ROLE OF STAKEHOLDERS IN INCREASING MATERNAL PARTICIPATION IN MATERNAL HEALTH PROGRAM IN THE COASTAL AREA OF BONANG SUB-DISTRICT, DEMAK REGENCY

Chriswardani Suryawati, Priyadi Nugraha Prabamurti, Eka Yunila Fatmawati and Wulan Kusumastuti

Faculty of Public Health, Universitas Diponegoro

Abstract. Maternal health problems in Indonesia are still marked by high maternal mortality rates and this also happens in coastal area. Mostly, the community in coastal area have low education and low socio economy. They still have many health problems including maternal health. The stakeholders in this area have the important role in facing maternal health problems. The aim of this study was to analyze the role of stakeholders in increasing maternal participation in maternal health programs. This study was a qualitative study and the data were collected by an in-depth interview. The informants are village officials, community and religious leaders, PKK (family welfare education) administrators, health cadres, village midwives, and the head of the primary health care center (*Puskesmas*). The data were processed by content analysis method. The study was conducted in Morodemak and Betahwalang Villages in Bonang Sub-district, Demak Regency. The village officials only allocate 5-7% of village fund for maternal health program. Family welfare education program or PKK administrators were not active because of family matters. The community and religious leaders had the limitation to support maternal health programs. The health cadres collaborated with the village midwives had an important role in carrying out maternal health program. It was the families that influenced pregnant and post-natal women to participate or not participate in the maternal health program. *Puskesmas* actively contributed to coordinating and communicating with village midwives and villages head. The village officials, family welfare education program administrators, community and religious leaders, and families are expected to improve their role in maternal health program.

Keywords: maternal health, coastal areas, the role of stakeholders

Correspondence: Chriswardani Suryawati, Faculty of Public Health, Universitas Diponegoro, Jalan Prof. Soedarto SH. Tembalang, Semarang, Indonesia
Tel: +62 8122896540 E-mail: chriswardani@lecturer.undip.ac.id

INTRODUCTION

Indonesia is an archipelagic state with around 17,000 islands and coastal areas, mostly have low socio-economic level caused by inadequate access and infrastructure due to geographical conditions (Anwar and Sultan, 2016). Mostly coastal communities, especially fishermen, have a low level of education and income, are very dependent on the sea and weather conditions leading to an uncertain income. Most fishermen own small-scale fishing grounds so they have to borrow money to finance fishing operations and support their livelihoods during the dry season (Hadi *et al*, 2018; Kismartini, 2019; Negara *et al*, 2020).

The low socioeconomic community in coastal areas has an impact on their health level and also limits their role in various health program, like maternal and child health (Pramitasari *et al*, 2022). The fisherman' hours are erratic and risky, most suffer from hypertension, lack nutritious food intake and some of them are smokers. Their awareness of the importance of health is still low (Dewi, 2019). Mostly, their quality of woman health, child and working age health was still poor because of the environmental health and health behavior problems (The and Hasan, 2019).

The maternal health program is a part of the maternal and child health program. It is a program to provide health services for mothers, especially in improving and maintaining the health of pregnant women, birth delivery and also post-natal services (MOH RI, 2014). The maternal mortality rate was still high in Indonesia. In some area, there were low antenatal care (ANC) for pregnant woman, low birth rate by health workers in health facilities and low post-partum visits in health facilities (MOH RI, 2021).

The role of health program stakeholders will affect the community participation of health program targets and will further reduce maternal health problems and improve program performance (MOH RI, 2014). The stakeholders of maternal health program are Ministry of Health, provincial and district health offices, health facilities such as primary health care center (Puskesmas) or sub-district health office and hospital, health workers, medical officers (doctors, midwives and nurses), community and religious leaders, families, pregnant women and postpartum mother (MOH RI, 2014).

