KEMAS 13 (1) (2017) 77-87

Jurnal Kesehatan Masyarakat

http://journal.unnes.ac.id/nju/index.php/kemas

TRADITIONAL BIRTH ATTENDANTS (TBAs) POSITIONING ON STRENGTHENING PARTNERSHIP WITH MIDWIVES

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Info Artikel

Article History:
Submitted October 2016
Accepted July 2017
Published July 2017

Keywords:
positioning; TBAs; midwife; partnerships.

DOI
http://dx.doi.org/10.15294/kemas.v13i1.7452

Abstract

Background of this research was the still high number of infant mortality and high use of Traditional Birth Attendants (TBAs). The This study aims aimed to determine TBAs positioning on the effort of strengthening partnership with midwives. A number of pregnant women, TBAs, and midwives become became informants, through in-depth interviews and focus group discussions. The results showed positioning TBAs still needed with different roles but side by side with midwife role, used by primi and multi pregnant women before and during pregnancy, during and after birth. The requirement forrequirement for TBAs was derived from parents as a cultural heritage, whereas the requirement for midwife obtained was from formal and non- formal information. The TBAs services toward maintain family health care including include cultural events. The midwife is givingserved professional servicescare. The partnership includes clients registration, motivation, abnormalities early detection. There has had been an unwritten financing unwritten agreement. The TBAs midwife partnership needs to be strengthened through legislation and , communication to diverse audiences in order to form the right positioning.

Introduction

Maternal and Child Health (MCH) problems in Indonesia Health Demographic Survey in 2012 published by Kementerian Kesehatan Indonesia showed that Maternal Mortality Rate (MMR) was 359 per 100,000 live births and Infant Mortality Rate (IMR) was 32 per 1,000 live births. This had become a critical condition, because according to the Millennium Development Goals, the MMR was expected to decline to 102 per 100,000 live births and IMR to 23 per 1,000 live births (BKKBN, 2013).

Riset Kesehatan Dasar (2013), published by Kementerian Kesehatan Indonesia showed that there are differences between K1 visit (pregnant women receiving Ante Natal Care – ANC in first trimester) ideal coverage amounting to 81.6% and K4 (pregnant women receiving ANC from first trimester to third trimester) amounting to 70.4 %. The data showed there was a discontinuity in ANC that met the minimum standards (K4) of 12%. Basic Health Research in 2010 showed a year before the survey, only 82.2% of births was assisted by health personnel. Furthermore, just 55.4% of deliveries took place in health facilities and 43.2% of birth took place at home where 51.9% was assisted by midwives and 40.2% was assisted by Traditional Birth Attendants (TBAs) (Badan Penelitian dan Pengembangan Kementerian Kesehatan RI, 2013).

Kementrian Kesehatan Indonesia (2009),

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pISSN 1858-1196
eISSN 2355-3596

stated that current policy expected that delivery program was carried out by health professionals in health facilities. The results of the research in 97 countries stated there was a significant correlation between assisted deliveries and maternal mortality. The increase in deliveries by health workers in the region will be followed by a decrease in maternal mortality in the region (Kementerian Kesehatan Indonesia, 2009).

Banjar village is one of the villages in Banjar, West Java Province that despite its status of urban village in the city, its rural atmosphere was still thick in the culture of daily life. Record of midwives activities at Banjar Health Center 2014 showed that the number of household in December 2014 was 4,834 households and the number of pregnant women was 353 people. There are three TBAs who lived and practiced in Banjar village, the coverage of pregnant women fourth visit (K4) in December 2014 was only 79.3% of the target of 90%, with birth coverage in the health care facilities at 84.6%. The coverage of third newborn baby visit (KN3) was only 86.4%. The data still showed that 20.7% of pregnant women have not obtained the appropriate standard ANC services 4 times, whereas newborn babies not receiving services according to the standard three times was 15.4% .

