Journal of Health Science
(Jurnal Ilmu Kesehatan)
https://www.ejournalwiraraja.com/index.php/JIK
2356-5284 (Print) | 2356-5543 (online)

The Phenomenon of Non-Medical Assistance in Childbirth in the Work Area of UPT Community Health Center Palangkau

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Article Information

Article History
Received : 13-03-2024
Revised : 15-04-2024
Accepted : 23-05-2024

Keywords
Childbirth
Non-healthcare personnel

ABSTRACT

The assistance of midwives in childbirth is one of the strategies related to maternal and child health issues. In Indonesia, the utilization of midwifery assistance in the community is still low compared to the expected indicators. According to data from Palangkau Community Health Center in 2022, there were 7 mothers assisted by non-medical personnel during childbirth. Several factors influence the choice of childbirth assistance, including the distance to health facilities, transportation, trust, costs, and others.

The aim of this research is to describe the phenomenon of childbirth assistance by non-medical personnel in the work area of UPT Community Health Center Palangkau. It is a descriptive study with a qualitative approach. The main informants are 10 mothers who gave birth with the assistance of traditional birth attendants from 2022 to 2023.

The research results indicate that all mothers prefer and utilize assistance from traditional birth attendants due to the strong community trust in them, as well as the generational aspect. Other influencing factors include the cost of childbirth, the distant location of health facilities, inactive health insurance, and issues related to still having to pay for childbirth even with health insurance, as well as inadequate transportation.

Therefore, health policy solutions and interventions need to be holistic, considering various factors influencing community decisions. This poses a significant challenge in achieving optimal maternal health while highlighting potential opportunities to enhance childbirth services and strengthen maternal health systems.

INTRODUCTION

In this era of globalization, challenges in the field of health, particularly concerning pregnancy and childbirth, remain a focal point of global attention. In many countries, including Indonesia, efforts to enhance the quality of maternal and child health services (MCH) are

ongoing to reduce maternal and infant mortality rates.

Various measures have been taken to reduce the Maternal Mortality Rate (MMR) in this country, such as improving antenatal care in all healthcare facilities with high standards and covering all target groups, enhancing access to delivery services by gradually improving the availability of trained medical personnel, increasing early detection of high-risk pregnancies, implementing an effective referral system, and improving neonatal care services to high standards. The primary goal of this Maternal and Child Health (MCH) program is to decrease the maternal and child mortality rates (Pratiwi, 2019 dalam Novianty et al., 2023).

According to the World Health Organization (WHO) data in 2020, globally, approximately 830 women die every day due to complications during pregnancy and childbirth, with a Maternal Mortality Ratio (MMR) reaching 216 per 100,000 live births. Nearly 99% of maternal deaths occur in developing countries due to pregnancy, childbirth, or postpartum issues. The MMR remains high, and it is hoped to achieve the target of 70 per 100,000 live births by 2030 (WHO, 2020).

The Maternal Mortality Ratio (MMR) in Indonesia is still considered high compared to other countries. Based on the results of the Indonesia Demographic and Health Survey (IDHS) in 2023, there was a significant increase in the MMR, reaching 359 per 100,000 live births. Reducing the Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) is one of the indicators of achieving optimal public health levels. One of the efforts to reduce MMR and IMR is through the provision of sustainable midwifery services.

Maternal death is defined as the death of a woman caused by processes related to pregnancy (including ectopic pregnancy), childbirth, abortion (including molar abortion), and death within 42 days after the end of pregnancy, excluding the pregnancy period. This does not include deaths resulting from accidents or incidents. The calculation indicator is the total number of women's deaths caused by processes related to pregnancy, childbirth, abortion, and up to 42 days after the end of pregnancy in a specific time period, regardless of gestational age, and without considering deaths caused by accidents or random events in the region. It is expressed per 100,000 live births during the same period (Kemenkes RI, 2021).

According to the Ministry of Health, giving birth should be attended by trained medical professionals. This is in line with the third goal of the Sustainable Development Goals (SDGs), which aims to reduce global maternal and newborn mortality rates. Despite the expansion of maternal and child health services in various locations, challenges such as high maternal and neonatal mortality rates persist (Rokom, 2023). Maternal deaths are associated with midwives and the location/vehicle, as indicated by a study conducted in 2010 by the Ministry of Health's Maternal Health Development Agency.

