in 2025.

	Target	N=30	100%
Characteristics			
Class			
4	10	33,0	
5	9	30,0	
6	11	37,0	
Age			
10	10	33,0	
11	9	30,0	
12	11	37,0	
Gender			
Male	17	57,0	
Female	13	43,0	

Source: data proceed

The target participants in this activity are students from the Sanggar Bimbingan Belajar Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia, totaling 30 individuals. The characteristics of the participants are based on age and gender, as shown in Table 3.1 above.

Table 1 shows that the majority of students who took part in education and training on psychosocial care, implementing healthy eating patterns, how to improve the nutritional status and health status of children at the

Muhammadiyah Tutoring Studio, Kampung Baru Kuala Lumpur, Malaysia were in grade 6 37%, the majority were 11 years old 37%, and the majority were 17 years old 57%, and male 43%.

These demographic characteristics indicate that the majority of participants in this educational and training program are from higher grade levels (grade 6) and are within the age group of 11 years old. This suggests that this age group and grade level are more easily engaged in health training, both in understanding the theory and in applying the practices taught. The gender diversity among the participants also shows that the program is inclusive, allowing both male and female students to participate, which is expected to broaden the positive impact of this training within their community.

Achieved Results

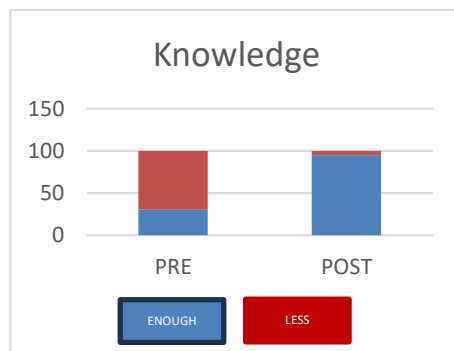
- Increasing sufficient knowledge about psychosocial care, implementing healthy eating patterns, how to improve nutritional status and children's health status.
- Increasing positive attitudes towards psychosocial care, implementing healthy eating patterns, ways to improve nutritional status and children's health status.
- Increasing positive actions in carrying out or implementing psychosocial care, implementing healthy eating

patterns, ways to improve nutritional status and children's health status.

- d. Availability of Tensimeter and Thermometer equipment to measure students' blood pressure and body temperature, as well as educational posters on healthy and nutritious eating patterns.

Changes in Knowledge Before and After Education and Training

The results, as depicted in Graph 1, illustrate a significant improvement in the participants' knowledge levels after completing the education and training program. Before the program, only 35% of the participants demonstrated a sufficient level of knowledge about psychosocial care, implementing healthy eating patterns, how to improve nutritional status and children's health status. However, after the program, this figure rose dramatically to 95%.



Graph 1: Knowledge During Pre- and Post-Test

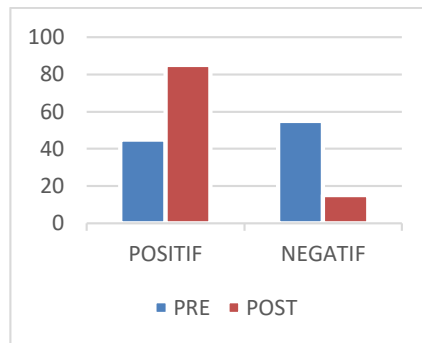
This notable increase highlights the effectiveness of the education and training sessions conducted at Sanggar

Bimbingan Belajar Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia. The program successfully enhanced the participants' understanding of them with the necessary knowledge to apply psychosocial care, implementing healthy eating patterns, how to improve nutritional status and children's health status independently.

Changes in Attitudes Through Education and Training

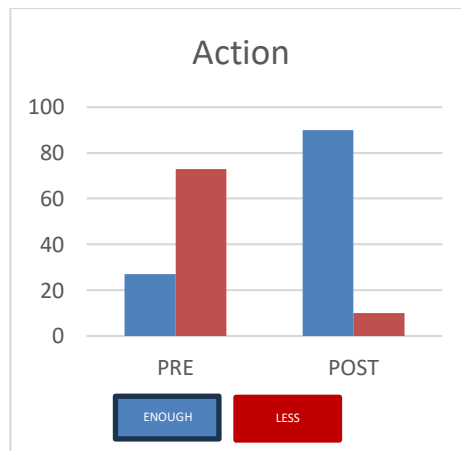
The results displayed in Graph 2 indicate an improvement in participants' positive attitudes after participating in the education and training program. Before the program, only 35% of participants demonstrated a positive attitude toward the implementation of psychosocial care, implementing healthy eating patterns, how to improve nutritional status and children's health status. After the program concluded, this figure significantly increased to 85%.

However, 15% of participants still exhibited negative attitudes post-training. This outcome is attributed to ingrained habits and values that influence their perception of the materials presented. Nevertheless, these findings underscore that the training program had a significant impact on fostering more positive attitudes among the majority of participants.