Bonang Sub-district is located in Demak Regency has several coastal villages. Although in the last three years there is no incidence of maternal deaths in Bonang Sub-district, however, based on the preliminary study, it was discovered that the involvement of mothers in maternal health program was not yet optimal. It was relatively difficult to invite mothers to visit integrated post services developed by community to promote maternal and child health. The numbers of mother visiting village maternity clinic serve by a village midwife was also low.

MATERIALS AND METHODS

This research was an observational study with qualitative method. The data were collected by an in-depth interview. This study was conducted in Morodemak and Betahwalang Villages, Sub-districts of Bonang in Demak Regency. Based on the data from primary health care center, these two villages have relatively low coverage of maternal visits to the village maternity clinic (Polindes) for ANC and classes of pregnant women as well as maternal visits to integrated services post (Posyandu) compared to other villages in the Bonang Sub-district. The informants were: 6 village officials (village head, village secretary, and coordinator of village welfare affairs), 4 heads and secretaries of PKK (Family Welfare Education) organization, 8 husbands, 8 mothers or mothers-in-law, 2 religious leaders, 2 community leaders, 4 health caders, 2 village midwives and 2 heads of the two sub-district

health centers (Bonang I and Bonang II). Eight mothers were interviewed as triangulation informants. The results of this study were written descriptively by describing the roles and problems faced by each stakeholder.

This research obtained an ethical approval from the Public Health Research Ethics Commission of Faculty of Public Health Universitas Diponegoro number: 158/EC/FKM/2021

RESULTS

Betahwalang Village is a coastal village that has population was around 4,315 people; of which 1,452 people (33.65%) work as fishermen, fish processing, fish sellers, *etc.* About 70.1% of the population have low educational level (no school, did not graduate from elementary school or junior high school) (Statictics Office of Demak Regency, 2019). Compared to Morodemak, Betahwalang is financially less well off. It has fewer infrastructures than Morodemak.

The population of Morodemak was about 4,248 people of which 1,650 people (38.84%) earn living related to marine resources. About 71.6% of Morodemak population also have low educational levels (Statictics Office of Demak Regency, 2019). In this village, there is a large and busy fish auction site with trade transactions for marine catches from fishermen. The Morodemak village infrastructure is relatively better and more complete than Betahwalang. The village fund obtained from the government is relatively the same as that of the Betahwalang, however it obtains some significant income from the fish auction site. The inhabitants of two villages are Javanese with a relatively strong Javanese culture and they speak Javanese language. About 98% of the population is Muslim.

Description of the opinion of each informant about their role and the problems they faced is shown in Table 1.

The two village official informants explained that they had tried to

Table 1

Description of the role and the problem faced by the stakeholders of maternal health program in Betahwalang and Morodemak Villages

Stakeholders	Role of the stakeholders	Problems faced
Village officials	a) Motivating and facilitating mothers, health cadres and family welfare education (PKK) to be more active b) Allocating village funds for family welfare education, integrated services post (Posyandu) and village maternity clinic (Polindes) activities	a) Their lack of understanding on maternal health made them less confident to inform maternal health. b) Village officials think that maternal health is the family welfare education, cadres and village midwife's business. c) The village fund was allocated more on the village physical facilities.
PKK administrators (Family welfare education organization)	a) Organizing integrated services post meeting every month with the help of health cadres b) Inviting mothers to attend integrated services post, village maternity clinic and use the services of the village midwife	a) Their knowledge and understanding on maternal health are limited and made them less confident to provide counseling. b) Most of the family welfare education administrators in the two villages were less actively involved in integrated services post and family welfare education meeting. c) Limited village fund for family welfare education to carry out various work programs.

Table 1 (cont)

Stakeholders	Role of the stakeholders	Problems faced
Health cadres	a) Carrying out the task in integrated services post and inviting targets to attend integrated services post, preparing supplementary food, distributing iron supplements and Vitamin A b) Assisting the data collection of maternal and child health data c) Attending family welfare education and village midwives' meetings to discuss maternal and child health programs	a) Health cadres were voluntary workers and must be willing to carry out a lot of tasks. b) The village and family welfare education' supports were considered to be inadequate. c) Operational fund support, like transportation costs of health cadres, was still considered inadequate. d) Knowledge and skills updates for health cadres were not yet conducted. e) Some of health cadres were already less active.
Community and religious leaders	a) Providing motivation about maternal health through village meetings, sermons at mosque and in certain events b) Helping to bridge communication and be a mediator in conflicting parties	Most religious leaders and community leaders felt less confident to advise maternal health because it was not their competence.

