ISBN 978-602-73585-1-5

# PROCEEDING BOOK

## *THE 4th INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017*

## "The Optimalization of Adolescent Health in The Era of SDGs"

**INNA GARUDA HOTEL YOGYAKARTA, INDONESIA**
**November 5th, 2017**

**HEALTH POLYTECHNIC OF HEALTH MINISTRY YOGYAKARTA Jl. Tata Bumi No.3, Banyuraden, Gamping, Sleman, Yogyakarta, Indonesia 55293 Phone/Fax.62-274-617601, Email : ichs@poltekkesjogja.ac.id**

# PROCEEDING BOOK

## *THE 4th INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017*

## "The Optimalization of Adolescent Health in The Era of SDGs"

**INNA GARUDA HOTEL YOGYAKARTA, INDONESIA**
**November 5th, 2017**

Copyright is protected by Copyright Law year 1987
No part of publication may be reproduced in any methods without written permission of the publisher

**ISBN : 978-602-73585-1-5**

Published by
Health Polytechnic of Ministry of Health in Yogyakarta 2017

Proceeding of
The 4th International Conference on Health Science 2017
"The Optimalization of Adolescent Health in The Era of SDGs"

Printed in
Yogyakarta
November
2017

**Editorial Board for**
**Proceeding Chief:**
Sabar Santoso, S.Pd.,APP.,M.Kes

**Members:**
Apriyatni Condro Ekarini, S.ST.,M.Kes
Andika Trisurini, S.Pd
Ayu Triani, S.T.
Dina Fadhilah, S.Tr

**Reviewer:**
**Sammy Onyapidi Barasa, BSN,MPH**
(Kenya Medical Training College Chuka Campus)
**Dr. Shefaly Shorey**
(National University of Singapore)
**Th. Ninuk Sri Hartini, Ph.D**
(Health Polytechnic of Health Ministry Yogyakarta, Indonesia)
**Nugraheni Tri Lestari, SKM, MPH**
(Health Polytechnic of Health Ministry Yogyakarta, Indonesia)
**Dr. Yuni Kusmiyati, SST.,M.PH**
(Health Polytechnic of Health Ministry Yogyakarta, Indonesia)
**Dr. Jenita DT Donsu, SKM.,M.Si**
(Health Polytechnic of Health Ministry Yogyakarta, Indonesia)
**Dr. Catur Budi Susilo, S.Pd.,S.Kp.,M.Kes**
(Health Polytechnic of Health Ministry Yogyakarta, Indonesia)
**Muji Rahayu, S.Si.,Apt.,M.Sc**
(Health Polytechnic of Health Ministry Yogyakarta, Indonesia)

**Editors:**
Sabar Santoso, S.Pd.,APP.,M.Kes
Dr. drg. Wiworo Haryani,M.Kes
Dr. Ir. I Made Alit Gunawan, M.Si
Dr. drg. Quroti Ayun, M.Kes
Siti Nuryani, S.Si.,M.Sc
Niken Meilani,
S.SiT,S.Pd.,M.Kes
Ns. Sutejo,
S.Kep.,M.Kep,Sp.Kep.J
Muryoto, SKM.,M.Kes

## Table of Contents

*Page Address from The Chairman of The Conference* ..... *viii*

*Address from Director of Health Polytechnic of Health Ministry Yogyakarta* ..... *ix*

*The 4th International Conference On Health Science 2017 Committee* ..... *x*

*List of Keynote Speaker* ..... *xvi*

*List of Oral Presentation* ..... *xvii*

*List of Poster Presentation* ..... *xix*

*Abstract of Keynote Speakers* ..... *1*

*Full text of Oral Presentation* ..... *10*

*Full text of Poster resentation* ..... *142*

**Keynote Speaker**

**I-01 Role of Regional Head in Order to Successful Community Movement Health Living on Adolescent**
*Dra. Hj. Sri Muslimatun, M.Kes (Indonesia)* ..... *1*

**I-02 Health Ministry's Policy to Improve Adolescent Health in The Era of SDGs**
*drg. Usman Sumantri, M.Sc (Indonesia)* ..... 2

