Volume 5 Number 1, February 2023 e-ISSN 2715-1972; p-ISSN 2714-9749 http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR



VILLAGE GOVERNMENT'S STRATEGY IN IMPLEMENTING THE MATERNAL AND CHILD HEALTH REVOLUTION POLICIES

Rifatolistia Tampubolon¹*, Arwyn Weynand Nusawakan¹, Treesia Sujana², Kanako Shinkawa³, Gloria Ndoen¹, Kristiani Desimina Tauho¹

¹Nursing Sciences Study Program, Faculty of Medicine and Health Sciences, Universitas Kristen Satya Wacana, Jl. Diponegoro No.52-60, Salatiga, Sidorejo, Salatiga, Central Java 50711, Indonesia
²Nursing Sciences Study Program, Immanuel Institute of Health Science, Jl. Raya Kopo No.161, Situsaeur, Bojongloa Kidul, Bandung, West Java 40232, Indonesia

³Sapporo University of Health Sciences, 12-jo Nishi 5-chome, Kita-ku, Sapporo 060-0812, Japan *rifatolistia.tampubolon@uksw.edu

ABSTRACT

Maternal health in Timor Tengah Selatan (TTS), East Nusa Tenggara Province, Indonesia, remains an unsolved health problem. It needs women's participation in maternal health care and social role and supports to solve the problem. This research aims to identify the role of village leaders and family decision-making concerning the increased utilization of maternal health services. Objective: This case study was conducted in Binaus Village, Mollo Tengah Sub-district, TTS, East Nusa Tenggara, by six village officials. This is qualitative research that employed a case study. The analysis units in the research were village officials and family heads by employing in-depth interviews and thirty-four family heads by employing Focus Group Discussion (FGD). The data was analyzed by using thematic analysis. There were seven themes revealed, mothers' health is essential for Binaus people, the information source comes from Binaus people themselves, most of the people are obedient to village officials' suggestions and instructions, sanctions granting to improve the use of health facilities and services, the implementation of local government's programs related to mother's and child's health, the existence of transition in decision making, and the preference of health workers use. In the end, the impact of the village leader's support towards maternal health causes a transition in Binaus society in terms of optimizing maternal health services and influencing the decision-making process of families to actively support their maternal mothers actively get better health checkups.

Keywords: family decision; maternal and child health; revolution policies; village officials' roles

First Received	Revised	Accepted		
28 December 2022	08 January 2023	31 January 2023		
Final Proof Received		Published		
20 February 2023	28 February 2023			

How to cite (in APA style)

Tampubolon, R., Nusawakan, A., Sujana, T., Shinkawa, K., Ndoen, G., & Tauho, K. (2023). Village Government's Strategy in Implementing the Maternal and Child Health Revolution Policies. *Indonesian Journal of Global Health Research*, 5(1), 101-110. <u>https://doi.org/10.37287/ijghr.v5i1.1638</u>.

INTRODUCTION

The Maternal Mortality Rate in Indonesia, which is still fluctuating and has yet to reach its target (102/100,000 live births), shows that the country is not yet prosperous in decreasing the MMR (Ministry of Health, the Republic of Indonesia, 2014). After the MMR increase in 2012 that reached 359 (Ministry of Health, 2013), Maternal Mortality Rate is still in the range of 305 per 100,000 live births and has not yet reached the set target of 183 per 100,000 KH in 2024 (Ministry of Health, 2022). The 2004-2010 Maternal Mortality Rate decreased significantly in East Nusa Tenggara. In 2004, the Maternal Mortality Rate in East Nusa Tenggara was 554 per 100.000 live births and decreased to 536 per 100,000 live births in 2007 (Ministry of Health, 2013). However, in 2010, the rate decreased to 536 per 100,000 live births in 2007 (Ministry of Health, 2013). However, 2015). It is a high death rate compared to the

national result (259 per 100,000 live births). In Timor Tengah Selatan Regency, the Maternal Mortality Rate has decreased. However, a high death rate still reached 502.7 per 100,000 live births in 2008 (Timor Tengah Selatan Central Bureau of Statistics, 2014).