Table 1 (cont)

Stakeholders	Role of the stakeholders	Problems faced
Families and husbands	a) Advised to maintain maternal health and don't break the taboos, support ritual pregnancy, birth deliver and post-partum celebration b) Providing fund for pregnancy checks, delivery and post-partum services c) Take the wives to check pregnancy, delivery and post-partum to health facilities	a) Parental advice especially dietary restriction, attitude and behavior during pregnancy feels forced and illogical. b) Some husbands think that maternal health is a woman business so they are considered not to care about their wives.
Village midwives	a) Providing health services to mothers: pregnancy check-ups, delivery assistance, post-delivery and contraceptive services b) Mobilizing and fostering community participation by approaching, communicating, and counseling c) Fostering cross-program, cross-sectoral and non-governmental organizations in the village	a) The village officials and family welfare education administrators support are still lacking. b) The workloads and administrative affairs including collecting, recording and reporting the data were felt to be quite heavy.

Table 1 (cont)

Stakeholders	Role of the stakeholders	Problems faced
Head of primary health care center (Puskesmas)	a) Carry out planning, organizing, implementing, and evaluation of maternal and child health programs and many other programs b) Coordinating, communicating, assisting, and facilitating the implementation of the maternal health program with village officials, family welfare education administrators, and religious and community leaders c) Coordinating, communicating, monitoring, and evaluating the duties of village midwives d) Collaborating with cross-sectors in sub-district related to the work program of the primary health care center.	a) It was relatively the same problems: community understanding about maternal health, belief in taboos was still quite dominant which was not in line with health facts and traditional birth attendants still carried out services. b) There are still some villages with low pregnancy check and post-partum coverage and limited number of active health cadres.

provided facilities and fund for maternal health program. Another role of village official was to involve the religious and community leaders as well as communication and coordination with village midwives and primary health care center. Betahwalang village cannot afford to build a village maternity clinic even though they already reserved land to build one. This village also cannot afford to buy a village ambulance. The village midwife occupied a small and simple house for the village maternity clinic. Village maternity clinic in Morodemak was a nice building with complete facilities and they also bought village ambulance. Morodemak village officials allocated a larger village fund for PKK activities when compared to that of Betahwalang. The allocation of Betahwalang village fund for health programs every year was only 3% until 5% compare to 5% until 7% in Morodemak. The village fund is a fund from the government to support development in the village. Mostly the village fund was used to finance the village infrastructure.

> *"… We have tried to support the health program but the village funds are mostly used for the construction of village facilities." (Village Head #2)*
>
> *"… It is quite difficult to build a descent integrated services post, provide incentives to cadres and provide sufficient funds for family welfare education program." (Village Head #1)*

The Family Welfare Education administrators in the two villages were not active and the meeting that was held monthly was usually limited to collecting membership dues and other fees for women's welfare. The Family Welfare Education respondents in two villages stated that they were busy with household matters. Two informants stated that they lost their enthusiasm because some of the targeted women were not active even though they had reminded and invited them to join the activities. They also complained about the lack of support from the village fund for finance integrated services post and Family Welfare Education activities.