TBAs positioning study in Sampang (Laksono, 2014), suggested the need for services of TBAs was an integral part of Sampang people's lives. TBAs are part of the culture of health services for mothers who could not be simply replaced by modern health care policy. In the other hand, three delay model (Fibriana, 2010) ,in maternal mortality cases found 26.7 % of first helper was not health worker. The same study (Sari, 2016), showed that neonatal mortality correlated with antenatal and postnatal care. This prompted the researchers to evaluate the TBAs positioning in Maternal Child Health (MCH) care.

The researcher did not have health ethnographic data of Banjar village, but referred to the study mentioned above as well as a preliminary study in Banjar, and found that the presence of TBAs was still utilized by the women, especially related to maternal and child health. This compelled a study to be conducted, evaluating TBAs positioning on partnership strengthening with midwife in Banjar Village. The main problems were lack of deliveries assisted by skilled health personnel and lack of ANC coverage. The formulation of the research problem was: How TBAs positioning improved partnership strengthening with midwife in Banjar village?

The study's general objective was to determine TBAs positioning on framework of strengthening partnership with midwives to support the achievement of Maternal and Child Health (MCH) program. The specific purpose of this study was to understand the reception/acceptability picture of the TBAs services versus midwives among primi and multi pregnant women, to know the TBAs role in maternal and child health care during pre-pregnancy, pregnancy, during and after birth, and to recognize communication or promotion patterns of TBAs positioning.

The benefits of this study was the gaining of information about TBAs positioning as a partnership development decision making policy, the gaining of information about maternal and child health services needs that are expected to be considered by health policy makers, the understanding of picture reception/ acceptability picture of TBAs services versus midwives among primi and multi pregnant women which would give the material on how the pattern of service and partnership schemes to be developed.

The results of data collection can be used as an ingredient to make design of interventions (not included in the scope of this study, it can be studied as advanced research) in the form of the formulation of the strategy implementation pattern of Segmenting, Targeting and Positioning (STP) of TBAs in the context of a partnership with midwife in supporting the MCH program. The other hand to marketing strategy formulation through the marketing mix for the development of community behavior related TBAs positioning within the framework of the partnership strengthening with a midwife. The following can be used to formulate development patterns of the TBAs positioning within the framework of a partnership with midwife in supporting the MCH program.

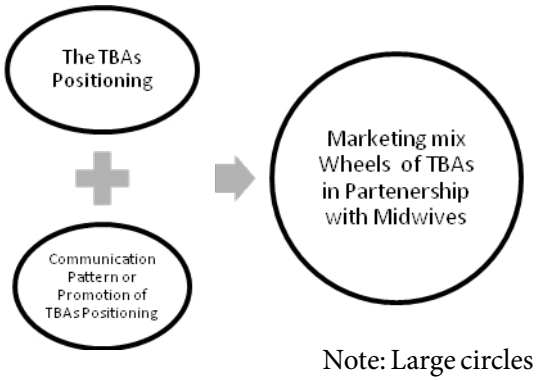
Method

The stages of this study were preparation, which includes the preparation and submission of research proposals; implementation, which include preparing research permit, data collection, processing and analysis of data, preparation of reports; and completion of reports and dissemination of results.

The study took place in Banjar village at Banjar City West Java Province, with the considerations that cultural communities were still rustic despite its status of administrative territorial city, the village still had three active TBAs, and MCH programs coverage was still low. Most TBAs studies were conducted in rural areas, although the existence and role of the TBAs were mostly in urban or semi-urban areas.

Variables observed by TBAs positioning in framework behavior of pregnant woman include attitudes, subjective norms, behavioral control, behavioral intentions, and TBAs positioning related communication behavior pattern.