Many factors affected the high Maternal Mortality Rate and other maternal death cases in TTS. The low scope of four visits, two-time tetanus toxoid immunization, labor handled by health workers, postnatal confinement visits, and the addition of economic, social, cultural, geographic, and transportation factors made the Maternal Mortality Rate in TTS (TTS Health Agency, 2011) still in high level. Previous studies have also written that the cause of maternal death on Timor Island is delayed finding and reaching sources of help related to social and geographical factors (Belton et al., 2014). Social and geographical factors prevent mothers from being taken to adequate health facilities, so they give birth at home with deliveries assisted only by dukun beranak or family (Tauho et al., 2012).

The East Nusa Tenggara Province government has been trying to solve the maternal mortality problems by issuing the Mother and Child Health Revolution policy started in 2009 through Governor's Regulation No. 42 of 2009 concerning the Mother and Child Health Revolution in East Nusa Tenggara Province. The revolution in maternal and child health is intended so that every pregnant woman gives birth in an adequate health facility, at least a Puskesmas. This program is a form of increasing health workers' coverage of delivery assistance services. The policy was implemented through some programs, such as flag labeling in the houses where first-to-third-semester pregnant mothers lived and building the waiting houses close to Puskesmas (it was done seven days before and after labor). The Mother and Child Health Revolution efforts aimed to provide the closest health services to pregnant mothers that would implicate better care in a sufficient health facility.

Despite the government's efforts, it needs intersectoral cooperation and social support from several levels of society. In theory on ecological systems, Urie Bronfenbrenner said that to understand human development, we should consider all ecological systems where growth happens. The system comprises five socially-organized subsystems that help support and guide human development. The five subsystems are the microsystem, which puts the family as the smallest unit. Mesosystem, exosystem, macrosystem, and chronosystem are about the sociocultural institution in the society (Bronfenbrenner, 1994). The contextual implication of this theory is the effort to improve maternal health service access that not only targets the individual, the mother herself, but also engages the family and more extensive system within. It is following the research that finds family and relative support affected mothers in accessing maternal health services (Adhikari et al., 2016; Lori, Ofosu-dark wash, Boyd, Banerjee, & Adanu, 2017; Nisar, Aurangzeb, Dibley, & Alam, 2016). Besides, Gollo et al., in their research, found that it is essential to facilitate society members, health workers, and local government to improve maternal health service access that will support the increase of pregnant mothers' health, natal, and postnatal level (Gullo et al., 2017). This study aims to identify the village government's strategy through the role of village officials and family decision-makers in using maternal health services as a form of policy implementation of the mother and child health revolution. The role of the social environment referred to in this study is the extent to which the role of village officials is in supporting increased utilization of maternal health services.

METHOD

The research, conducted from September 19, 2016, to October 19, 2016, is qualitative research using case studies. The unit of analysis in this study is village officials and heads of families. This research was conducted in Binaus Village, Mollo Tengah District, South Central Timor District, East Nusa Tenggara Province. Data collection was carried out in two ways, namely through Focus Group Discussion (FGD) with 34 heads of families who experienced a situation of motherhood (his wife was pregnant and gave birth) and in-depth interviews with six village officials. The research data were then analyzed using thematic analysis.

RESULTS

Under the initial plan, the research was conducted in Binaus Village, Mollo Tengah District, South Central Timor District, East Nusa Tenggara Province. Prior to in-depth interviews with village officials, a Focus Group Discussion (FGD) was first conducted with 34 heads of families who experienced a situation of motherhood (their wives were pregnant and gave birth), intending to strengthen the results of in-depth interviews conducted on 6 participants who were village officials to obtain portraits local government strategy in implementing policies on maternal and child health revolution. The following is the characteristic data of the 6 participants involved in this study:

Tabal 1

				Tabel I			
Participant characteristics (n=6)							
No	Initials	Sex	Age	Education	employment	Ethnic	
1	NT	Male	53	Senior High School	Village Chief	Timor	
2	YK	Male	38	Junior High School	Village Chief	Timor	
3	YK	Male	34	Senior High School	Village Chief	Timor	
4	JM	Male	22	Senior High School	Village Chief	Rote	
5	BS	Male	67	Elementary	Tua Adat	Timor	
6	YT	Female	40	Junior High School	village officials	Timor	

Table one shows an overview of the overall characteristics of the participants, which were the focus of the in-depth interviews. The village officials involved were Village Chiefs, tua adat, and village consultative members (BPD); the majority were men aged 22 to 67 years, while the most recent education is at senior high school. The data analysis resulted in the following seven themes including:

Mothers' health is essential for Binaus society

Mothers' health is considered an essential thing for society in Binaus Village. The data shows that all participants understood the importance of mothers' health during pregnancy and post-natal confinement, so they thought it was essential to use the available health facility in the village, such as Posyandu (Integrated Health Post).

