

Collaboration between Medical Professionals and Religious Leaders in Managing Acute Respiratory Tract Infections in Toddlers

Siti Khusnul Khotimah¹

Anik Sri Purwanti²

sitikhusnulkhotimah@gmail.com

aniksri@itsk-soepraoen.ac.id

Abstract: This article discusses the role of religious leaders and health workers in the prevention-provision of eucalyptus oil steam therapy for toddlers with respiratory infections in Jombang Village, Jombang District, Jombang Regency. This study is a qualitative case study approach. Data sources were selected based on competencies, including 2 health workers and 2 religious leaders, through interviews, observations, and documentation. Data were analyzed through the stages of data reduction, data presentation, and concluding extended observation and confirmation. The results of the study concluded; that collaborative religious leaders were carried out by increasing their understanding of respiratory infections, and behaving in a clean and healthy lifestyle. Health workers provide eucalyptus oil steam therapy effectively to help smooth breathing, thin secretions, relieve pain in the baby's throat.

Keywords: health workers, religious leaders, prevention, therapy, acute respiratory tract infection (ARI).

Abstrak: Artikel ini membahas peran tokoh agama dan tenaga kesehatan dalam pencegahan dan pemberian terapi uap minyak kayu putih pada balita penderita infeksi pernafasan di Desa Jombang Kecamatan Jombang Kabupaten Jombang. Penelitian ini berjenis kualitatif pendekatan studi kasus. Sumber data dipilih dengan mempertimbangkan kompetensi seperti 2 tenaga kesehatan dan 2 tokoh agama melalui wawancara, observasi dan dokumentasi. Data dianalisis dengan tahapan reduksi data, penyajian data dan penarikan kesimpulan setelah perpanjangan pengamatan dan konfirmabilitas. Hasil penelitian menyimpulkan; kolaboratif tokoh agama dilakukan melalui meningkatkan pemahaman tentang infeksi pernafasan, menjaga perilaku hidup bersih dan sehat. Tenaga kesehatan memberikan terapi uap minyak kayu putih efektif membantu melancarkan pernafasan, mengencerkan secret, meredakan nyeri pada tenggorokan bayi.

Kata Kunci: tenaga kesehatan, tokoh agama, pencegahan, terapi, acute respiratory tract.

¹ Institut Teknologi Sains dan Kesehatan (ITSK) RS dr Soepraoen Malang

² Institut Teknologi Sains dan Kesehatan (ITSK) RS dr Soepraoen Malang

Introduction

Global commitments to children's health have been widely proclaimed by the world community, one of which is in the document A World Fit for Children 2024 reaffirming the Millennium Development Goals which have not been achieved evenly (Lundy et al., 2024), especially in developing countries including Indonesia. This is reinforced by the results of the 2024 National Health Survey showing that the proportion of infant mortality due to ARI is still 28% (Alkayyis, 2024), which means that out of 100 toddlers who die, 28 of them die from ARI, especially in toddlers where 80% of ARI deaths are due to Pneumonia (UNICEF, 2024).

Meanwhile, Data in 2024 shows that the toddler mortality rate due to respiratory system diseases is 4.9/1,000 toddlers, which means that around 5 out of 1,000 toddlers die each year from Pneumonia (Cardinale et al., 2024). It can also be interpreted that around 140,000 toddlers in Indonesia die each year. In East Java Province, based on the 2024 health profile, the number of pneumonia sufferers in toddlers reached 14,488 people and those handled by health workers were 13,306 people or around 91.84% (Thamrin et al., 2023).

Specifically for Jember Regency in 2024, there were 2,327 cases of Pneumonia in Toddlers and those handled by health workers were 2,266 people or around 97.38%. In 2023, there were 2,644 cases of Pneumonia and 121 cases of severe pneumonia (Hairat, 2023). To realize programs to overcome mortality rates in the respiratory system, it is necessary to have a step idea or contribution (either physically, materially, or non-materially) owned by health workers by collaborating the role of religious figures for success in overcoming acute respiratory infection (ARI) (Herzig van Wees et al., 2021).

Several studies such as those shown by (Kruger et al., 2025) regarding the significant influence on awareness of the dangers of HIV. (Rumun, 2024) research also concluded almost the same thing that the role of community leaders can increase awareness of pregnant women in preventing stunting in infants. In line with (Alderwick et al., 2023) research which shows the effectiveness of the role of collaboration between health workers and religious leaders in increasing the participation of toddlers to complete the polio vaccine in toddlers.