The presence of medical professionals has proven to reduce maternal mortality rates. If childbirth is conducted in health facilities similar to the mentioned location/facility, maternal deaths can also be decreased. According to the Ministry of Health, all births should be attended by medical professionals, and there is a strong recommendation for deliveries to take place in medical facilities. Health centers (Puskesmas) should be built adjacent to the residences of healthcare professionals, in accordance with the Special Allocation Fund (DAK) policy for the health sector. The prevalence of Village Health Posts (Poskesdes), which could potentially serve as midwives in the community, is also encouraged. For instance, midwives can continue working and assisting with deliveries as long as they have a place of residence (Ministry of Health, Republic of Indonesia, 2019).

The selection of childbirth attendants who will assist during the delivery process is a crucial step in seeking assistance during childbirth. It is a personal right to determine where and who will assist in the delivery process. Ensuring a safe delivery involves ensuring that all service providers have the knowledge, skills, and necessary equipment to provide assistance safely and with good sanitation, as well as providing postpartum care to the mother and baby (Alhidayati & Asmuliyanti, 2016).

The selection of traditional birth attendants often has negative repercussions on the health of both the mother and the baby, including risks of complications and death. Traditional birth attendants often lack knowledge about signs of childbirth danger, resulting in inadequate childbirth assistance. Another contributing factor to maternal mortality is the insufficient quantity and quality of birth attendants, as well as the persistent use of traditional methods during childbirth. The lack of knowledge and opportunities for women to make health-related decisions can also lead to delays in obtaining medical assistance.

The results of a study conducted in 97 countries indicate a strong correlation between childbirth assistance by medical professionals and maternal mortality rates. The greater the number of deliveries managed by healthcare personnel in a particular area, the lower the maternal mortality rate in that region (Kemenkes RI, 2022).

There are several factors influencing pregnant women in choosing childbirth assistance, including societal perceptions, especially in rural areas, where traditional birth attendants are more trusted. Many seek assistance from traditional birth attendants for prenatal check-ups, childbirth, and postpartum care, due to entrenched cultural practices of birthing with traditional attendants. Additionally, factors such as spousal support, uneven access to information about maternity benefits, complex procedures for health insurance claims, limited access to healthcare services due to distance, lack of transportation, and economic factors also play significant roles (Yuliani et al., 2023).

According to the 2017 IDHS, 91 percent of births are handled by competent medical personnel. Rural midwives account for 61 percent, obstetricians handle 29 percent, and general practitioners only 1 percent of births. However, in North Sumatra (Sumut), in 2019, the healthcare service rate for childbirth reached 87.24 percent (Siregar, 2022).

Health profile in Central Kalimantan Province: Maternal health services are provided through antenatal care given at least 6 times during pregnancy, with a recommended distribution of a minimum of 2 visits in the first trimester (0-12 weeks of pregnancy), 2 visits in the second trimester (12-24 weeks of pregnancy), and 2 visits in the third trimester (24 weeks until delivery). This standard timing of services is recommended to ensure the protection of pregnant women and/or fetuses, including early detection of risk factors and the prevention and early management of pregnancy complications. In 2020, the coverage of antenatal care services (K4) was 81.64 percent, with an indicator achievement of 96.04 percent, which was lower than the 2021 figure of 84.5 percent with an indicator achievement of 99.41 percent. The coverage further decreased in 2022 to 80.53 percent with an indicator achievement of 95.03 percent. The indicator for antenatal care services (K4) is a key performance indicator (IKU) established in 2018. The maternal mortality rate from 2020 to 2022 showed a fluctuating trend. In 2020, it was at 72%, decreasing in 2021 to 68.5%, and then increasing again in 2022 to 70.5% (Dinas Kesehatan Kota Palangkaraya, 2022).

Health Profile of Kapuas District: As known, the Minimum Service Standards (SPM) for childbirth in Kapuas District from 2020 to 2022 is set at 100%. However, this target has not been met completely due to some mothers choosing to give birth with Non-Nakes (non-medical personnel). The data on childbirth coverage in Kapuas District for the years 2020 to 2022 are as follows: In 2020, 85.87% of mothers chose to give birth in health facilities (fasyankes), while 14.13% chose to give birth with Non-Nakes. In 2021, 98.04% of mothers opted for childbirth assistance from healthcare professionals, and 5.96% chose non-medical personnel for childbirth. In 2022, 85.23% of mothers preferred giving birth in health facilities, while 14.77% chose Non-Nakes for childbirth (Dinkes, 2022).