"..... (about) mothers' health, the first is when mothers give birth and are pregnant, they should go to Posyandu on the 18th, and when they give birth, they should go to Puskesmas or another health service." (P2.3)

".....tell them that on the 18th, they should go to Posyandu to check their pregnancy, and when they give birth, they should go to Puskesmas to be handled by nurses." (P2.14)

The information sources come from the Binaus people themselves

If there are some problems related to maternal health, the society actively gives information to village officials such as head of RT and RW, cadres, and youth (karang taruna). The problems then are reported to the higher village officials to get the solution.

".....there are young people or karang taruna members, and there is the community, like what I said, BKBHI (Integrated Guidance of Holistic Infants' Family), so it is not difficult for us to get some information." (P1.17)

".....sometimes, firstly it comes from the head of RT, head of RW, then the society in the RT." (P2.23)

"....It comes from Posyandu cadres." (P6.11)

Most people are obedient to village officials' suggestions and instructions

As society servants, the participants said their communication with society runs well. The ability of village officials to connect directly with society and give suggestions and motivation to society makes people obedient to their suggestions, especially in accessing health services.

".....when we are assigned by the head of RT to go to villages to monitor pregnant mothers in their houses, we always check their condition, then report them to village and Posyandu cadres." (P2.21)

Sanction granting to improve the utilization of health facility and services

The lack of utilization of health facilities and services available at Posyandu and Puskesmas and mothers giving birth in their houses have forced village officials to apply sanctions. The granted sanctions are money and social sanction. The women who give birth in their houses should pay Rp 500.000,- and the social sanction. The sanctions are granted to encourage the Binaus people to access health services as possible when they are in pregnancy, natal, and post-natal periods.

".....the recent period is not bad. In fact, there were some women who gave birth in their houses." (P1.10)

".....there is a decision for birth sanction, I mean giving birth at home. They have to pay Rp 500.000- when they give birth at home. It is free to give birth at Puskesmas." (P2.8).

Obstacles and solutions in improving maternal health service access

As village officials, the participants encountered obstacles in improving health service access. The obstacle was about the difference of individual characters in society and the limitation of participants' far distance to society, from one hamlet to Puskesmas. The strategies to handle the obstacles were understanding the society's characters and improving village officials' initiatives and assertiveness. According to participants, the initiatives were done by activating each cadre, visiting pregnant mothers in their houses, and announcing the Posyandu schedule in the religious worship in society. Besides, the village officials aimed to encourage society to understand and access health services.

".....the society characters are different, so the key is to understand them well." (P3.7)

"....there is family register, but the distance of one hamlet to another is too far. Sometimes we take the motorcycle, but we stop on the road and continue walking." (P4.6)

Local government's program implementation related to mother's and child's health

In Binaus Village, there were several activities related to mother's health as the cooperation between the village government and local Puskesmas in improving the utilization of available health facilities. The implemented activities include the Posyandu program on the 18th day, the Family Planning program, and a meeting at the village office between people and village officials for counseling related to mothers' and child's health. "....here, Posyandu is on the 18th and before the 20th and there is BKBHI on the 15th, and there is also Elderly Posyandu." (P1.6)

"......(I do not know what happens with) husband, his wife is still ill, but they have made another baby, so I suggest them to join Family Planning program." (P3.5)

".....usually, two to three times a month we hold a meeting at the office." (P3.9)

The transition is from taking traditional midwives' roles to health workers' roles.

The FGD results with the family heads indicate two main points. First, Binaus society is having a transition process, which is from using traditional health services through traditional midwives to using professional health services through health workers. The transition relates to decision-making in using professional health services made by family deal (husband-wife). It is the impact of people's increasing knowledge and awareness of using health services. Second, the implication of the changing awareness is people's willingness to participate in maternal health programs such as Posyandu and to labor in Puskesmas. It is also the impact of the village government's effort to encourage the increase of maternal health services accessibility.