In line with the results of a survey conducted by the Katadata Insight Center together with the Ministry of Communication and Information and the National

Digital Literacy Movement Siberkreasi in the National Digital Literacy Survey (Bandara & Neudorf, 2023) which found that respondents put the highest trust in information sourced from religious leaders. Based on the survey, as many as 50.6 percent answered that they trusted religious leaders and 34.7 percent answered that they were indifferent.

This is supported by the statement of the research results of (Kurniawat et al., 2023) which states that the role of religious leaders greatly influences the behavior and order of preventing Covid transmission in the community, especially supported by (Essa-Hadad et al., 2022) the existence of communication and digital media that exemplify religious figures in efforts to prevent Covid transmission, supported by the existence of fatwas from scholars and government policies that can increase public awareness in efforts to prevent Covid transmission.

The role of religious figures offered as a difference and novelty carried out in this study is an effort to provide education that can encourage someone to take action that is by health science standards in dealing with acute respiratory tract infections in toddlers (Zarkasyi, 2023), including by encouraging the community to maintain air cleanliness in the residence and environment of toddlers through parental awareness not to smoke, not to burn garbage and manage it effectively (Marpole et al., 2020). Religious figures are involved in the planning, implementation, and evaluation process of activities carried out so that there is a commonality of steps and good commitment as an approach to the primary target (mothers and toddlers) to increase independence and concern for the prevention and treatment of ARI (Andriansyah, 2023).

The goal to be achieved in promotional efforts for this target is to increase the knowledge, attitudes, and behavior of families in preventing and caring for children so that it has an impact on reducing morbidity and mortality due to ARI - Pneumonia. This collaborative role requires coordination alignment, aligning efforts or activities along with their operational movements so that they can provide maximum contribution to the success of collaborative efforts, one of the coordination activities is holding a meeting to discuss the plan for dealing with acute respiratory tract infections (Czekajewska et al., 2023).

This is considered necessary, considering the magnitude of the problems caused by the lack of knowledge and awareness as well as community skills in preventing and

treating ISPA in toddlers. Therefore, a study is needed to determine the role of health workers and religious leaders in reducing the death rate due to acute respiratory tract infection in Jombang Village, Jombang District, Jember Regency.

Research Method

Qualitative research aims to understand phenomena in depth and comprehensively, especially those related to the meaning, views, and experiences of individuals or groups in their social context (Brailas & Tragou, 2023). The approach that can be used in this study is the case study approach. Some data collection techniques that can be used in this qualitative research include (Pfeifer & Dolan, 2023).

Participatory Observation, in some cases researchers are directly involved in digital-based health education activities and observe how religious leaders interact with the community to provide health information (Negou & Fonkem, 2023). In-depth interviews with religious leaders who have been involved in digital-based health education programs, such as health applications, and counseling that provides health information (Oranga & Matere, 2019). Interviews were conducted by researchers with religious leaders, educators, and health workers at a health center and clinic in Jombang Village, Jember Regency (Caniago, 2021).

Data analysis In this study, researchers look for patterns and themes that emerge from the data collected through the stages of data condensation, data presentation, and conclusion. Researchers identify the main themes that emerge from interviews, group discussions, or observations (Tosoni & Zuccalà, 2020). Themes about the accessibility of health information through digital media, the positive impact of digital health education, or challenges faced in receiving health information. Triangulation techniques are carried out by comparing various data sources or data collection methods to ensure the accuracy of the findings. Researchers compare findings from interviews with data obtained through FGDs, researchers analyze documents to gain a more complete understanding (Barroga & Janet, 2023).

Result and Discussion

The Role of Medical Personnel through Melaleuca leucadendron Steam Therapy in Handling Toddlers with Acute Respiratory Tract Infection in Jombang, Jember Regency

Treatment of Health Workers in Handling Toddlers with Acute Respiratory Tract Infection through Melaleuca leucadendra Steam Therapy in Jombang, Jember Regency from the observation results showed that: after being given eucalyptus oil steam therapy, secretions were able to come out but not optimally as shown by the results of the study, namely before the steam therapy the client complained of a stuffy nose, the mother said that mucus was difficult to get out, there was an increase in respiratory rate of 33 x / minute. After the therapy, secretions were still difficult to get out, the respiratory rate increased to 35 x / minute, and in the 2nd steam therapy the client was calmer, the respiratory rate was 30 x / minute, and secretions came out but not optimally. (Observation. Jombang Health Center. May 29, 2025).