The SPM target for childbirth services emphasizes the importance of delivering babies with trained medical professionals, but the data indicates that there is still a portion of the population opting for non-medical assistance in childbirth in Kapuas District during the mentioned years. Efforts may be needed to increase awareness and promote the benefits of receiving childbirth services from trained healthcare providers to meet the SPM target and

improve maternal health outcomes in the region.

Based on a preliminary study at the UPT Health Center Palangkau, the achievement of the Minimum Service Standards (SPM) for childbirth from 2020 to 2022 is as follows: In 2020, 31 individuals were assisted in healthcare facilities (fasyankes), and 7 were assisted by non-healthcare providers (Non Nakes). In 2021, 43 individuals were assisted in healthcare facilities, and 7 were assisted by non-healthcare providers. In 2022, 30 mothers were assisted in healthcare facilities, and 3 were assisted by non-healthcare providers.

The use of non-medical assistance in the childbirth process, such as traditional birth attendants, remains a significant phenomenon in the working area of UPT Puskesmas Palangkau. Despite efforts to improve access to maternal and child health services, the use of non-medical practitioners remains the primary choice for most of the community in this area. With a deeper understanding of this phenomenon, it is hoped that effective strategies can be developed to reduce the use of non-medical assistance during childbirth and increase access to and acceptance of maternal and child health services provided by the community health center.

METHODS

This research is a descriptive study with a qualitative approach. The informants for this study include the main informants, consisting of 10 mothers who have given birth with Non-Medical Personnel or traditional birth attendants in the working area of UPT Community Health Center Palangkau from 2022 to 2023. The supporting informants include husbands, and key informants are 5 Non-Medical Personnel or traditional birth attendants. The data collection technique is conducted through interviews.

RESULTS AND DISCUSSION

a. Characteristics of the main informants

No	Name Informant	Age (year)	Education	Income/ month
1	Informant 1	32	No school	Rp. 1.800.000,-
2	Informant 2	18	Junior high school	Rp. 1.500.000,-
3	Informant 3	35	No school	Rp. 2.500.000,-
4	Informant 4	17	Elementary school	Rp. 2.000.000,-
5	Informant 5	21	Senior High School	Rp. 2.500.000,-
6	Informant 6	20	Elementary school	Rp. 1.700.000,-
7	Informant 7	17	Junior high school	Rp. 1.500.000,-
8	Informant 8	19	Senior High School	Rp. 2.000.000,-
9	Informant 9	30	Junior high school	Rp. 2.200.000,-
10	Informant 10	16	Elementary school	Rp. 1.200.000,-

b. Characteristics of the supporting informants or husbands

No	Name Informant	Age (year)	Education	Work
1	Husband 1	36	No school	Teacher Contrac
2	Husband 2	23	No school	Farmer
3	Husband 3	40	No school	Seller
4	Husbandi 4	20	No school	Seller
5	Husband 5	25	No school	Construction worker
6	Husband 6	25	No school	onstruction worker
7	Husband 7	30	No school	Farmer
8	Husband 8	27	No school	Farmer
9	Husband 9	47	No school	Farmer
10	Husband 10	20	No school	Contraction worker

c. Characteristics of Key Informants (Traditional Midwives)

No	Name Informant	Age (year)	Education	Experience	Work
1	Village shaman 1	58	-	20 years	*Dukun beranak*
2	Village	40	Elem	7 years	*Dukun*

	shaman 2		Elementary school		*beranak*
3	Village shaman 3	47	Elementary school	9 years	*Dukun beranak*
4	Village shaman 4	53	-	6 years	*Dukun beranak*
5	Village shaman 5	49	-	11 years	*Dukun beranak*

d. Challenge on Using Jamkesmas

1. Ownership of Jamkesmas (Indonesian National Health Insurance Program)

Reasons for choosing a birth attendant in the study were obtained from sources of information including mothers and husbands. Mothers who choose to give birth with non-medical personnel or traditional birth attendants have varied reasons. The first aspect considered is the ownership of Jamkesmas.