Graph 2: Attitude Chart Before and After Training
Changes in Actions Before and After Education and Training

Graph 3 illustrates a notable improvement in the category of good actions or skills among participants in the Training Program at the Muhammadiyah Learning Guidance Center in Kampung Baru, Kuala Lumpur, Malaysia. Before the implementation of the education and training program, only 27% of participants demonstrated good actions or skills. This figure significantly increased to 90% after the program.

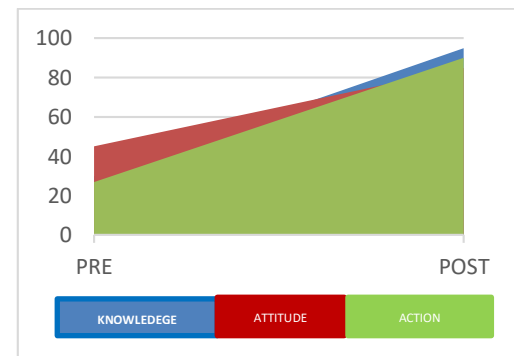


Graph 3. Action Scores at Pre-Test and Post-Test

Nevertheless, 10% of participants still exhibited poor actions or skills after the training. This shortfall can be attributed to ingrained values and habitual behaviors that impacted their ability to fully adopt the training materials.

Despite this, the overall results reflect the program's effectiveness in fostering substantial improvements in the majority of participants' abilities to practice psychosocial care, implementing healthy eating patterns, how to improve nutritional status and children's health status.

Comparison of Knowledge, Attitude, and Action Changes Before and After Education and Training



Graph 4. Comparison of Knowledge, Attitude, and Action at Pre and Post Test

The results displayed in Graph 4 show a significant improvement in knowledge, attitude, and actions among the training participants at Sanggar Bimbingan Belajar Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia,

after undergoing the education and training program.

In terms of knowledge, before the training, 70% of participants had inadequate knowledge, whereas after the training, only 5% showed insufficient knowledge, with 95% demonstrating good knowledge improvement. Regarding attitude, before the program, 55% of participants had a negative attitude towards the implementation of psychosocial care, implementing healthy eating patterns, how to improve nutritional status and children's health status. After the training, the number of participants with a positive attitude significantly increased to 85%.

In terms of actions, before the training, 73% of participants had inadequate actions in implementing psychosocial care, implementing healthy eating patterns, how to improve nutritional status and children's health status. After the training, this figure rose dramatically to 90%, indicating that most participants were now able to demonstrate good skills in performing these tasks. These results demonstrate that the education and training program had a significant impact on improving participants' knowledge, attitudes, and actions, with the majority showing improvements in each area assessed.

Issues and Challenges

The community service activity aimed at the formation and training of students) at the elementary school level proceeded smoothly, with most aspects of the program running as planned. However, there were a few challenges that emerged during the implementation of the program. However, the team acted quickly to resolve the problems. The sound system issue was addressed by adjusting the settings and using backup equipment. The laptop-LCD connection was restored by troubleshooting the cables and using an alternative connection method. Thanks to the swift response from the team and cooperation from the participants, these technical difficulties were resolved within a short period, and the training session continued without further delays.

4. CONCLUSION

Education and training for students on psychosocial care, healthy eating habits, and how to improve children's nutritional and health status at the Muhammadiyah Kampung Baru Kuala Lumpur, Malaysia Tutoring Center demonstrated improvements in knowledge, attitudes, and practices regarding psychosocial care, healthy eating habits, and how to properly improve children's nutritional and health status.

The sphygmomanometer and thermometer equipment provided to measure students' blood pressure and

body temperature, along with educational posters on healthy and nutritious eating patterns, can be utilized as tools in providing basic assistance or services, implemented in schools and distributed to the entire school community.

5. ACKNOWLEDGMENT

The authors express sincere gratitude to the **Lembaga Pengabdian Kepada Masyarakat Universitas Muslim Indonesia (LPkM UMI)** for funding support under the International Community Service Program Scheme. Appreciation is also extended to the Muhammadiyah Learning Guidance Center, Kampung Baru Kuala Lumpur, and all participating students.