**I-03 Climate Change and The Health Consequences in The Population**
*Prof. Dr. Tengku Mohammad Ariff R. Husein (Malaysia)* ..... 3

**I-04 Overview for The Policy and Support of Government of Thailand**
*Prof Assoc. Prof. Patcharee Jearanaikoon, PhD (Thailand)* ..... 4

**I-05 HIV Testing in Laboratory and Community to Detect Carrier Among Adolescence Immediately**
*Assistant Prof. Amonrat Jumnainsong, PhD (Thailand)* ..... 5

**I-06 Mental Health Detection in Teenagers**
*Ns. Sutejo, M.Kep,Sp.Kep.J (Indonesia)* ..... 6

**I-07 Youth Marriage on Reproductive Health**
*Dr. Yuni Kusmiyati, SST.,MPH (Indonesia)* ..... 7

**I-08 Hormonal Changes in Tissue Periodontium in Adolescents**
*Dr. drg. Dahlia Herawati, SU.,Sp.Perio (K) (Indonesia)* ..... *8*

**I-09 Improving Child Nutrition Literacy For Teenage Pregnant Women And Its Implication To The First 1000 Days Of Child Life: Arguments For Developing Social Media Based Adolescent Support Group In Indonesia**
*Dr Dr. Mubasysyir Hasan Basri, MA (Indonesia)* ..... *9*

**Oral Presentation**

**O-01 Identifying the Role of Hemoglobin in Intradialytic Nausea and Vomiting in Panembahan Senopati General Hospital in Bantul**
*Cornelia D.Y Nekada, Eva Ernawati, Tia Amestiasih (Indonesia)* ..... *10*

**O-02 The Influence Of Early Breastfeeding Initiation On Postpartum Mother's Breast Milk Production In Lismarini Independent Midwifery Pratice Palembang**
*Indah Rahmadaniah, Lusi Meliani (Indonesia)* ..... *18*

**O-03 Maternal Characteristics and Low Birth Weight**
*Tri Budi Winarsih, Hesty Widyasih, Margono (Indonesia)* ..... *22*

**O-04 Relationship of Obesity Early Pregnancy With Preeclampsia In RSUD Sleman 2016**
*Della Eprilian Sari, Dyah Noviawati Setya , Margono (Indonesia)* ..... *30*

**O-05 The Effectiveness of Nipple Stimulation By Providing Supplementary Food to Succesfull Breastfeeding Back (Relactation) To The Breastfeeding Mothers In Southern Tangerang 2016**
*Isroni Astuti (Indonesia)* ..... *35*

**O-06 Factors Related to Breast Cancer Among Women in Yogyakarta City Public Hospital, Indonesia**
*Tia Arsittasari, Dwiana Estiwidani, Nanik Setiyawati (Indonesia)* ..... *43*

**O-07 The Effectiveness of Health Education Through Smartphone and Booklet on Knowledge and Attitude of Adolesence Reproductive Health**
*Puspa Sari, Kusnandi Rusmil, Arief S. Kartasasmita, Farid, Tati Latifah Erawati Rajab, Deni K. Sunjaya, Tina Dewi Judistiani (Indonesia)* ..... *51*

**O-08 Physical Activities and Snack Consumptions of Obese Adolescents In Bantul, Yogyakarta**
*Mellia Silvy Irdianty (Indonesia)* ..... *60*

**O-09 The Correlation Education About Health Reproductive and Knowledge and Attitude of Health Reproductive of Adolescent**
*Kusbaryanto , Hatasari (Indonesia)* ..... *68*

**O-10 The Relationship Between Knowledge,Attitudes, Actions Related to The Clean and Healthy Behavior and Nutritional Status with Diarrhea Events In Islamic Boarding School**
*Sinta Mukti Permatasari, Ayu Rahadiyanti, Fathimahi (Indonesia)* ..... *74*

**O-11 Factors Associated with Exclusive Breastfeeding among Working Mothers in Yogyakarta City, Indonesia**
*Sri Yunita, Munica Rita Hernayanti, NikenMeilani (Indonesia)* ..... *79*