Several informants mentioned that the reasons for choosing a birth attendant are based on the ownership of Jamkesmas (Indonesian National Health Insurance Program). The primary informant 1 stated that, despite having Jamkesmas, there was no budget for transportation to the health center due to the distant location. Information from supporting informant 1 also mentioned that, although having health insurance, primary informant 2 stated that the insurance is no longer active. Primary informant 3 mentioned having BPJS (Social Health Insurance), but due to a name discrepancy, it cannot be used, and there is no time to process BPJS due to the need to go to Kapuas without transportation costs.

Other informants provided different reasons related to the ownership of Jamkesmas. Some mothers mentioned having BPJS but with an address registered in Java. Others stated that, having three children already, they no longer consider applying for BPJS. Additionally, there is an issue where there is still an obligation to pay a certain amount, specifically seven hundred thousand rupiahs, as the childbirth cost.

All this information reflects the complexity of factors influencing the choice of birth attendants, including constraints in utilizing health insurance such as Jamkesmas.

Primary Informant

"I did receive something from Jokowi, but still don't have money to go there."

"I do have something from the government, the health insurance for the underprivileged, but it's not active anymore."

Supporting Informants

"They say even if you have BPJS (Social Health Insurance), you still have to pay Rp.700,000, not to mention other expenses"

"They say if you have BPJS, you still have to pay Rp.700,000; we don't have that money, and we have to use a small boat (kelotok)"

Ownership of BPJS cards can be utilized for healthcare maintenance and protection to meet basic health needs provided by BPJS Kesehatan. One of the objectives of establishing BPJS Kesehatan in Indonesia is to enhance equality in accessing healthcare services. However, for some communities in the working area of Puskesmas UPT Palangkau, even though they possess Jamkesmas, its utilization isn't fully realized due to various influencing factors. This study contrasts with research conducted by Julaeha (2022) on the Relationship between Knowledge, Family Roles, and Health Insurance Ownership with the Selection of Birth Attendants for Pregnant Women in Batuhideung Village, Cimanggu District, Pandeglang, Banten. The research found that the majority held BPJS cards, granting easier access to pregnancy check-ups and postpartum examinations free of charge at first-level BPJS facilities. Additionally, they received discounts on childbirth costs and newborn examinations. While the administrative requirements of BPJS Kesehatan are considered complex, as they entail providing photocopies of IDs, BPJS cards, and family cards, some individuals feel assisted by the existence of BPJS Kesehatan. However, at times, services for BPJS cardholders are perceived as suboptimal, necessitating improvement to encourage greater participation in the BPJS program (Euis Julaeha, 2023).

2. Selection of Delivery Assistance

The second reason for choosing to give birth with Non-Medical Personnel or traditional birth attendants. Mothers mentioned that their previous child was born with a traditional birth attendant (dukun kampung), and there were no issues. Parents suggested giving birth with a traditional birth attendant as the closest option, considering the remote access to the health center, damaged roads, and the need to use a boat. Out of the 10 mothers, two of them chose a traditional birth attendant as the delivery assistant, as can be seen in the following column:

Primary Informant
"I have always wanted to give birth with a traditional birth attendant."

"The first child was delivered by a traditional birth attendant, and for the second child, I am still planning to use a traditional birth attendant."

Supporting Informants
"I have always wanted to give birth with a traditional birth attendant."

"It's better if you give birth with a traditional birth attendant; I've experienced giving birth with a traditional birth attendant as well."

The presence of trust and cultural habits towards traditional birth attendants *(dukun kampung)* from generation to generation also influences their choices. If previous childbirth experiences with traditional birth attendants have been successful and without issues, communities tend to maintain this practice.

Based on societal beliefs, traditional birth attendants inherit skills in assisting childbirth from generation to generation. They possess advantages that are sometimes not found in midwives, such as performing household chores, including cooking, doing laundry, as well as providing massages and specialized care for pregnant and newly-delivered mothers. As respected local figures, traditional birth attendants are often more communicative, authoritative, patient, and resilient, offering services at affordable rates. In a humanitarian approach, they are ready to provide care for pregnant women starting before childbirth until 35 days after delivery (Dian Reja Adila, H.M. Natsir Nugroho, 2020).

3. Accessibility

Accessibility is a crucial factor that significantly influences the decision-making process regarding childbirth attendants. Accessibility is not only about physical distance but also involves availability, affordability, and acceptance by the community, all of which have a significant impact on maternal and infant reproductive health and survival.