DISCUSSION

This research focuses on various microsystems and ecosystems from an Ecological Theory perspective. The microsystem is the interaction between the head of the family and its members. The ecosystem is the effort of community leaders (village officials) to influence the microsystem environment to improve access to health services. It is related to several studies which state that sociocultural and community environmental conditions significantly influence maternal health and the formation of healthy behavior (Firoz et al., 2016; Nzioki, Onyango, & Ombaka, 2015). This study aims to strengthen previous findings, which state that the formation of maternal healthy behavior is strongly influenced by the sociocultural conditions of the community by looking at it from the side of the local government strategy represented by 6 participants, namely Village Chiefs, tua adat, and village consultative members (BPD), who are local people and are considered closest to the community.

Mother's health is important for Binaus society

Village officials and society's awareness of the importance of a mother's health in the pregnancy to post-natal phases is essential in improving the maternal health level in society. The awareness is hopefully influencing the village officials to actively encourage the society (each family that has pregnant and in labor mothers) to join the activities related to maternal health. This finding is in line with the previous research finding that shows the existence of village officials' and society's awareness will influence mothers in accessing health services ((Titaley, Hunter, Heywood, & Dibley, 2010; Worku, Yalew, & Afework, 2013).

Most people are obedient to village officials' suggestions and instructions

Village officials' suggestions and instructions can improve society's awareness and knowledge of health services utilization. It is supported by the research of Ham, Chard, & Keme'enui (2011) that society's hope related to healthy behavior change will improve due to direct, responsive instructions. It is the role of the exosystem in Urie Bronfenbrenner's ecological system theory. Its role is to influence the microsystem by invitation, instruction, and suggestion that leads to the family's decision to improve the access and utilization of maternal health services (Bronfenbrenner, 1994; Ganle et al., 2015).

The information sources come from the Binaus people themselves

Several problems in Binaus Village related to mothers and Binaus people's health become the information source for village officials in gathering such information. The excellent communication process between village officials and people makes village officials can help solve maternal health problems faced by mothers and their families fast. The information related to mother's health problems also simplifies village officials in monitoring the development of society's health and executing each government program related to mother's and child's health. Research in Japan said that accessing, understanding, assessing, and implementing health information could produce the knowledge and skills to empower individuals to navigate the health system. Therefore, the perceived information source will establish awareness of health, which is considered one of the significant factors in establishing individual healthy behaviors (Ishikawa, Kato, & Kiuchi, 2016). It is supported by the research stating that internal resources (inside the society itself) will have a more significant effect than external resources (Hus & Tung, 2010).

Sanction granting to improve the utilization of health facility and services

When village officials are concerned about improving society's health, they will seriously focus on improving health services access. The improvement will be made in several things, such as providing infrastructure, improving health facilities, village budgeting, and society intersectoral cooperation (Bradley et al., 2012). The sanction grating for the people who do not use maternal health services, specifically when they go into labor, is one of the village government's efforts to decrease the Maternal Mortality Rate, especially in Binaus. Society leaders can support the improvement of maternal health services accessibility through their decision and policy and direct efforts to communicate with society (Rath et al., 2010). The impact is that society will be encouraged to access maternal health services to avoid the sanction granted. The sanction is also a decision by village officials because they think it suits the local society's character and behaviors.

Obstacles and solutions in improving maternal health service access

The influencing of different characters of some individuals can happen due to different societies' knowledge, education, social, and economic condition (Sarker, Rahman, Rahman, & Hosian, 2016). Besides, the accessibility factor still becomes an obstacle in improving maternal health services access. The intended accessibility is the distance from people's houses to health services so that the far distance makes primary health services such as Puskesmas become secondary people's choices. The obstacles commonly happen in developing countries such as Indonesia. The findings in the developing countries, especially in the rural area, signal that mothers and their families prefer traditional health services at home, including using traditional midwives' services, because of the established habit, distance, and unreachable geographical environment conditional to professional health services (Agus, Horiuchi, & Porter, 2012; Kumbani, Bjune, Chirwa, Malata, & Odland, 2013; Sarker et al., 2016; Titaley et al., 2010).