6. REFERENCES

- Ali, Zaidin. (2010). *Dasar – Dasar Pendidikan Kesehatan Masyarakat dan Promosi Kesehatan*. Jakarta: Trans Info Media
- Alves da Costa FA-O, Verschuuren MA-O, Andersen YA-O, Stürup-Toft SA-O, Lopez-Acuña DA-O, Ferreira-Borges CA-O. (2022). The WHO Prison Health Framework: a framework for assessment of prison health system performance. (1464-360X (Electronic))
- Aminullah, A. (2019). Penyuluhan Hidup Bersih Dan Sehat (Phbs) Pada Siswa Di Sdn 183 Rabu Dan Sdn 196 Kasisi Desa Tallunggura, Kecamatan Curio, Kabupaten Enrekang. *Maspul Journal Of Community Empowerment*, 1(1), 1– 6
- Arafat SMY, Kar SK, Abhayanayake C, Sharma P, Marthoenis M (2024). Prison mental health in South-East Asia: A narrative review. *Brain and behavior*. 14(8):e70004.
- Asri, I. H., Lestari, Y., Husni, M., Muspita, Z., & Hadi, Y. A. (2021). Edukasi Pola Hidup Sehat Di Masa Covid-19. *Jurnal Abdi Populika*, 2(1), 56–63. <https://ejournal.hamzanwadi.ac.id/index.php/abdipopulika/article/view/3105>
- Bedaso A, Ayalew M, Mekonnen N, Duko B. (2020). Global Estimates of the Prevalence of Depression among Prisoners: A Systematic Review and Meta-analysis. *Depression research and treatment*. 3695209.
- Carl I Fertman Diane D Allensworth (2010). *Health Promotion Programs From Theory To Practice*, Jossey-Bass A Wiley Imprint 989 Market Street, San Francisco, CA 94103-1741—www.josseybass.com.
- Darmawan, D., Alamsyah, T., & Rosmilawati, I. (2020). Participatory Learning and Action untuk Menumbuhkan Quality of Life pada Kelompok Keluarga Harapan di Kota Serang. *Journal of Nonformal Education and Community Empowerment*, 4(2), 160–169. <https://doi.org/10.15294/pls.v4i2.41400>
- Damayanti, I., Ridwan, Z., Fitra, M. A., Nursyafiq N., & Sulfian, S. (2022). Senam Indonesia Sehat dalam Meningkatkan Imunitas Tubuh saat Pandemi Covid-19 di Desa Bulu- bulu. *Jurnal Lapa-lepa Open*, 1(5), 1025-1031.
- Dosen, B., Tarbiyah, F., & Bengkulu, I. (2018). Konsepsi Literasi Informasi (Information Literacy) Dalam Pendidikan Islam. *AL Maktabah*, 3(1), 30–35. <https://ejournal.iainbengkulu.ac.id/index.php/almaktabah/article/view/1220>
- Elder J, A. G., Harris S, (1999). "Theories and intervention approach to health-behavior change in primary care." *Am J Prev Medicine* 17: 275-284.
- Green, L. d. M. K. (2000). "Health Promotion Planning An Educational and Environmental Approach."
- Gunarsa, S. D., & Wibowo, S. (2021). Hubungan Kualitas Tidur Dengan Kebugaran Jasmani Siswa. *Jurnal Pendidikan Jasmani*, 09(01), 43–52.
- Jrank. (2010). *Personal Hygiene and Health Care*. [serial online]. Diakses melalui <http://healthcare.thomsonreuters.com/research> pada tanggal 20 Maret 2020 Jam 08.00 WIB
- Notoatmodjo S. (2010). *Promosi Kesehatan Teori dan Aplikasi*. Jakarta, Rineka Cipta.
- Sari, I. P. T. P. (2013). *Pendidikan Kesehatan Sekolah Sebagai Proses Perubahan*

- Perilaku Siswa. Jurnal Pendidikan Jasmani Indonesia, 9(2), 141–147. <https://journal.uny.ac.id/index.php/jpji/article/viewFile/3017/2510>
- Van Hout MC, Fleißner S, Klankwarth U-B, Stöver H. (2022). “Children in the prison nursery”: Global progress in adopting the Convention on the Rights of the Child in alignment with United Nations minimum standards of care in prisons. *Child Abuse & Neglect*. 134:105829
- Wangmo T, Handtke V, Bretschneider W, Elger BS. (2018). Improving the Health of Older Prisoners: Nutrition and Exercise in Correctional Institutions. 1940-5200
- Wilma W, Hamid AYS, Handiyani H, Darmawan ES. (2023). Nursing services as perceived by inmates in correctional facilities in Jakarta, Indonesia: A qualitative study. *Belitung Nursing Journal*. 9(2):184-91.
- Wilma, Yani A, Handiyani H, Darmawan ES. (2023). Development of Nursing Standard at Correctional Facilities in Indonesia. Dissertation: Universitas Indonesia.
- Yusriani, Y., & Alwi, M. K. (2018). Buku ajar promosi kesehatan dan pemberdayaan masyarakat. *Book & Articles Of Forikes*, 9, 1-59
- Yusriani, Y., Alwi, M. K., Romalita, Y., & Dewi, S. (2019). The Role Of Public Health Workers As A Facilitator In Preventing Of Maternal Death In Gowa District. *Urban Health*, 2(1).