In terms of accessibility, asking the opinions of mothers and husbands about the access to the community health center (puskesmas) is essential, leading them to choose childbirth in the village with a traditional birth attendant. The birthing mothers mentioned that the road to the health center is very challenging and distant. If it were closer, they could easily go directly to the health center. However, due to the difficulty and distance, they are unable to afford the travel costs. They have to use two modes of transportation, namely a small boat (kelotok) and a motorcycle, as stated in the following passage:

Primary Informant
“Ngalih banar jalannya. Pas ulun sakit parut tu langsung datang haja bidan kampung, mun ka puskesmas bisa taparanak”
“The road to the health center is very bad, When I was in pain during labor, I went straight to the village midwife's house because it's closer than the health center."

“Kalua bisa ambulan puskesmas jemput disini mungkin mau aja melahirkan dipuskesmas”
“If the health center ambulance could pick me up, I would be willing to give birth at the health center”

Supporting Informants
“Saya gak punya perahu, adanya motor tapi masa iya ibu melahirkan di bawa pakai motor, jalannya hancur mana harus melewati sungai”
“I don't have a boat, only a motorbike. But can a mother almosh give birth while being transported on a motorcycle? The road is

damaged, and we have to cross the river."

"Tapi petugas puskesmas tau aja akses ke sini harus 2 alat motor dan perahu bagaimana kalua tidak punya"
"But the health center staff only know the access to reach here must go through 2 motorbikes and a boat. What if someone doesn't have them?"

Based on the above, geographical accessibility and difficult transportation conditions become the main obstacles. If the health center or maternity services facility is far away, the community will choose a solution that is closer and more easily accessible, such as a traditional midwife. In addition, transportation costs to the health center often become an additional burden for economically disadvantaged communities. Giving birth with a traditional midwife located closer to facilities and infrastructure, especially in remote areas, may make health facilities difficult to access. Traditional midwives are available in the local community, overcoming this barrier.

The research findings highlight the urgency of improving access to healthcare services, especially maternal health services, in remote areas as observed in this study. Factors such as poor infrastructure conditions and difficult transportation access are the main obstacles faced by communities in reaching healthcare facilities, particularly community health centers (puskesmas) (Panda, 2023). Therefore, improving road infrastructure and providing reliable and affordable transportation are crucial. Additionally, the provision of emergency ambulances can be an effective solution to address transportation challenges and reduce the risk of complications during childbirth (Alaofe et al., 2020). In addition to physical aspects, education and community outreach are also crucial. Increasing awareness of the benefits of giving birth in trained healthcare facilities can change community preferences and encourage them to choose safe medical services. Collaboration between local governments, community health centers, and NGOs is also essential in improving healthcare accessibility. This collaboration may include providing funds and support for infrastructure improvements, ambulance provision, as well as community outreach and education programs. By taking these steps together, it is hoped that accessibility to healthcare services can be significantly enhanced, thus reducing the access gap between urban and rural areas, ultimately positively impacting maternal and infant health in the region.

4. Cost of Delivery

The cost factor significantly affects those who are financially unable. Many individuals with limited economic conditions face financial constraints in paying for childbirth expenses at healthcare facilities, and giving birth with a traditional midwife is considered a more affordable option. Although some individuals have health insurance such as BPJS, additional fees are often applied at private facilities. These additional costs can be an additional burden that is difficult to bear for some individuals. The uncertainty regarding childbirth expenses at healthcare facilities, especially with the possibility of unforeseen additional fees, leads individuals to seek options that offer clarity and certainty in costs, as often found with traditional midwives. Traditional midwives often provide flexibility in payment, such as voluntary payments or payment with goods. This becomes attractive to individuals who cannot afford childbirth expenses in cash. This, as seen in the following column, could be an economical choice, considering the minimal transportation costs. Availability.

Primary Informant
"Di bidan kampung bisa bayar pakai apa aja"
"At the village midwife, you can pay with anything"

"Jakanya di geratis akan mun ada BPJS ini kada tatap bayar bedahulu"
"It should be free, even if we have BPJS, we still have to pay first."

Supporting Informants
"Di bidan kampung saya ngasih semampunya aja ga ada target"
"At the village midwife, I can pay whatever I can afford, there's no standard rate."