Meanwhile, client no. 2 showed that the provision of eucalyptus oil steam therapy intervention on clients with ineffective airway clearance with ISPA showed that in patient I before being given therapy the client had a secret (cannot be removed), respiratory rate 28 x / minute. After the first therapy the client said that breathing was easier there was a secret but could remove the secret more easily, The Respiratory rate, was 22 x / minute, normal breathing pattern and after the second therapy, the respiratory rate was 21 x / minute normal breathing pattern. The client looked calm there was no obstruction in the airway, and the secret could come out easily. (An. E, 3 years old) .

This is because when the first therapy was given, the respondent was restless so the therapy was not optimal and the duration of therapy was only around 1-2 minutes and had to be stopped because the client was crying. Then when given the second intervention, the client was more cooperative but had to pause frequently to entertain and joke with the client so the therapy was not as effective as patient 1 because when the therapy was given the client was very cooperative and followed every instruction from the researcher. (Observation. Jombang Health Center. May 29, 2025).

In line with the eucalyptus oil steam therapy treatment in acute respiratory infection patients aged 2 years, the results showed a difference in Airway Clearance before and after hot steam inhalation therapy using eucalyptus oil, so it can be concluded that the intervention in the form of hot steam inhalation therapy using eucalyptus oil affects Airway Clearance in ARI patients, namely the occurrence of

significant Airway Clearance after hot steam inhalation therapy using eucalyptus oil. (Observation. Jombang Health Center. May 29, 2025).

Based on the handling of eucalyptus oil steam therapy treatment, shows that there is an increase in the effectiveness of airway clearance before and after eucalyptus oil steam therapy. In each respondent, it also showed that the decrease in RR was different for each patient, this was due to differences in symptoms and how severe the ARI was experienced by the respondents, and also because the age difference of each respondent would show different breathing frequencies.

This is in accordance with the benefits of oil stating that eucalyptus essential oil can be used as herbal medicine including to reduce shortness of breath due to flu or asthma by applying it to the chest, treating sinuses by inhaling warm water vapor that has been dripped with eucalyptus oil and relieving nasal congestion by inhaling the aroma of eucalyptus oil (Dornish, 2019).

The Role of Religious Figures in Raising Awareness in Preventing and Handling Acute Respiratory Tract Infection in Jombang, Jember Regency

The success of the role of religious figures as representatives of local leadership in reducing the risk of respiratory diseases, in addition to being determined by capacity, is also determined by effectiveness in influencing and mobilizing community members, both individually and collectively, in disaster management and handling. It is also inseparable from the awareness and understanding of the community about survivors and disaster management who come from different religious groups and cultural entities. Therefore, the ability and effectiveness of local leadership will have an impact in terms of providing examples, responding to differences, and building community integrity in dealing with disasters.

The first role played by religious figures in Jombang Village, Jember Regency is to raise awareness and understanding of acute respiratory tract infection. As the result of an interview with a religious teacher who explained:

"I often reprimand parents, especially fathers who smoke near toddlers, even to the point of carrying them, poor child. Because cigarette smoke is very dangerous for toddlers, especially in cases of ARI. In addition, I recommend that mothers who cook and burn garbage also not do it near their toddlers. I also provide an understanding to the

community that ARI is a treatable disease and that they do not need to be afraid to seek medical help." (Interview, KH. Abdullah Ubaid. May 27, 2025).

In line with the statement given by a Kyai who is the leader of an Islamic Boarding School in Jombang Village, who plays a role in increasing awareness and understanding, he said:

"I try to advise parents who smoke to stay away from toddlers when they are smoking, then maintain personal hygiene by washing hands when they want to eat and if the toddler has a cough and runny nose, the mother gives eucalyptus oil and takes them to the midwife or health center to get medicine. I also provide spiritual encouragement to residents who have children with ARI to stay enthusiastic and not give up in dealing with this disease" (Interview, KH. Zainal Arifin. May 25, 2025).

The results of the observation also show the role of religious leaders in encouraging the community to take preventive measures, such as providing food in sufficient quantities containing nutrition, little by little but repeatedly, especially if accompanied by vomiting. Breastfeeding for breastfed babies is continued. Religious figures in Jombang Village also convey health messages, including about ISPA, through sermons, lectures, or other religious activities. (Observation. Behavior of Religious Figures. May 27, 2025).