The following conceptual limitations were related to the topics and scope of the study. (1) Positioning is a term in social marketing. Based on Kotler and Eduardo, positioning is a process of designing an image or value of a product or service as well as the marketing mix in order to create a certain impression in the memory of consumers to understand and appreciate what you do. In this study, the products that will be formulated in TBAs positioning is the image of the service that will be offered by TBAs, developed based on culture. (2) Indungbeurang or paraji is TBAs term in Sundanese language, the same as dukun bayi in Bahasa Indonesia which means someone who assists birth and baby care. This means, TBAs take care of mothers giving birth and help take care of the baby. TBAs is a member of the community, commonly a woman, who gained the confidence and skill in attending births traditionally, acquired inherited learning with practice or by any other way that leads towards improvement of the skills of midwives and through health workers. TBAs is a person who is considered skilled and trustworthy by the community to help childbirth and maternal and child care according to the needs of society. (3) The midwife is a woman who graduated from midwife schools which have appropriate legislation. In performing its duties, midwives can practice independently and/or work in health facilities, is authorized to provide care, and should assist government programs. Midwives play an important role in maternal and child health programs, either as civil servants or practicing independently in the form of Midwife Private Practices care facilities. Midwives are authorized to provide maternal and child health services and attend to women's reproductive health and family planning services. (4) Partnership is an effort to build unity in order to perform an activity towards the goals based on principles of equality, openness, and mutuality. Partnership of midwife with TBAs is a form of cooperation between midwife and TBAs and is mutually beneficial with the principles of openness, equality, and trust in an attempt to save the mother and the baby by placing midwives as birth attendants and change TBAs from birth attendant to become partners in caring for



Note: Large circles are not being investigated

Chart 1. Research Concepts Framework Evaluation of TBAs Positioning in Partnership with Midwives

mothers and babies in the after birth period according to the agreements made between the midwife and TBAs and involves all the elements existing in the communities. Strengthening partnership is an effort by the establishment for an optimal partnership, which in this study was to seek partnerships between midwives and TBAs, with role-based TBAs local culture to support the achievement of maternal and child health program (Kementerian Kesehatan Indonesia, 2009).

The following was a conceptual framework of the study. Study design was qualitative descriptive with phenomenological approach. The study's population is all of pregnant woman and TBAs as well as civil servant midwife who served in Banjar village during the study period and fulfilled the inclusion criteria. Pregnant woman selected purposively were six people. A total three TBAs were still active on duration of the study. Civil servant midwife were three people who served in Banjar village.

Samples were selected purposively pregnant women, which is mothers newly pregnant for the first time or more. The number of samples of first time pregnant was three women and a second time pregnant or more, also three women. Determination of the number of samples was based on the saturation of the data obtained on the third sample data collection.

Data is collected through in-depth interviews of pregnant woman and *TBAs* as well as focused group discussion with midwife, conducted by researcher with university students. The research instrument was developed appropriately with theoretical construct of mother's behavior (attitudes, subjective norm, behavior control, behavior intention) related to the selection and utilization of TBAs and midwife services, and it was deepened appropriately by probing during the study.

The data analysis includes process of describing, classifying, and connecting. Stages include making field notes accompanied by audio recordings and photographs, writing a complete transcript from the audio recordings, performing data classification with data reduction, making the code as well as themes and categorization, analyzing components to determine meaningful components, presenting data into patterns, making conclusions construed in accordance to findings of study themes.

Supervision of data quality performed with standardization of interviewer that the researchers themselves by conducting in-depth reviews and focus group discussion that the techniques was formulated together. The following data processing and analysis were performed by the researchers themselves by constantly monitoring the data quality, accuracy, and completeness. Transcripts of data to be further studied with the analysis were staged together. Validity of research was tested by considering the credibility, transferability, dependability and confirmability or objectivity. Credibility of the data was tested through extending observation, increasing endurance, and triangulation in the analysis. Presentation of the results to the relevant stakeholders was an implementation of the principle of member-check and research permits need to be obtained from the agency that handles research permits at Banjar City.

Result and Discussion

Term of TBAs used have same meaning with term of paraji or indungbeurang. TBAs or paraji is a term society especially pregnant women. TBAs 1 stated as:

> *".. aya aya nu nu nyebat paraji nyebat indungbeurang ...".*

According TBAs, they worked voluntarily, for Allah. TBAs do not choose clients, they provide service throughout the day, all the time. TBAs ask permit from their husband at the beginning and the others after their husband died.

Midwives were delightedly selected by community and were perceived as trustworthy and must be maintained. If the mother does not come back to be served, midwife must be introspective. Midwives often feel bored, but they do not stop the practice. If it coincided with personal activities, their duty takes priority. Based on the above findings, the midwife and TBAs declared to bear the responsibility and the mothers cared fo is important and continue

to maintain the accepted trust.