> *"... How else, we are already busy with family matters, my children need attention. There are health cadres and a village midwife whose business is around women's health. The PKK funds from the village are very limited." (PKK Head Administrator #1)*

The health cadres in the two villages carried out their duties actively even though they were volunteers or unpaid and they had no transportation cost. Their workloads were quite heavy, even though they tried to do their jobs sincerely. The integrated services post particularly focused on toddlers and was not visited by many pregnant women. The health cadres stated that knowledge and skills updates for health cadres were not yet conducted. They hoped the PKK administrators in two villages would increase the number of village cadres due to some inactive cadres. The health cadre informants from Morodemak and Betahwalang had the following opinions:

> *"... Actually, the task that I do is quite heavy. Indeed, I was not paid but I was willing to do it. If there was transportation money it would be quite helpful for me." (Health Cadre #2)*

> *"... My job is voluntary, but I've accepted that. ... hope I have transportation cost, maybe uniforms and ease of taking care of administration at the village office." (Health Cadre #3)*

The roles of community and religious leader in maternal health program were still limited, such as encouraging and inviting the community, especially mothers to carry out maternal health program activities. They felt less confident to provide counseling because maternal health was not their competence. However, all of these informants stated that they supported maternal health program.

Several husbands stated that they also took part in the pregnancy check-up and accompanied the delivery process but this could not be done when they went to the sea. Two husbands mentioned that they had no funds to pay for childbirth, then they were forced to borrow money from

neighbors or relatives. Two pregnant women as triangulation informants mentioned that their husbands took a pregnancy check-up. The following are the opinions of a husband and a pregnant woman informant.

> *"... It's okay, I will gladly take my wife to check pregnancy let alone give birth. Well, I'm also preparing her needs and taking my wife to the primary health care center or hospital." (Husband #4)*

> *"... I try to understand my husband who works at sea even though he may not be able to take me to check pregnancy. I can go to the primary health care center with my mother." (Pregnant Woman #2)*

The mother or mother-in-law gave the advice what should be done for pregnant women, to do antenatal care, preparation for childbirth including food consumption and advise the taboos that cannot be broken. These taboos were still quite dominant in the local community, for example for pregnant women: they were forbidden to eat squid, crab and catfish, they were not allowed to leave the house after dusk, they were not allowed to talk dirty or swearing, they should carry small scissors and certain herbs in their purses that function as repellents when leaving the house. For postnatal mothers, they should drink certain herbs and would be massaged to relieve fatigue and weakness after giving birth. The mothers or mothers-in-law who were often assisted by traditional birth attendants to prepare the 4th-month pregnancy celebration, the 7th-month pregnancy celebration, the baby birth celebration, and the 35-day-old baby celebration. This ceremony was conducted by serving a variety of vegetables and traditional Javanese side dishes. The dishes were prayed for by Islamic religious leaders and then distributed to neighbors as thanksgiving and asking for prayers from relatives and neighbors.

> *"... As a mother and I will be a grandmother, I advised about the food, attitudes and behavior of pregnant women and the taboos that can't be violated, they can't eat catfish, squid and crab." (Mother of Pregnant Woman # 1)*

"… According to Islam, 4 months pregnant the spirit is blown the fetus is in 4 months pregnant and we celebrated this event" (Mother of Pregnant Woman #3

Traditional birth attendants were carrying out their works and were still in demand by the community, not only for childbirth but also for the massage services for mothers and babies, providing post-delivery herbal medicine and preparing ceremonies for 4-months, 7-months, baby birth and 35-days-old cerebrations.

"… The traditional birth attendants help us to prepare for the celebration, prepare traditional ingredients, massage the post-natal mother." (Post-natal Women #2)

Village midwives have worked burdensomely but they stated that their tasks were quite difficult and they mentioned that they did not have adequate support from villages officials and PKK administrators. They must also be able to communicate their roles in maternal health programs with the community. The two village midwives mentioned that they had a low salary compare to their workload.

"… I feel my work burden is heavy and PKK administrators' and village officials' support was insufficient. I hope that an adequate village maternity clinic building will be built soon and there is a raise in salary." (Village Midwife #1)

The Bonang I primary health care center was equipped with beds and was led by a medical doctor while Bonang II primary health care center had no beds and was led by a midwife that held a master degree of public health. The Bonang I supervised Moro Demak and the Bonang II supervised Betahwalang. The heads of Bonang I and Bonang II primary health care center stated that in general there is a relatively dominant belief in taboos that were not in line with health facts. They also mentioned that there was no perceived difference between the roles of village stakeholders in the all villages in

Bonang subdistrict even coastal and non-coastal areas. They mentioned that mostly PKK administrators and health cadres were quite active in carrying out activities. Most of the village midwives carried out their duties well and tried to communicate and coordinate with various stakeholders in the village. The primary health care center conducted meeting forum with the village midwives in every month. The two heads of primary health care center stated that they would continue the communication and collaboration with many stakeholders in the villages and occasionally making more visits to the villages to supervise many health programs.