**O-12 Characteristics of Sexually Transmitted Infections In Polyclinic dr.Sardjito Hospital Yogyakarta**
*Atika Karunia Zulfa, Jenita Doli Tine Donsu, Sugeng (Indonesia)* ..... *86*

**O-13 Factors That Influences of People Living With HIV/AIDS (PLWHA) in VCT Division of General Hospital Waluyo Jati Kraksaan District Probolinggo**
*Cicilia Windiyaningsih, Iis Hanifah (Indonesia)*.....95

**O-14 Advanted of Sarang Semut Infusion (Myrmecodia Pendens Merr & Perry) as Decreased Blood's Uric Acid in Male Rats of Wistar Strain**
*Agus Suprijono, Ariani Hesti (Indonesia)*.....102

**O-15 The Meaning and Role of Spirituality in HIV/AIDS Patients**
*Agus Prasetyo, Sodikin, Widyoningsih (Indonesia)*.....107

**O-16 Therapeutic Communications Reduce The Patient's Anxiety of Pre Operation Patiens**
*Intan Mirantia, Harmilah, Surantana (Indonesia)*.....111

**O-17 Analysis of Related Factors with A Subjective Complaint of Musculo Skeletal Diseases (Part II) : Characteristics and Relationship Characteristics Individual Factors on Workers Insurance Office**
*Arif Jauhari, Kuat Prabowo, Arfia Fridianti (Indonesia)*.....117

**O-18 Effects of Husband's Support in The Duration of Second Stage of Labor Among Primigravida in Indonesia**
*Sagita Darma Sari, Desi Ratnasari (Indonesia)*.....124

**O-19 The Relationship Between Family Burden with Frequency of Recurrence Patient with Paranoid Schizophrenia**
*Livana PH, M Fatkhul Mubin (Indonesia)*.....129

**O-20 Information Through The Flipbook to The Level of Knowledge About Domestic Violence in Fertile Couples in Sleman in 2017**
*Yani Widyastuti, Khadizah Haji Abdul Mumin, Yuliantisari (Brunai Darussalam)* 135

**Poster Presentation**

**P-01 Experience of Adolescents with Premenstrual Syndrome and Information-Focused Therapy (IFT) For Reducing Its Affective Symptoms**
*Dewi Marfuah, Nunung Nurhayati (Indonesia)*.....142

**P-02 Correlation of Amount of Parity and Menopause Age in Padukuhan Cangkringan, Argomulyo Village, Cangkringan District, Sleman Regency, Special Region of Yogyakarta**
*Ninyng Nurdianti, Sukmawati (Indonesia)*.....152

**P-03 The Risk of Obesity and Developmental Delay in 2-5 Year Old Stunted Children in Kanigoro, Saptosari, Gunung Kidul, Yogyakarta**
*Rr Dewi Ngaisyah, Siti Wahyuningsih (Indonesia)*.....158

**P-04 Giving of Catfish Abon to the Creatinine Level of Haemodialysis Patients**
*Fery Lusviana Widiany , Ari Tri Astuti (Indonesia)*.....163

**P-05 Effect of Moringa Oleifera Cookies in Anemia Adolescent**
*Devillya Puspita Dewi, Farissa Fatimah (Indonesia)*.....167

**P-06 Experiences of Drug Users In IIA Class Jail Yogyakarta**
*Sri Hendarsih, Wisnu Sadhana (Indonesia)*.....171

**P-07 A Social Ecological Perspective on The Indonesian Maternal Mortality Problem; An Annotated Bibiliography**
*Inraini Fitria Syah (USA)* ..... 177

**P-08 The Importance of Assistance to Cancer Patients with Mental Disorders**
*Muhammad Raftaz Kayani, Jenita Doli Tine Donsu (Pakistan)*.....183

**P-09 Larvicidal Activity of Star Fruit Extract *(Averhoa carambola linn)* Against Larvae of *Aedes aegypti***
*Siti Zainatun Wasilah (Indonesia)* .....186

**P-10 Factors Related to Decision Making Choosing Place of Delivery In Fakfak District West Papua Year 2017**
*Bernadet Dewi Kusuma Harimurti Kunde (Indonesia)*.....193

# The 4th International Conference on Health Science 2017 Committee

**A. Steering Committee**

Advisory Committee :