Furthermore, position of TBAs utilized primi pregnant women (pregnant for the first time) and multi pregnant women (pregnant a second time or more) have different but side by side with the midwives role, that is; since pre-pregnancy, during pregnancy, during birth, and after birth (postpartum). Primi pregnant women has intention to use the TBAs service after being offered by her mother, her mother in-law, and her husband; they take the offer and feel happy to be cared for by TBAs. Pregnant woman 2 said:

> "**…** *ku mamah, ku suami, kan biasa kitu di dieu mah ka emak paraji ongkoh k amedi songkoh kitu*"

Multi pregnant women have intention to use the TBAs service based on their own choice; they feel confident and comfortable with TBAs care. Pregnant women 4 said:

> " *….ah henteu kapaksa"… "muhun, da kedah sareng ema kbeurang muhun kitu" "henteu sih ari kepaksa mah ....".*

Pregnant women primi or multi, intends to use the services of midwife on the basis of their own choice and by not forced and is satisfied due to growing knowledge as counseling was also given. There were differences in maternal behavior concepts between primi and multi, where all of primi pregnant women were having influence from the others, especially family. Whereas multi pregnant women were more willing, based on a previous pregnancy experience where they feel satisfied and comfortable by TBAs care.

Primi and multi pregnant women receive TBAs services or midwives through different concepts. Details were described in Table 1, chart 2 and 3.

Maternal Child Health (MCH) services for pregnant women were conducted side by side by TBAs and midwife. It is described in Table 2.

Midwife services in pre-pregnancy consist of family planning and reproductive health counseling while TBAs served pushing of uterus and nutrition advice. Care for pregnant women includes; examination of 5T (weight and height measurement, blood pressure measurement, fundus uteri height measurement, immunization of Tetanus Toxoid, provision of iron tablet) or 7 T (5 T plus test against sexually transmitted diseases - STDs, gathering speech in preparation for referral) in Integrated Health Service Post (*Posyandu*) or Midwife Private Practice by a midwife.

Table 1. Services Acceptability by Pregnant Women

BehaviourConcept	Pregnant Women Type	Acceptability of Services	
		TBAs	Midwife
Behavioral Intention	*Primi*	Participate willingness of parents	Not forced
	Multi	Not forced , own desire	Not forced
Behavioral Control	*Primi*	Invited by mother, mother in law, husband	Own option to midwife
	Multi	Own desire	Own choice to midwife
Subjective Norm	*Primi*	Happy to be cared for by TBAs	Satisfied, education add to knowledge
	Multi	Believe, convenient services by TBAs	Satisfied, education add to knowledge
Attitude	*Primi*	Good services	Good services
	Primi	Good services	Good services