DISCUSSION

The Morodemak village officials seemed to pay more attention to maternal health activities than Betahwalang because Morodemak received more village fund than Bethawalang. As a result, Morodemak was indeed wealthier than Betahwalang.

The health cadres in two villages were more active doing their job than PKK administrators. Many variables affect health cadres' activities. It was found that knowledge, work/duties, motivation and support of village officials were related to the activity of health cadres in integrated services post (Profita, 2018).

The community and religious leaders contributed more in motivating the development and acted as a problem catalyst in the village community. Health cadres and community leaders motivate and support the village at policy level (Pawitaningtyas and Puspasari, 2018).

Family support was important for woman going through pregnancy, childbirth and postpartum. There are many roles for husbands in supporting maternal health programs in terms of mental and materials, such as funds and facilities. Knowledge, age, number of children, income were found to associate with male participation in antenatal care (Guspianto *et al*, 2022). The better the husband's education was, the more involved they were in

antenatal care (ANC); also the better husbands' wealth, the more the husbands were engaged in ANC (Laksono *et al*, 2022). Six variables significantly associated to family's support are maternal knowledge, maternal attitudes, availability of health facilities, husband support, parity and health workers support and the most dominant variable was the husbands' support (Murdiati and Jati, 2017). Other studies have proven the importance of family support in pregnant woman compliance to visit the maternity home at second trimester and pregnant woman in searching for health services and the significant variables are knowledge, health facilities, personal autonomy and access to information (Syari, 2019)

The village midwives are the extension of the role of primary health care center for various maternal health programs so they have more work burden. The village midwives must also have the ability to communicate the program with the village stakeholders. Effectiveness of communication can be obtained if the village midwives were considered competent in her field; they were also expected to be able to coordinate and cooperate with all village stakeholders (Prasanti *et al*, 2018). Because of their responsibility and their work burden, the adequate monthly salary was considered to be the most important motivational factor by village health workers in Nigeria, and their performance was influenced by the organizational capacity and culture, and societal factors such as community support and relationship with the community (Mbachu *et al*, 2022).

According to Br Munthe *et al* (2021), working period, training, motivation, workload, work facilities, perceptions of the head of primary health care center leadership and salary were related to the professionalism of the village midwives. Mostly the village midwives have work burdensomely because their average productive time in 6 days was 82.94% which exceeded the established standard of 75%; besides, their nonproductive time was 17.05% which was below established standard of 25% (Melati *et al*, 2015).

The success of the maternal health program in the villages cannot be separated from the role and performance of the primary health care center.

Training and education of primary health care center employee, availability of work facilities, human resource capabilities, the head of primary health care center leadership were related to the performance of the primary health care center (Rubandiyah, 2019).

There were a significant relationship between the opportunity to develop creativity and competence to carry out tasks with the performance of the maternal program staff in the primary health care center (Wijayanti and Nuraini, 2018).

To improve the performance of the primary health care center's program, integrated planning and budgeting between multisector was needed and it was obtained problem identification, problem cause analysis, multisector identification and setting solutions and programs, and also conducted routine monitoring and evaluation (Jati *et al*, 2020).

District health office has an important role in coordinating and monitoring the achievement of maternal and child health programs in primary health care center. To do this task well, it needs to develop an innovation like online dashboard for reporting the program regularly to the stakeholders (Helmyati *et al*, 2022).