"Kadada yang sanggupnya ka puskesmas mun kadada duit Rp.700.000 di tangan balum

gasan ongkos makan"
"No one goes to the health center if they don't have at least Rp.700,000, not including meal expenses."

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Although public healthcare services are available and accessible through the BPJS (Social Security Administration) program, many individuals still choose private clinics. Despite the higher costs, private clinics are often chosen for several reasons. These include the perception of better quality care, shorter waiting times, and more personalized services compared to public facilities (Salsabila et al., 2023). A study by Dewi R, Widyarini A, (2020) shows that many patients feel more satisfied with the services at private clinics due to more in-depth interactions and more personal attention from medical personnel.

Childbirth costs are a global issue with significant variations between different countries and regions. For example, a study by (Rosenthal, T., McBride, J., & Sanders, 2019) found that childbirth costs in the United States are significantly higher compared to many other developed countries, often resulting in substantial out-of-pocket expenses for families. In contrast, countries with robust public healthcare systems, such as those in Scandinavia, generally offer comprehensive maternity care with minimal direct costs to patients (Andersen, A. M. N., Vastrup, P., & Madsen, 2018).

This research highlights the importance of cost factors in decision-making regarding childbirth assistance. Financial constraints often pose a major obstacle for individuals seeking childbirth services at healthcare facilities. These findings align with similar research conducted by (Euis Julaeha, 2023),which revealed that childbirth costs are a primary factor influencing pregnant women's choice of childbirth attendants. For many individuals, additional costs at private healthcare facilities are often unaffordable, leading them to opt for traditional midwifery services, which are considered more affordable.

CONCLUSION

This study shows that the decision to choose childbirth assistance from non-medical personnel is influenced by factors such as cost, accessibility, trust, and previous experiences. Financial constraints and additional fees at private healthcare facilities lead many individuals to opt for traditional midwives, who are more affordable and flexible in payment. Difficult accessibility and poor transportation conditions also drive this choice. Cultural trust and positive previous experiences with traditional midwives play a significant role in this decision. Therefore, holistic policy solutions, including improved healthcare service accessibility and community education, are necessary to enhance the quality and safety of childbirth services.

REFERENCES

Alaofe, H., Lott, B., Kimaru, L., Okusanya, B., Okechukwu, A., Chebet, J., Meremikwu, M., & Ehiri, J. (2020). Emergency transportation interventions for reducing adverse pregnancy outcomes in low-and middle-income countries: A systematic review. *Annals of Global Health*, *86*(1), 1–18. https://doi.org/10.5334/aogh.2934

Alhidayati, A., & Asmuliyanti, A. (2016). Perilaku Ibu dalam Memilih Tenaga Penolong Persalinan di Wilayah Kerja Puskesmas Tembilahan Hulu Tahun 2016. *Jurnal Kesehatan Reproduksi*, *3*(3), 155. https://doi.org/10.22146/jkr.36036

Andersen, A. M. N., Vastrup, P., & Madsen, M. (2018). Public Health Care System and Maternity Care: A Scandinavian

Perspective. *Journal of Public Health*, *35 (5)245-*.

Dewi R, Widyarini A, U. S. (2020). Patient Satisfaction with Private vs. Public Healthcare Services in Indonesia. *Health Policy and Planning*, *35 (7)*, 831–839.

Dian Reja Adila, H.M. Natsir Nugroho, I. (2020). *A Phenomenology Study : The Experience Of Mother Workers And Traditional Birth Attendants*. *6*(3), 44–55.

Dinas Kesehatan Kota Palangkaraya. (2022). Provinsi Kalimantan Tengah. *Simreg Bappenas*, *16*, 1–36. https://simreg.bappenas.go.id/assets/temaalus/document/Publikasi/DokPub/Analisis Provinsi Kalimantan Tengah 2015_ok.pdf

Dinkes, K. K. (2022). *Profil Kesehatan Kabupaten Kapuas 2022*. Dinkes Kabupaten Kapuas.