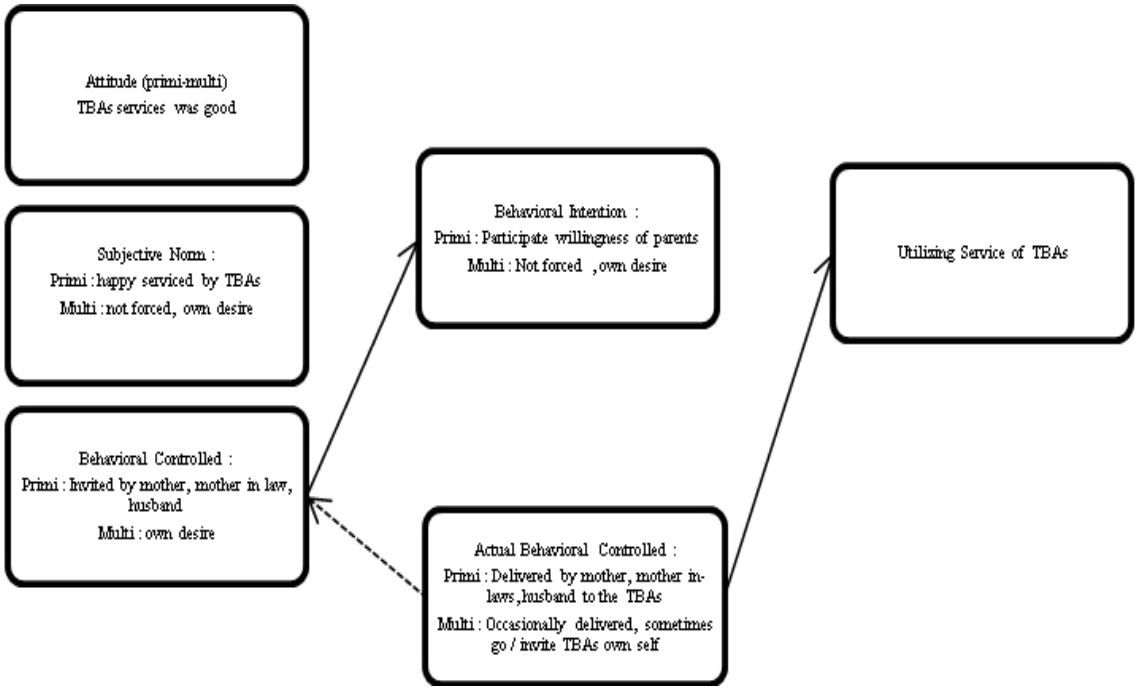


Chart 2: TBAs Services Acceptability by Pregnant Women

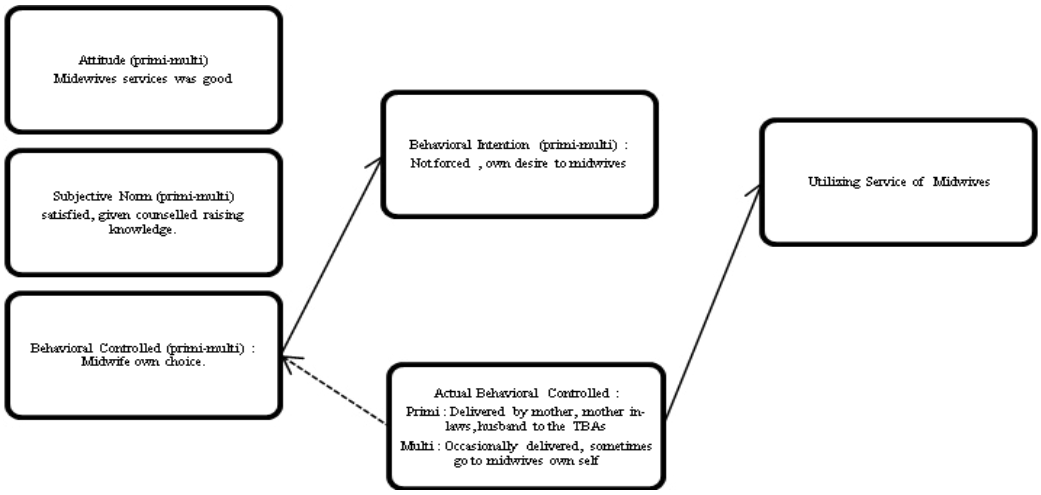


Chart 3: Midwives Services Acceptability by Pregnant Women

TBAs served activities like 4 monthly events *sawaka*7 monthly event, adjusting the womb, counseling to the midwife and posyandu. Birth was assisted by a midwife and was accompanied with stroking, massaging the mother and taking care of the baby after birth by TBAs. Post-birth services are visits at home until the whistle, weighing, immunization by a midwife, bathing the baby up to 7 days, massaging up to 40 days, the event *adus wiladah*, *sawer* and *kokocok panangan* events by TBAs based on mother request. TBAs said she never offer to do these events.