1. *The Head of Health Practitioners Training and Education Center of The Committee on Development and Empowerment of Health Human Resources of Health Ministry of Indonesia*
2. *The Head of Committee on Development and Empowerment of Health Human Resources of Health Ministry of Indonesia*
3. *Dr. Robert Priharjo, M.Sc, BSN PGCE RN Lecturer Anglia Ruskin University, United Kingdom*

**B. Organising Committe**

| | | |
|---|---|---|
| Person in charge | : | Joko Susilo, SKM.,M.Kes |
| Chairman I | : | Sari Hastuti, S.SiT, MPH |
| Chairman II | : | Mohamad Mirza Fauzie, S.SiT.,M.Kes |
| Chairman III | : | Sri Arini Winarti Rinawati, SKM, M.Kep |
| Secretary | : | Yani Widyastuti, SSiT, M.Keb |
| Treasurer | : | Suwandi, SE |
| | | Tanto Yuono, SE |
| | | Ns Harmilah, M.Kep, Sp.MB |

**Members**

1. Secretariat :
   1. Dasilah
   2. Evriyani, Amd
   3. Eva Lidya Yunita, AMd.Kg
   4. Astuti Dwi E, Amd
   5. Veronica Anindyati Nugroho Putri, Amd

2. Scientific committee (keynote speaker+materials) :
   1. Hesty Widyasih, SSiT, M.Keb
   2. Achmad Husein, SKM, MPd
   3. Sugeng, Ners.,M.Sc
   4. Almira Sitasari, S.Gz, MPH
   5. Aryani Widayati, SSiT.,MPH
   6. Eni Kurniati, S.SI.,M.Sc

3. Proceeding commitee :
   1. Sabar Santosa, SPd, APP, M.Kes
   2. Dr. drg. Wiworo Haryani, M.Kes.
   3. Siti Nuryani, S.Si.,M.Sc
   4. Dr. Ir. I Made Alit Gunawan, M.Si.
   5. Niken Meilani, SSiT,SPd, M.Kes
   6. Ns.Sutejo, M.Kep.Sp.Kep.J
   7. Dr. drg. Quroti Ayun, M.Kes
   8. Muryoto, SKM.,M.Kes
   9. Ayu Triani, S.T.
   10. Desi Rochmawati, SS.M,Hum
   11. Andika Trisurini, S.Pd
   12. Dina fadhilah, S.Tr
   13. Apriyatni Condro Ekarini, S.SiT.,M.Kes
   14. Sapto Harmoko, SIP

| | | |
|---|---|---|
| 4. Event Committee | : | 1. Yanuar Amin, S.ST.,SH<br>2. Rosa Delima Ekwantini, S.Kp.,M.Kes<br>3. Dra. Elza Ismail, M.Kes<br>4. Abdul Majid, S.Kep. Ns.M.Kep.<br>5. Sarka Ade, SIP, S.Kep. MA<br>6. Rybob Khomes, S.Kom |
| 5. Promotion, Publication and Bussiness Committee | : | 1. Ika Prasetyo Nugroho, SE<br>2. Uki Wulanggita, SST<br>3. Nugraheni Tri Lestari, SKM, MPH<br>4. Mina Yumei Santi, SST., M.Kes<br>5. Etty Yuniarly, SST.,MPH<br>6. Haryono, SKM.,M.Kes<br>7. Trubus Basuki, AMd<br>8. Bekti Irianto |
| 6. Registration | : | 1. Drs. Harya Kunjana<br>2. Narto, BE., STP.,MP<br>3. Siti Hani Istiqomah, SKM.,M.Kes<br>4. Nuriana Kartika Sari, SST<br>5. Suhardjono, S.Pd.,S.SiT.,M.Kes |
| 7. Logistics | | 1. Tjarono Sari, SKM.,M.Kes<br>2 Puti Sudarwati, S.Si<br>3. Sukarti, SIP |
| 8. Decoration , Place | : | 1. Suharyana, SKM<br>2. Purwanto |
| 9. Documentation | : | 1. Heri Purwanto, SE<br>2. Harsono, AMd.<br>3. Abdul Hadi Kadarusno, SKM.,MPH |
| 10. Transportation | : | 1. Tri Widodo, AMd<br>2 Agus Pamuji<br>3. Giyanto |