Euis Julaeha. (2023). Hubungan Pengetahuan, Peran Keluarga Dan Kepemilikan Jaminan Kesehatan Dengan Pemilihan Penolong Persalinan Pada Ibu Hamil Di Desa Batuhideung Kecamatan Cimanggu Pandeglang Banten Tahun 2022. *Dohara Publisher Open Access Journal*, *4*(1), 1–7. http://kiss.kstudy.com/journal/thesis_name.asp?tname=kiss2002&key=3183676

Kemenkes RI. (2021). Profil Kesehatan Indonesia 2020. In *Science as Culture* (Vol. 1, Issue 4). Kemenkes RI. https://doi.org/10.1080/09505438809526230

Kemenkes RI. (2022). *Turunkan angka Kematian Ibu, Menkes Canangkan Gerakan Bumil sehat*. https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20221222/2142090/turunkan-angka-kematian-ibu-menkes-canangkan-gerakan-bumil-sehat/

Novianty, B., Pangestu, G. K., & Ciptiasrini, U. (2023). Hubungan Persepsi Ibu Tentang Linfaskes, Sumber Informasi Dan Dukungan Suami Terhadap Pemilihan Penolong Persalinan Oleh Ibu Bersalin Di Puskesmas Wanaraja Kabupaten Garut Tahun 2023. *SENTRI: Jurnal Riset Ilmiah*, *2*(11), 4780–4794. https://doi.org/10.55681/sentri.v2i11.1814

Panda. (2023). *Masalah Transportasi dalam Akses Layanan Kesehatan di Pedasaan*. https://www.panda.id/masalah-transportasi-dalam-akses-ke-layanan-kesehatan-di-pedesaan/

Rokom. (2023). *Turunkan Angka Kematian ibu melalui Deteksi Dini dengan Pemenuhan USG di Puskesmas*. Sehatnegriku.Kemenkes.Go.Id. https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20230115/4842206/turunkan-angka-kematian-ibu-melalui-deteksi-dini-dengan-pemenuhan-usg-di-puskesmas/

Rosenthal, T., McBride, J., & Sanders, T. (2019). Comparative Analysis of Childbirth Costs: United States vs. Other Developed Countries. *Health Economics Review*, *29(2)*, 201–218.

Salsabila, N., Yusrani, K. G., Annajah, S., Azzahra, K. A., & Sabrina, R. S. N. (2023). The Comparative Analysis of Inpatient Service at Public Hospitals and Private Hospitals in Order to Improve Patient Satisfication : A Literature Review. *Usada Nusantara: Jurnal Kesehatan Tradisional*, *1*(2), 65–78. https://e-journal.nalanda.ac.id/index.php/usd/article/view/250

Siregar, M. L. (2022). *Deteminan Ibu Hamil dalam Pemilihan Tenaga Penolong Persalinan di Wilayah Kerja Puskesmas Naga Saribu Kabupaten Padang Lawas Utara*. Universitas Islam Negri Sumatra Utara.

WHO. (2020). *World Health Statistics 2020 Monitoring Health for the SDG'S* (Vol. 2507, Issue 1). http://journal.um-surabaya.ac.id/index.php/JKM/article/view/2203

Yuliani, I., Setyowati, L., & Rohmatin, H. (2023). Perbedaan Pelayanan Persalinan Bidan Dan Dukun Dari Sudut Pandang Pasien Didusun Dadapan Puskesmas Andongsari. *SAINTEKES: Jurnal Sains, Teknologi Dan Kesehatan*, *2*(4), 476–485. https://doi.org/10.55681/saintekes.v2i4.161

Alaofe, H., Lott, B., Kimaru, L., Okusanya, B., Okechukwu, A., Chebet, J., Meremikwu, M., & Ehiri, J. (2020). Emergency transportation interventions for reducing adverse pregnancy outcomes in low-and middle-income countries: A systematic review. *Annals of Global Health*, *86*(1), 1–18. https://doi.org/10.5334/aogh.2934

Alhidayati, A., & Asmuliyanti, A. (2016). Perilaku Ibu dalam Memilih Tenaga Penolong Persalinan di Wilayah Kerja Puskesmas Tembilahan Hulu Tahun 2016. *Jurnal Kesehatan Reproduksi*, *3*(3), 155. https://doi.org/10.22146/jkr.36036

Andersen, A. M. N., Vastrup, P., & Madsen, M. (2018). Public Health Care System and Maternity Care: A Scandinavian Perspective. *Journal of Public Health*, *35 (5)245-*.

Dewi R, Widyarini A, U. S. (2020). Patient Satisfaction with Private vs. Public Healthcare Services in Indonesia. *Health Policy and Planning*, *35 (7)*, 831–839.