Based on the description, it can be understood that religious figures in Jombang Village have tried to increase understanding by providing studies and discussions that discuss various health problems, and also often provide tips for increasing self-immunity. Religious figures try to be agents of dampening and agents of spreading optimism-hope in the community. The ability of religious figures to understand that every individual can bounce back (resilience).

The second role played by religious figures in increasing awareness of handling toddlers with respiratory disorders is to promote healthy living behaviors, as stated by the head of the Islamic boarding school who gave the recommendation:

"A clean, beautiful, and green environment will certainly be more comfortable to live in. Therefore, I invite the community and students to maintain the cleanliness of their environment. We do this by not littering, not urinating and defecating in the river, and carrying out reforestation by planting trees around the house." (Interview, KH. Zainal Arifin. May 25, 2025).

This statement is in line with the explanation of a religious teacher who explained:

"When invited by mothers to a discussion activity, I often include a message on maintaining health and purity, trying to increase endurance which includes improving nutritional status, general health status and quality of life of pregnant women, recommending complete immunization, as well as efforts to avoid the influence of hereditary factors, and increasing physical endurance through improving nutritional quality, and exercise. Other things that need to be considered/recommended are not wearing clothes or blankets that are too thick, especially for children with fever, and cleaning a blocked nose". (KH. Abdullah Ubaid. May 27, 2025).

Some of these statements show The role of religious leaders in Jombang Village, Jember Regency is not only as educators and guardians of traditional culture but also as social mediators the role of religious leaders is very vital in the community, they are a bridge in the government's efforts to convey information to the community so that the community believes and believes in the importance of efforts to protect the environment, increase immunity and child nutrition.

The active role of religious leaders in encouraging the community to maintain clean and healthy living behaviors, which is shown through efforts to provide knowledge by providing information through various communication media. In addition, religious leaders recommend holding cooperation to clean the environment every national holiday. Finally, through empowerment to identify problems and find the right solutions to overcome these problems in their respective environments so that local wisdom arises.

Discussion

The Collaborative of Medical Professionals and Religious Leaders Toddler in Managing and Treating Acute Respiratory Tract Infection

The role of health workers in providing therapy using eucalyptus oil in three patients showed a decrease in respiratory frequency in respondents between before and after eucalyptus oil steam therapy. Showing that there is an increase in the effectiveness of airway clearance before and after eucalyptus oil steam therapy (UNICEF, 2024). In each respondent, it also showed that the decrease in RR differed in each patient due to differences in symptoms and how severe the ARI was experienced

by the respondents, and also because the age difference of each respondent would show different respiratory frequencies.

Steam therapy can also increase the body's oxygen consumption, increase heart rate, and can cause the release of unnecessary fluids such as thinning mucus that clogs the respiratory tract. Steam inhalation is useful for thinning mucus in the nasal passages and sinuses and under the respiratory tract. Another frequency of steam inhalation is as a natural expectorant and cough suppressant (Cardinale et al., 2024). Eucalyptus oil is produced from the leaves of the *melaleuca leucadendra* plant with the largest content being eucalyptol (cineole).

The results of research on the efficacy of cineole explain that cineole provides 33 mucolytic (thinning phlegm) bronchodilating (relieving breathing), anti-inflammatory, and anti-lowering effects on the average exacerbation of chronic obstructive pulmonary cases as well as in cases of patients with rhinosinusitis. Eucalyptus globulus essential oil vapor is effective as an antibacterial and is worth considering its use in the treatment or prevention of patients with respiratory tract (Hairat, 2023).

Public awareness to provide medical treatment at the Jombang District Health Center cannot be separated from the collaborative role of religious leaders in Jombang Village, Jember to influence and change community behavior, from previously not knowing and becoming familiar with and implementing clean and healthy living behavior among residents of the community which is the key to preventing the risk of death due to respiratory disorders in the community. (Kurniawat et al., 2023) revealed that religious leaders play various cultural roles in increasing public understanding of the importance of maintaining toddler health.

This is supported by the results of research (Czekajewska et al., 2023) which states that the actions taken by community leaders also illustrate their active role as government elites in the community in the context of preventing and handling acute respiratory tract infections in Jombang, Jember Regency. The role of religious leaders can be classified into three major descriptions; as a reducer of the chaos of the people (motivator), a mouthpiece for pandemic information (communicator), and a role model (idol).