The initiatives of village officials are cooperating with all levels of society, such as cadres, in reaching the society, giving information or suggestion on the church announcement boards, and directly visiting people in their houses. It is an excellent social asset in improving the strategy to provide health access. Mason D M, 2016) & O'Donnell, Tierney, O'Carroll, Nurse, & MacFarlane (2016) said that approaching and meeting the targeted community is an excellent social asset to improve health services access.

Local government's program implementation related to mother's and child's health

Mother's and Child's Health in Indonesia is regulated by the Decree of the Minister of Health, the Republic of Indonesia, Number 828/MENKES/SK/IX/2008. It is designed for the region planning, implementing, and monitoring the minimal standard implementation in the health field, including maternal health in regencies/cities. The same source also stated that guaranteeing people's access to essential services without sacrificing quality becomes the responsibility of the regency and city government (Ministry of Health, 2008). The maternal health policy in Binaus is an elaboration of the effort of health development in East Nusa Tenggara Province in which the 2013 Health Profile of the province mentioned four primary focuses: four-time antenatal services, labor help done by competent health workers and midwives, risks detection, case referral, complication treatment, and neonatal and baby visits (Health Agency of East Nusa Tenggara Province, 2013). The same profile also states that the Revolution of Mother's and Child's Health is implemented to decrease the Maternal Mortality Rate by emphasizing the obligation of all pregnant mothers to give birth in health facilities that have professional health workers.

The data analysis in this research describes that all of the efforts done by the Binaus government are the integrated part of the policy of the Revolution of Mother's and Child's Health in East Nusa Tenggara. The activities held include the Posyandu Program on the 18th, the Family Planning program, and meeting in the village offices between people and village officials to have counseling related to mothers' and child's health. The success of the Revolution of Mother's and Child's Health in Binaus is a long-term effort that needs intersectoral cooperation to make all pregnant mothers give birth to professional health services. It is shown research conducted in several regions in Indonesia also concludes that traditional health workers always become the alternative in maternal health services. Research conducted by Wariki & Wantania (2015) in North Sulawesi on 153 women in post-abortion concludes that Public Hospitals become the primary choice for maternal health services because of the low cost. 28.8% of women went to the hospital, and 9.8% of women chose traditional midwives (Wariki & Wantania, 2015). Another research on maternal women in 34 villages in Central Java found that most women in Pekalongan gave birth at home, helped by midwives, and traditional midwives monitored by midwives helped some women (Burke et al., 2011).

The transition is from taking traditional midwives' roles to health workers' roles.

The FGD held concludes that there is a collaboration of health workers, local government, and society as the users of health services in the village that leads to some changes. The changes are related to decision-making in the family and preference in using health workers in the maternal period (prenatal, natal, and postnatal). Before, the husband became the family's decision maker, but now most family heads make the decision based on the husband and wife deal. Besides, the preference of health workers also changes. Before, most people used traditional midwives' services, but now most use midwives' or other health workers' services. The researches conducted by Sujana, Barnes, Rowe, & Reed (2016), Kelaher, Dunt, Feldman, Nolan, & Raban (2009), and Ganle et al. (2015) show that the understanding changes that implicate the behavior changes are influenced by the values in family, society members' supports and encouragement, and health workers' efforts. The willingness to use professional health services is hoped to decrease the risks of complications during labor and maternal mortality.

CONCLUSION

Binaus society is identified in the transition process in using professional health services available in The Binaus community is identified as having experienced a transition to using professional health services available in the village. This process also impacts the social support provided by village officials who care for and actively build communication and encourage people to access health services. In addition to the impact of this support, preferences change from using traditional health services (through traditional birth attendants and home deliveries) to using professional health services (through midwives and other health workers at the Puskesmas). It follows the goals of the maternal and child health revolution proclaimed by the village government.

ACKNOWLEDGEMENTS

We thank village officials and heads of families in Binaus Village, Mollo Tengah District, South Central Timor District, East Nusa Tenggara Province, for allowing us to complete this research so well. We also thank Satya Wacana Christian University for facilitating and providing input and support to complete this research. We also want to thank everyone who has worked with and on related projects.