Dian Reja Adila, H.M. Natsir Nugroho, I. (2020). *A Phenomenology Study : The Experience Of Mother Workers And Traditional Birth Attendants*. *6*(3), 44–55.

Dinas Kesehatan Kota Palangkaraya. (2022). Provinsi Kalimantan Tengah. *Simreg Bappenas*, *16*, 1–36. https://simreg.bappenas.go.id/assets/temaalus/document/Publikasi/DokPub/Analisis Provinsi Kalimantan Tengah 2015_ok.pdf

Dinkes, K. K. (2022). *Profil Kesehatan Kabupaten Kapuas 2022*. Dinkes Kabupaten Kapuas.

Euis Julaeha. (2023). Hubungan Pengetahuan, Peran Keluarga Dan Kepemilikan Jaminan Kesehatan Dengan Pemilihan Penolong Persalinan Pada Ibu Hamil Di Desa Batuhideung Kecamatan Cimanggu Pandeglang Banten Tahun 2022. *Dohara Publisher Open Access Journal*, *4*(1), 1–7. http://kiss.kstudy.com/journal/thesis_name.asp?tname=kiss2002&key=3183676

Kemenkes RI. (2021). Profil Kesehatan Indonesia 2020. In *Science as Culture* (Vol. 1, Issue 4). Kemenkes RI. https://doi.org/10.1080/09505438809526230

Kemenkes RI. (2022). *Turunkan angka Kematian Ibu, Menkes Canangkan Gerakan Bumil sehat*. https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20221222/2142090/turunkan-angka-kematian-ibu-menkes-canangkan-gerakan-bumil-sehat/

Novianty, B., Pangestu, G. K., & Ciptiasrini, U. (2023). Hubungan Persepsi Ibu Tentang Linfaskes, Sumber Informasi Dan Dukungan Suami Terhadap Pemilihan Penolong Persalinan Oleh Ibu Bersalin Di Puskesmas Wanaraja Kabupaten Garut Tahun 2023. *SENTRI: Jurnal Riset Ilmiah*, *2*(11), 4780–4794. https://doi.org/10.55681/sentri.v2i11.1814

Panda. (2023). *Masalah Transportasi dalam Akses Layanan Kesehatan di Pedasaan*. https://www.panda.id/masalah-transportasi-dalam-akses-ke-layanan-kesehatan-di-pedesaan/

Rokom. (2023). *Turunkan Angka Kematian ibu melalui Deteksi Dini dengan Pemenuhan USG di Puskesmas*. Sehatnegriku.Kemenkes.Go.Id. https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20230115/4842206/turunkan-angka-kematian-ibu-melalui-deteksi-dini-dengan-pemenuhan-usg-di-puskesmas/

Rosenthal, T., McBride, J., & Sanders, T. (2019). Comparative Analysis of Childbirth Costs: United States vs. Other Developed Countries. *Health Economics Review*, *29(2)*, 201–218.

Salsabila, N., Yusrani, K. G., Annajah, S., Azzahra, K. A., & Sabrina, R. S. N. (2023). The Comparative Analysis of Inpatient Service at Public Hospitals and Private Hospitals in Order to Improve Patient Satisfication : A Literature Review. *Usada Nusantara: Jurnal Kesehatan Tradisional*, *1*(2), 65–78. https://e-journal.nalanda.ac.id/index.php/usd/article/view/250

Siregar, M. L. (2022). *Deteminan Ibu Hamil dalam Pemilihan Tenaga Penolong Persalinan di Wilayah Kerja Puskesmas Naga Saribu Kabupaten Padang Lawas Utara*. Universitas Islam Negri Sumatra Utara.

WHO. (2020). *World Health Statistics 2020 Monitoring Health for the SDG'S* (Vol. 2507, Issue 1). http://journal.um-surabaya.ac.id/index.php/JKM/article/view/2203

Yuliani, I., Setyowati, L., & Rohmatin, H. (2023). Perbedaan Pelayanan Persalinan Bidan Dan Dukun Dari Sudut Pandang Pasien Didusun Dadapan Puskesmas Andongsari. *SAINTEKES: Jurnal Sains, Teknologi Dan Kesehatan*, *2*(4), 476–485. https://doi.org/10.55681/saintekes.v2i4.161