Pregnant woman 4 said:

"*…. Opat sasih sareng tujuh*" *"ngaos paling ge" … "didieu mah sok nyandak minyak sareng hayam di ieukeun"… "kaditu sih ayamna the engke teh di kadieukeun, sampean nateh di tapelkeun ka patuangan, kana perutna"…"duka,*

Table 2. TBAs and Midwife Role in Maternal Child Health Services (MCH)

Stages	TBAs Services	Midwife Services
Before Pregnancy	Stomach held, uterus pushed forward, nutrition advice	Family Planning, Counseling
During Pregnancy	Four months event, *sawaka* seven months, Counseling to midwife and IHSP (posyandu).	5 T / 7 T services at IHSP or Midwife Private Practices depend on pregnant women.
Birth	Accompany the mother, stroked, massaged, care of the baby after birth	Attending births in Midwife Practices or health facility, tides family planning after birth, treat mothers after birth ± 6 hours.
After Birth	Bathing the baby in the house up to 7 days, massaged mothers until 40 days, *Adus wiladah* events, *sawer* events, hand washing events (*kokocok panangan*) depend on demand is not offered.	Home visits until the whistle, weigh a child, Immunization in the IHSP (Posyandu) or Midwife Private Practices depend on mothers demand.

da itu kantos tradisi, da nurut we kedah kumaha-kumahana"… "nyapanginteun sawaka tujuh sasih..". Furthermore, pregnant woman 6 said: *"… kan ku ibu bidan lahiranana ngan aya emak paraji…"* andalso said "*...sasarengan bidan paraji* "*…"perasaana the kumaha nya,? (*Confused face*). Tenang weh muhun. Aya nu ngabantos kitu…".*

These findings suggest that midwife with TBAs could be synergic and complement each other in providing services since pre-pregnant until post-pregnant in MCH services. This broke people's mindset that TBAs would be complicated and could impede the achievement of MCH services targets. The 4th pregnant woman suggests she will use both of them in the future

"…upami ayeuna kan hamil deui, engk eupami bade ngalahirkeun, bade nyuhunkeun tulung deui ka siemak. Bade duanana.. ".

Related to the role of TBAs and midwives, research reports low exclusive breastfeeding, as well as lack of knowledge of mothers about breastfeeding (Sriningsih, 2011). Provision of early initiation of breastfeeding and exclusive breastfeeding is very important in the efforts to reduce infant mortality. It is necessary to attempt to increase the role of TBAs and midwives in the form of individual counseling about the importance of early initiation of breastfeeding and exclusive breastfeeding to pregnant women. This is to support the research that knowledge and mother attitude is significantly associated with early initiation of breastfeeding practices and exclusive breastfeeding (Raharjo, 2014), previous finding also report that knowledge of mothers about breastfeeding was significantly associated with exclusive breastfeeding (Sriningsih, 2011).

Another reason that could be considered is to make TBAs as partner of midwives in the implementation of the maternal class or as initiators and instigators of the Mother Support Group to improve exclusive breastfeeding. This is in line with the results of research that reported mothers knowledge and attitudes of exclusive breastfeeding who followed the Mother Support Program was significantly higher than mothers who do not follow the program (Ichsan, et al., 2015). TBAs need to be addressed as instigators in the Mother Support Group to improve exclusive breastfeeding to encourage mothers to give exclusive breastfeeding.

Information support for breastfeeding

mothers is very important; a study suggested that information support is very important for pregnant and nursing mothers in exclusive breastfeeding. Breastfeeding mothers can obtain it from various persons, namely of those affected (significant others), health professionals, health facilities and Community Public Health Efforts. Important as well is the ease and completeness of the information to exclusive breastfeeding. Information on significant others play a more important role, because, the strong emotional bond make information more acceptable. Thus, it is important to foster a positive environment around breastfeeding so the information received is able to promote the establishment of exclusive breastfeeding (Wibowo, 2016). TBAs can be directed to become one source of information about the importance of early initiation of breastfeeding and exclusive breastfeeding.

The meaning of in-depth interview about a partnership and plan ahead on partnership, is summarized in the chart 4.

TBAs midwife partnership includes client recording, and motivating to give birth by health personnel in health facilities to increase coverage. Early detection of disorder and early referral occurred because TBAs stay relatively close to the pregnant women. TBAs midwife partnership scheme in the future is a pattern of health care as well as financing maternal child health with the development of government policy. Their cultural and religious events, in which the TBAs were involved, could be encouraged to be filled with maternal child advice. It is important because TBAs advice tend to be heard by pregnant woman and families.