REFERENCES

- Adhikari, T., Sahu, D., Nair, S., Saha, K. B., Sharma, R. K., & Pandey, A. (2016). Factors associated with utilization of antenatal care services among tribal women : A study of selected States, (July), 58–66. <u>https://doi.org/10.4103/0971-5916.193284</u>
- Agus, Y., Horiuchi, S., & Porter, S. E. (2012). Rural Indonesia women 's traditional beliefs about antenatal care.
- Badan Pusat Statistik TTS. (2008). Timor Tengah Selatan dalam Angka 2008. TIMOR
TENGAH SELATAN DALAM ANGKA 2008.
https://doi.org/10.1017/CBO9781107415324.004

Badan Pusat Statistik TTS. (2014). Timor Tengah Selatan dalam Angka 2014.

- Belton, Suzanne, Bronwyn Myers, Frederika Rambu Ngana. Maternal deaths in eastern Indonesia: 20 years and still walking: an ethnographic study. *BMC Pregnancy and Childbirth* [Internet]. 2014. [cited 2014 January 22]; DOI: 10.1186/1471-2393-14-39. Avialable from <u>http://bmcpregnancy</u> <u>childbirth.biomedcentral.com/articles/10.1186/1471-2393-14-39</u>
- Bradley, E. H., Byam, P., Alpern, R., Thompson, J. W., Zerihun, A., Abeb, Y., & Curry, L. A. (2012). A Systems Approach to Improving Rural Care in Ethiopia, 7(4), 1–8. https://doi.org/10.1371/journal.pone.0035042
- Bronfenbrenner, U. (1994). Ecological Models of Human Development. In International Encyclopedia of Education. New York: Freeman.
- Burke, L., Suswardany, D. L., Michener, K., Mazurki, S., Adair, T., & Elmiyati, C. (2011). Utility of local health registers in measuring perinatal mortality : A case study in rural Indonesia.
- Dinas Kesehatan Provinsi Nusa Tenggara Timur. Profil Kesehatan Provinsi Nusa Tenggara Timur Tahun 2014. 2015. Kupang: Dinkes

- Dinas Kesehatan Provinsi Nusa Tenggara Timur. 2009. Pedoman Revolusi KIA di Provinsi NTT (Pergub, Juklak, Juknis) Percepatan Penurunan Kematian Ibu dan Bayi Baru Lahir (Semua Persalinan Dilaksanakan di Fasilitas Kesehatan yang Memadai). Kupang: Dinkes Prov. NTT
- Firoz, T., Vidler, M., Makanga, P. T., Boene, H., Chiaú, R., Sevene, E., ... Munguambe, K. (2016). Community perspectives on the determinants of maternal health in rural southern Mozambique: a qualitative study. Reproductive Health, 13(S2), 112. <u>https://doi.org/10.1186/s12978-016-0217-x</u>
- Ganle, J. K., Obeng, B., Segbefia, A. Y., Mwinyuri, V., Yeboah, J. Y., & Baatiema, L. (2015). How intra-familial decision-making affects women's access to, and use of maternal healthcare services in Ghana: a qualitative study. BMC Pregnancy and Childbirth, 15(1), 173. <u>https://doi.org/10.1186/s12884-015-0590-4</u>
- Gullo, S., Galavotti, C., Kuhlmann, A. S., Msiska, T., Hastings, P., & Marti, C. N. (2017). Effects of a social accountability approach , CARE 's Community Score Card , on reproductive health-related outcomes in Malawi: A cluster-randomized controlled evaluation, 1–21. <u>https://doi.org/10.1371/journal.pone.0171316</u>
- Harn, B. A., Chard, D. J., & Kame'enui, E. J. (2011). Meeting societies' increased expectations through responsive instruction: The power and potential of systemwide approaches. Preventing School Failure, 55(4), 232–239. https://doi.org/10.1080/1045988X.2010.548416
- Hsu, H.-C., & Tung, H.-J. (2010). What makes you good and happy? Effects of internal and external resources to adaptation and psychological well-being for the disabled elderly in Taiwan. Aging & Mental Health, 14(7), 851–860. https://doi.org/10.1080/13607861003800997
- Ishikawa, H., Kato, M., & Kiuchi, T. (2016). Associations of health literacy and information sources with health-risk anxiety and protective behaviors. Journal of Communication in Healthcare, 9(1), 33–39. <u>https://doi.org/10.1080/17538068.2015.1133004</u>
- Kelaher, M., Dunt, D., Feldman, P., Nolan, A., & Raban, B. (2009). The effects of an areabased intervention on the uptake of maternal and child health assessments in Australia: A community trial. BMC Health Services Research, 9(1), 53. <u>https://doi.org/10.1186/1472-6963-9-53</u>

Kementrian Kesehatan. (2013). Survei Demografi dan Kesehatan Indonesia 2012.