Based on this research, there were some conclusions: there was a low role of village officials in maternal health program especially allocating village fund; PKK administrators were inactive due to family matters, the community and religious leaders' supports in maternal health programs were limited; the health cadres had heavy workloads especially when collaborating with the village midwives and village officials; families influenced pregnant and post-natal women' decision to participate or not participate in maternal health program, primary health care center communicated, coordinated and collaborated with village midwives and villages head.

Some of the suggestions are: the head of primary health care center should continue their communication, coordination and carry out refreshing knowledge of village stakeholders; village midwives should improve their

communication, coordination and cooperation with village stakeholders and also improve village maternity clinic services; village officials should support PKK, health cadres, village midwives and allocate more village funds for maternal health activities; the construction of the village maternity clinic in Betahwalang should be accelerated; PKK administrators should be more active, give more attention to health cadres and recruits new health cadres; and religious and community leaders should continue to carry out their duties.

ACKNOWLEDGMENTS

The authors gratefully acknowledge the study participants from Betahwalang and Morodemak Villages and the head of primary health care center of Bonang I and Puskesmas Bonang II Sub-district of Bonang, Demak Regency for their support and cooperation throughout this research. The authors also thanks Faculty of Public Health Universitas Diponegoro for funding this research.

CONFLICT OF INTEREST DISCLOSURE

We declare there is no conflict of interest exist. The funders had no role and intervention in study design, data collection and analysis and the decision to publish or preparation of the manuscript.

REFERENCES

Anwar A, Sultan M. Health status of island communities in the Derawan Archipelago District, Berau Regency, 2016 [cited 2022 Jul 24]. Available from: URL: https://journal3.uin-alauddin.ac.id/index.php/higiene/article/view/1803 [in Indonesian]

Br Munthe VO, Harahap FSD, Marsaulina P I. Effect of village midwives' work professionalism i on the implementation of maternal and child health programs in the work area of the Mapaddegat Health Center, Mentawai Islands Regency in 2020, 2021 [cited 2022 May 02]. Available from: URL: http://ejournal.urindo.ac.id/index.php/jukmas/article/view/1288/826 [in Indonesian]

Dewi N. Degree of health communities in Hiri Islands 2019, 2019 [cited 2022 Jun 10]. Available from: URL: http://ejournal.unkhair.ac.id/index.php/kmj/article/view/1702/1306 [in Indonesian]

Guspianto, Ibnu IN, Asyary A. Associated factors of male participation in antenatal care in Muaro Jambi District, Indonesia. *J Pregnancy* 2022; 2022: 6842278.

Hadi SP, Suryoko S, Prabawani B. The irony of fishermen life in Bontang Islands, East Kalimantan, Indonesia, 2018 [cited 2022 Jul 12]. Available from: URL: https://www.e3s-conferences.org/articles/e3sconf/pdf/2018/48/e3sconf_icenis18_04025.pdf

Helmyati S, Dipo DP, Adiwibowo IR, *et al*. Monitoring continuity of maternal and child health services, Indonesia. *Bull World Health Organ* 2022; 100: 144-54.

Jati SP, Sriatmi A, Martini M, *et al*. Strengthening maternal and child program in Indonesia through integrated planning and budgeting. *J Public Health Trop Coastal Region* 2020; 3: 28-33.

Kismartini BB. Indonesia's coastal zone: public policy narratives, coastal issues and small islands in Indonesia. Jakarta, Indonesia: Prenada Media Group; 2019 [in Indonesian]

Laksono AD, Wulandari RD, Sukoco NEW, Suharmiati S. Husband's involvement in wife's antenatal care visits in Indonesia: What factors are related? *J Public Health Res* 2022; 11(2): 1-8.

Mbachu C, Etiaba E, Ebenso B, *et al*. Village health worker motivation for better performance in a maternal and child health programme in Nigeria: a

realist evaluation. *J Health Serv Res Policy* 2022; 27(3): 222-31.