These three roles are a unity, when one role stands alone it will have an impact on the effectiveness of the role of religious figures in the community. According to

(Essa-Hadad et al., 2022) who stated that health promotion carried out by health centers requires the active role of health cadres, religious leaders, community leaders, civil society networks, community organizations, and local security officers. The community can be more obedient to health protocols if all elements of society are always active in appealing and implementing health protocols in their area.

One method that can be used is to approach the community through religious leaders. Religious leaders have an important and strategic position. Have a great position and influence in society, because they have advantages both in knowledge and integrity (Andriansyah, 2023). This is in line with research conducted by (Rumun, 2024) the results of the study showed that out of 112 respondents, most were in the optimal role category, namely 104 people (92.85%) and 8 people (7.15%) were in the less optimal role category. Religious figures who carry out their roles optimally in this study mean that they have implemented or complied with the applicable government recommendations regarding Health protocols for Religious Figures in preventing the transmission of COVID-19.

The results of this study are also in line with the information conveyed by several religious figures in the webinar "Religion and Public Interest during the COVID-19 Pandemic" held by the Center for Community and Cultural Research, Indonesian Institute of Sciences (Czekajewska et al., 2023) Religious figures in the webinar said that they recommend several preventive measures for the transmission of the coronavirus by limiting human space and movement, building more vertical relationships between humans and God, humans and their environment, and humans and humans. The webinar also emphasized the need for community participation as the best model for helping the government handle the pandemic.

Conclusion

Based on the results of the case study, there are several research findings through the application of eucalyptus oil steam therapy, namely helping to smooth breathing, and thinning secretions to relieve pain in the throat. After being given therapy, the results of the study showed that of the 2 respondents who underwent therapy, patient 1 showed an increase in the effectiveness of airway clearance, while respondent 2 showed less improvement in the effectiveness of the airway, this was due to the lack of patient cooperation with the actions taken.

The active role of religious figures encourages the community to maintain clean and healthy living behaviors, which is shown through efforts to provide knowledge with a pattern of providing information through various communication media. In addition, religious leaders recommend holding cooperation to clean the environment every national holiday. Religious leaders in Jombang Village have tried to increase understanding by providing studies and discussions that discuss various health problems, and also often provide tips for increasing self-immunity. Religious leaders try to be agents of calm and agents of spreading optimism and hope in the community. The ability of religious leaders to understand that every individual can bounce back (resilience). The role of religious leaders is not to resolve or fulfill all the needs of survivors, but to provide psychosocial support to strengthen the resilience that exists in survivors, families, and communities.

REFERENCES

- Alderwick, H., Hutchings, A., Briggs, A., & Mays, N. (2023). The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews. *BMC Public Health*, 21(1), 1-16. <https://doi.org/10.1186/s12889-021-10630-1>
- Alkayyis, M. Y. (2024). Implementation of the National Health Insurance Programme in Achieving Universal Health Coverage in Indonesia. *Journal of National Health Assurance*, 4(2), 85-95.
- Andriansyah, Y. (2023). How Religious Leaders around the World Are Responding to the Covid-19 Pandemic. *Millah: Journal of Religious Studies*, 22(2), xi-xxvi. <https://doi.org/10.20885/millah.vol22.iss2.editorial>
- Bandara, T., & Neudorf, C. (2023). *Assessing the Role of Collaboration in Public Health Practice* (Issue 23).
- Barroga, E., & Janet, G. (2023). Conducting and Writing Quantitative and Qualitative Research. *Journal of Korean Medical Science*, 38(37), 1-16. <https://doi.org/10.3346/jkms.2023.38.e291>
- Brailas, A., & Tragou, E. (2023). Introduction to Qualitative Data Analysis and Coding. *American Journal of Qualitative Research*, 7(3), 19-31. <https://doi.org/10.29333/ajqr/13230>
- Caniago, F. (2021). Research methodology : Types in The New Perspective. *Manazhim: Journal of Management and Educational Sciences*, 3(3), 1-16. http://repo.uinsatu.ac.id/18458/1/Dwi_Astuti_Wahyu_Nurhayati_Research

Method.pdf

Cardinale, F., Zuccarino, F., Serio, C., Bizzoco, F., Tricarico, L. G., Verriello, G., Ciccarone, D. A., & Mastroilli, C. (2024). Recurrent respiratory infections in children: New perspectives. *Global Pediatrics*, 8(2), 101–116. <https://doi.org/10.1016/j.gped.2023.100105>