Kementrian Kesehatan Republik Indonesia. (2019) Infodatin Situasi Kesehatan Ibu.

- Kumbani, L., Bjune, G., Chirwa, E., Malata, A., & Odland, J. Ø. (2013). Why some women fail to give birth at health facilities : a qualitative study of women 's perceptions of perinatal care from rural Southern Malawi, 1–13.
- Lori, J. R., Ofosu-darkwah, H., Boyd, C. J., Banerjee, T., & Adanu, R. M. K. (2017). Improving health literacy through group antenatal care : a prospective cohort study, 1– 10. <u>https://doi.org/10.1186/s12884-017-1414-5</u>

- Mentri Kesehatan RI. (2008). Keputusan Menteri Kesehatan RI Nomor 828/MENKES/SK/IX/2008.
- Nisar, Y. Bin, Aurangzeb, B., Dibley, M. J., & Alam, A. (2016). Qualitative exploration of facilitating factors and barriers to use of antenatal care services by pregnant women in urban and rural settings in Pakistan, 1–10. <u>https://doi.org/10.1186/s12884-016-0829-8</u>
- Nzioki, J. M., Onyango, R. O., & Ombaka, J. H. (2015). Efficiency and factors influencing efficiency of community health strategy in providing maternal and child health services in Mwingi district, Kenya: An expert opinion perspective. Pan African Medical Journal, 20, 1–8. <u>https://doi.org/10.11604/pamj.2015.20.88.4711</u>
- O'Donnell, P., Tierney, E., O'Carroll, A., Nurse, D., & MacFarlane, A. (2016). Exploring levers and barriers to accessing primary care for marginalised groups and identifying their priorities for primary care provision: a participatory learning and action research study. International Journal for Equity in Health, 15(1), 197. <u>https://doi.org/10.1186/s12939-016-0487-5</u>
- Rath, S., Nair, N., Tripathy, P. K., Barnett, S., Rath, S., Mahapatra, R., ... Prost, A. (2010). Explaining the impact of a women's group led community mobilisation intervention on maternal and newborn health outcomes: the Ekjut trial process evaluation. BMC International Health and Human Rights, 10(1), 25. <u>https://doi.org/10.1186/1472-698X-10-25</u>
- Sarker, B. K., Rahman, M., Rahman, T., & Hossain, J. (2016). Reasons for Preference of Home Delivery with Traditional Birth Attendants (TBAs) in Rural Bangladesh: A Qualitative Exploration, 1–20. <u>https://doi.org/10.1371/journal.pone.0146161</u>
- Statistics Indonesia. (2015). Population of Indonesia: Result of the 2015 Intercensal Population Census. Retrieved from <u>https://www.bps.go.id/website/pdf_publikasi/Penduduk-Indonesia-hasil-SUPAS-</u> 2015_rev.pdf
- Sujana, T., Barnes, M., Rowe, J., & Reed, R. (2016). Decision Making towards Maternal Health Services in Central Java , Indonesia. Nurse Media Journal of Nursing, 6(2), 68– 80.
- Tauho, Kristiani D., Ferry F. Karwur, Aziz Anwar. Analisa Faktor Kematian Maternal di Kabupaten Timor Tengah Selatan [Skripsi]. Salatiga: Universitas Kristen Satya Wacana; 2012
- Titaley, C. R., Hunter, C. L., Heywood, P., & Dibley, M. J. (2010). Why don't some women attend antenatal and postnatal care services?: a qualitative study of community members ' perspectives in Garut , Sukabumi and Ciamis districts of West Java Province, Indonesia, 1–13.
- Wariki, W. M. V, & Wantania, J. J. (2015). Post-abortion care in North Sulawesi , Indonesia : Patients determinants in selection of health facility, 23, 181–188.
- Worku, A. G., Yalew, A. W., & Afework, M. F. (2013). Factors affecting utilization of skilled maternal care in Northwest Ethiopia : a multilevel analysis.