Melati KYA, Wigati PA, Arso SP. Workload analysis of village midwives at Duren Health Center Semarang Regency, 2015 [cited 2022 May 14]. Available from: URL: https://ejournal3.undip.ac.id/index.php/jkm/article/view/12039/11692 [in Indonesian]

Ministry of Health Republic of Indonesia (MOH RI). Indonesia health profile 2020, 2021 [cited 2022 May 21]. Available from: URL: https://www.kemkes.go.id/downloads/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-Indonesia-Tahun-2020.pdf [in Indonesian]

Ministry of Health Republic of Indonesia (MOH RI). Teaching book of mother and child health, 2014 [cited 2022 Jun 10] Available from: URL: https://eprints.triatmamulya.ac.id/561/1/2.%20Buku%20ajar%20kesehatan%20ibu%20dan%20anak.pdf [in Indonesian]

Murdiati A, Jati SP. Analysis of factors related to the behavior of pregnant women in planning labor for prevention of complications in the working area of Puskesmas Bandarharjo, Semarang City, 2017 [cited 2022 May 12]. Available from: URL: https://ejournal.undip.ac.id/index.php/jpki/article/download/18034/12734 [in Indonesian]

Negara IKW, Wijayanti NPP, Pratiwi MA, Suryawirawan IGW. Social economic condition of coastal communities and development strategy of capture fisheries potentials in Buleleng Regency, 2020 [cited 2022 Aug 12]. Available from: URL: https://jurnal.ugm.ac.id/JML/article/view/56523/29636 [in Indonesian]

Pawitaningtyas I, Puspasari HW. Community's role in attempt to improve maternal health status at Timor Tengah Selatan, 2018 [cited 2022 May 21]. Available from: URL: https://ejournal2.litbang.kemkes.go.id/index.php/hsr/article/view/94/32 [in Indonesian]

Pramitasari R, Bayu YSN, Haikal. Descriptive analysis of health problems among fishermen in Kemojan Village, Karimun Jawa, Jepara, 2022 [cited 2022

Apr 25]. Available from: URL: http://publikasi.dinus.ac.id/index.php/visikes/article/download/5813/2843 [in Indonesian]

Prasanti D, Fuady I, Indriani SS. Optimizing village midwives in disseminating health information to the community in Bandung Regency (Case study on utilization of village midwives in disseminating health information to communities in Bandung Regency), 2018 [cited 2022 Jun 02]. Available from: URL: https://journal.uii.ac.id/jurnal-komunikasi/article/view/11589/8707 [in Indonesian]

Profita AC. Factors associated with the activeness of cadres in maternal and baby clinic of Pengadegan Village Banyumas District, 2018 [cited 2022 May 12]. Available from: URL: https://e-journal.unair.ac.id/JAKI/article/view/6472/6408 [in Indonesian]

Rubandiyah HI. Factor of health center performance in Semarang City, 2019 [cited 2022 Jun 27]. Available from: URL: https://journal.unnes.ac.id/sju/index.php/higeia/article/view/24989/12713 [in Indonesian]

Statistics Office of Demak Regency. Demak Regency in Figures 2019, [cited 2022 Jun 19]. Available from: URL: https://demakkab.bps.go.id/publication/2019/08/16/5b566f4f3015decec7297946/kabupaten-demak-dalam-angka-2019.html [in Indonesian]

Syari M. Relationship between family support and compliance with ante natal care visits for pregnant women in the third trimester, 2019 [cited 2022 May 02]. Available from: URL: https://poltekkes-sorong.e-journal.id/nursingarts/article/view/83/48 [in Indonesian]

The F, Hasan M. Profile of quality of Community health of on the Moti Island, 2019 [cited 2022 Jun 25]. Available from: URL: http://ejournal.unkhair.ac.id/index.php/kmj/article/view/1703/1307 [in Indonesian]

Wijayanti RA, Nuraini N. Analysis of motivation factors, opportunity, ability and performance of maternal health program officers at Puskesmas, 2018 [cited 2022 Jun 17]. Available from: URL: https://jmiki.aptirmik.or.id/index.php/jmiki/article/view/178#fulltext [in Indonesian]