The existence and role of TBAs support was in line with research at Sampang district where TBAs play a major role during pregnancy, during birth, and especially postpartum (Laksono, 2014). Besides, these TBAs role was not only in infant and maternal care, but also in the psychological aspects such as providing advice on infant care as well as what to do and what to avoid (abstinence). So big the role of TBAs, was that any advice said by TBAs would definitely be implemented. It was have a bad impact if knowledge transferred by TBAs for patients was in contrast with medical advice. The research suggest that the presence of TBAs who was trusted by citizens need to be embraced and they need to be given additional knowledge related to maternal and infant health, as well as a partnership with a health worker to help the success of health programs. This is also in line with a study (Anggorodi, 2009), which states that partnership is one of the solutions to

The views of pregnant women	The views of TBAs	The views of midwife	Financing	Plan ahead
• Know childbirth had to be helped midwife • Know out of shared services midwife TBAs • Don't agree only TBAs • Feel just enough midwife • Multi pregnant women said that during birth TBAs less important	• TBAs feels ordinary partner with midwives • It should be partnership	• Division of task miodwives and TBAs	• Mutual understanding, sharing fortune between midwives and TBAs • Pregnant women as BPJS members, TBAs accept form mother. Mother general expenses, TBAs accept from the midwives • Paraji service package to 40 days, generally do not set rates.	• Utilization paraji derived from parents. • Would birth again assisted by midwife accompanied TBAs. • TBAs important after the birth. None paraji because they can bathe the baby alone. • Need to midwives in order to Maternal Child Health book. • If possible initially to the obstetrician first, and then to the midwife. • TBAs to the first and then to the midwife or vice versa. • Unwilling only TBAs care fear of any abnormalities.

Chart 4: The Views and Plan ahead of Midwives and TBAs Partnership

reduce maternal and infant mortality problem that will mainly benefit remote areas where access to health services is very limited.

In terms of the financing, an unwritten agreement was found between the TBAs, midwife, and birth mothers. There is no evident feud between TBAs and midwife related to salary.

TBAs role tend to be related to family health care services as well as cultural and religious events. The role of the midwife is as a professional service appropriate with authority possessed by appropriate profession. Requirement for TBAs was passed down from parents as cultural heritage, supported by communication between neighbors, groups in society such as groups of pregnant women, savings and loans *(arisan)* groups, and prayer groups. In the other hand, requirement for midwife was obtained from formal and informal information and includes TBAs and midwife communication done at monthly meetings in villages and posyandu as well as interpersonal relationship that was initiated by midwife (*ngahayap)* to make teamwork in MCH care become better.

About the role of TBAs in the future, the training for TBAs have an emphasis on its role as a motivator and source of information about family health care. Training needs to be managed with the right materials and the right way, given that TBAs generally have aged so it could be difficult to receive information that is lecture only. Although in a different context, but equally as a motivator and resources in the community, the success of the training is shown by research on the effects of training on the knowledge and actions of cadres in assessing and monitoring the growth of children (Lubis, 2015).

Similarly, in the position as leaders in the community, TBAs can contribute by motivating