Czekajewska, J., Walkowiak, D., & Domaradzki, J. (2023). The Association Between Religion and Healthcare Professionals' Attitudes Towards the Conscience Clause. A Preliminary Study From Poland. *International Journal of Public Health*, 68(December), 1–11. <https://doi.org/10.3389/ijph.2023.1606526>

Essa-Hadad, J., Abed Elhadi Shahbari, N., Roth, D., & Gesser-Edelsburg, A. (2022). The impact of Muslim and Christian religious leaders responding to COVID-19 in Israel. *Frontiers in Public Health*, 10(2). <https://doi.org/10.3389/fpubh.2022.1061072>

Hairat, U. (2023). Factor Associated With The Incidence of ACute Respiratory Infections In Toddlers. *Indonesian Journal of Global Health Research*, 2(4), 1995–2004. <https://doi.org/10.37287/ijghr.v2i4.250>

Herzig van Wees, S., Sop Sop, M. D., Betsi, E., Olongo, S. A., & Jennings, M. (2021). The role of faith-based health professions schools in Cameroon's health system. *Global Public Health*, 16(6), 895–910. <https://doi.org/10.1080/17441692.2020.1828985>

Kruger, G., Teijema, M. T., Van der Borgh, E. A. J. G., van Elsland, S. L., & Tutu van Furth, M. (2025). Facilitators and barriers of collaboration between faith communities and healthcare centres on HIV stigma. *Discover Social Science and Health*, 5(1). <https://doi.org/10.1007/s44155-025-00183-8>

Kurniawat, R. D. i, Lutfiani Hamdani, M. M., Ariani, A., Suherdin, S., Mulyani, Y., Nurlaelasari, D., Sutriyawan, A., & Mulyati, I. (2023). Role of Religious Figures and Community Leaders in Preventing the Spread of Covid-19. *International Journal of Medical Science and Clinical Research Studies*, 03(07), 1229–1236. <https://doi.org/10.47191/ijmscrs/v3-i7-02>

Lundy, L., Murray, C., Smith, K., & Ward, C. (2024). Young children's right to be heard on the quality of their education: Addressing potential misunderstandings in the context of early childhood education. *British Educational Research Journal*, 22(3), 1–15. <https://doi.org/10.1002/berj.3968>

Marpole, R., Blackmore, A. M., Gibson, N., Cooper, M. S., Langdon, K., & Wilson, A. C. (2020). Evaluation and Management of Respiratory Illness in Children With Cerebral Palsy. *Frontiers in Pediatrics*, 8(June), 99–112. <https://doi.org/10.3389/fped.2020.00333>

Negou, E., & Fonkem, M. (2023). Qualitative Research Methodology in Social Sciences. *International Journal of Scientific Research and Management (IJSRM)*, 11(09),

1431-1445. <https://doi.org/10.18535/ijserm/v11i09.sh01>

Oranga, J., & Matere, A. (2019). Qualitative Research: Essence, Types and Advantages. *OALib Open Access Library Journal*, 10(12), 1-9. <https://doi.org/10.4236/oalib.1111001>

Pfeifer, M. A., & Dolan, E. L. (2023). Venturing into Qualitative Research: A Practical Guide to Getting Started. *Scholarship and Practice of Undergraduate Research*, 7(1), 10-20. <https://doi.org/10.18833/spur/7/1/2>

Rumun, A. J. (2024). Influence of Religious Beliefs in Healthcare Practice. *International Journal of Education and Research*, 22(2), 1-17.

Thamrin, E. P., Utami, R. K., Santoso, F., Thamrin, A. A., Ain, S. S., & Pakasi, T. A. (2023). Problems related to acute respiratory infection among under-5 children in Sorong, West Papua: a community diagnosis approach. *Journal of Community Empowerment for Health*, 2(2), 198. <https://doi.org/10.22146/jcoemph.46965>

Tosoni, S., & Zuccalà, E. (2020). The Research: Methods and Methodology. *Palgrave Studies in the History of Subcultures and Popular Music*, 7(3), 13-40. https://doi.org/10.1007/978-3-030-39811-8_2

UNICEF. (2024). *Indonesia Adolescent Health Profile 2024* (Issue March).

Zarkasyi, A. (2023). Kematangan Spiritual Dan Perilaku Hidup Sehat: Manajemen Internalisasi Karakter. *Jurnal Sirajuddin: Pendidikan Islam*, 02(02), 52-61.