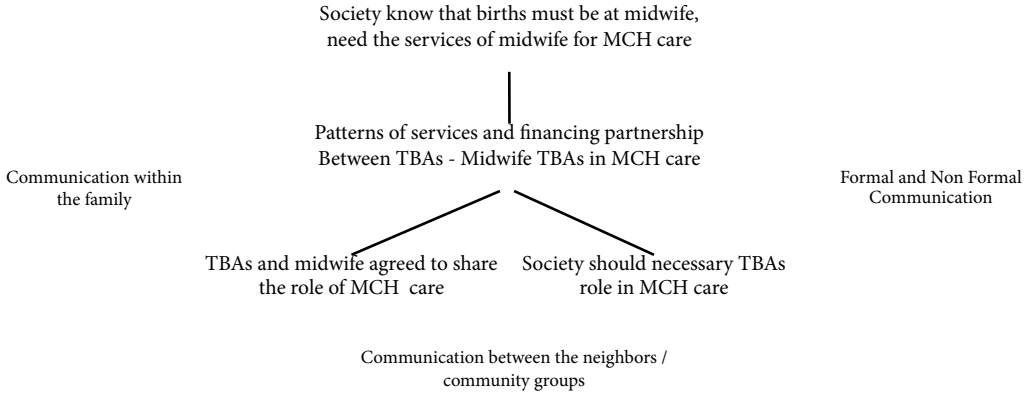


Chart 5. Partnership and Communication about Positioning TBAs and Midwife

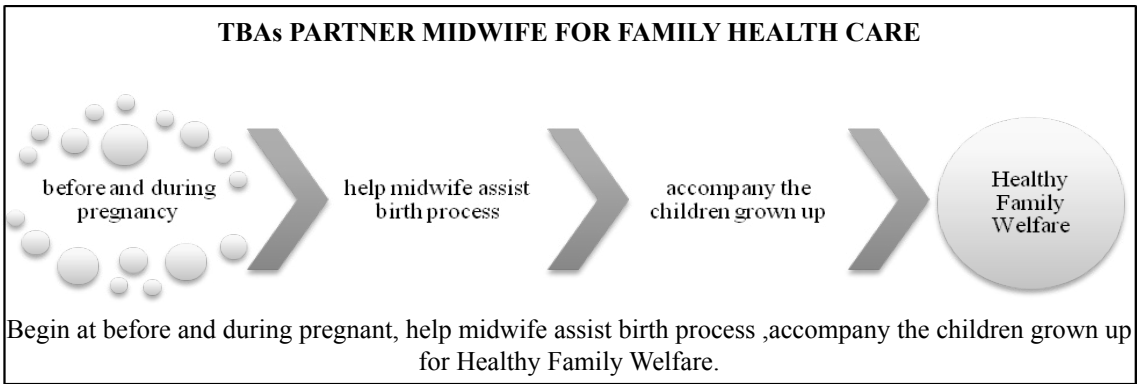


Chart 6. The core message TBAs positioning on partnership with the midwife

the community activity. Study showed that the relationship between the family support and the community leaders support the activeness of the population utilizing the non-communicable diseases integrated post (Umayana, 2015).

Young mothers stated they received information related to pregnancy at school, but inadequate. Communication in the community needs to be improved to encourage public awareness about the existence and necessity of partnership between TBAs and midwife.

The patterns were described in chart 5.

Sustainable TBAs utilization depends of cultural communication related TBAs in society, whether derived or abandoned. Partnership between TBAs and midwife was proven to run well, harmonies, side by side and accepted by society. TBAs midwife partnership policy should be strengthened through legislation as well as communication by any methods and media with various target audiences in order to ensure right positioning, harmony, and healthy partnership can be formed as well as addressing the positive changes toward the benefit of life. TBAs midwife partnership was maintained with the principle of equality, openness, and mutual benefit.

Here is the core message of TBAs positioning in order to strengthen the partnership with the midwife.

Conclusion

Traditional Birth Attendants (TBAs) services were still accepted by people, particularly pregnant women. TBAs were still needed by pregnant women with different roles but side by side with the role of a midwife. They provided care before pregnancy, during pregnancy, during birth and after birth (postpartum). Communication related to TBAs partnership with a midwife for Maternal Child Health (MCH) care begin within the family, between neighbors/community groups as well as formal and informal communication. The core message of TBAs positioning in order to strengthen the partnership with the midwife is "TBAs and Midwife partnership for Family Health Care began before and during pregnant, help midwife assist birth process, accompany the children grown up for Healthy Family Welfare".

It is required to strengthen the knowledge and skills of TBAs in maternal child health care without leaving their culture and utilization to enhance the role of TBAs is maternal child health motivator. TBAs midwives partnership policy need to be strengthened through legislation including financing, as well as communication through a variety of methods and media targeting various audiences in order to make partnership positioning TBAs with midwives that is right, harmonious, and healthy can be formed.

Acknowledgments

Thanks to the Ministry of Research Technology and Higher Education that has funded the research and Dharma Husada Bandung Health Institute.

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