**P-07**

# A SOCIAL ECOLOGICAL PERSPECTIVE ON THE INDONESIAN MATERNAL MORTALITY PROBLEM; AN ANNOTATED BIBILIOGRAPHY

**Inraini Fitria Syah**
Master of Public Health, Community Health Education, Montclair State University, New Jersey, USA
*Email : inrainiksm@gmail.com*

## ABSTRACT

The Indonesian government has attempted to reduce maternal mortality, including the placement of midwives in the villages, infrastructure development, and the provision of health insurance to the poor. However, the maternal mortality rate is still astonishingly high, with over 15,000 women per year dying from complications of pregnancy and childbirth. The purpose of this study is to use a social ecological perspective – which systematically considers influences at multiple levels from individual and interpersonal, up through community, institutional, and policy – to understand the root of the maternal mortality problem in Indonesia. The study is a literature review structured around the social ecological model, presenting findings at each level. The researches were obtained from variety of publish literature in 2009 until 2015. They were taken from several databases like Pub Med, Google Scholar, and Science Direct. Result: In intrapersonal level; culture, customs, stigma, and belief are the root of causes.In the interpersonal level, in addition to her husband and family, midwives and dukun have an important role in this stage. In the community level, several programs that have been taken by the government seem have good impact, although many things need to be repaired. Conclusion: In every level of social ecological perspective, there are problems that need to be addressed. The collaboration from individual, community and government is important to reduce the maternal mortality problem in Indonesia.

**Keywords:** Indonesia, maternal mortality, social ecological perspective.

## INTRODUCTION

Maternal mortality ratio is not just the numbers. The death of a mother can cause profound sadness for the family members, loss of opportunity for their children to get affection and education of their own mother. Since 1990, the Indonesian government has made great efforts to reduce maternal mortality. Several programs have been conducted including the placement of midwives in the villages, infrastructure development, and the provision of health insurance to the poor. Unfortunately, these efforts have not let the mothers in Indonesia from the threat of death when they were in a state of pregnancy and childbirth. Every day there are 44 mothers die in Indonesia. Sadly, because these deaths could be prevented.

Maternal mortality rate is one indication of health care quality of a country. The high rate shows a weakness of health system in that country, and a narrowed to be a problem of rich and poor (WHO, 2015). Impact of maternal mortality to the family and community in developing country is not just about sadness and feeling lost. It also has long term effect to social, economic, and the children education in family[1]. Indonesia mortality rate is the highest in south-east Asia[2]. Based on the world bank data[3], in 1990, the death of mothers is 446/100,000 live births, 326/100,000 in 1995, 265/100,000 in 2000, 212/100,000 in 2005, 165/100,000 in 2010, and 126 in 2015.

Seeing these problems, it is necessary to study the root of the complicated problem of maternal mortality in Indonesia.

The aim of this study is to use a social ecological perspective – which systematically considers influences at multiple levels from individual and interpersonal, up through community, institutional, and policy – to understand the root of the maternal mortality problem in Indonesia.

## METHOD

The study is a literature review structured around the social ecological model, presenting findings at each level. The researches were obtained from variety of publish literature in 2009 until 2015. They were taken from several databases like Pub Med, Google Scholar, and Science Direct.

## RESULT AND DISCUSSION

1. Intrapersonal Level

Agus, Yenita., Shigeko, Horiuchi., Porter, Sarah. (2012). Rural Indonesia Women's Traditional Beliefs about Antenatal Care. BMC Research Notes 5:589.

This research is designed for health care provider to know deeply about traditional belief among women in rural area in Indonesia. The purpose is to highlight the women perspective for using or not using health care provider during their pregnancy and childbirth. The research was conducted using interview with 16 women in Dago Village, West Java, Indonesia. The authors discussed some factors based on the qualitative exploratory cross-section design. First, women believe that a pregnancy is a normal condition, they can do at home. Most of the participants did not recognize the danger signs of pregnancy. Second, the death of mother and baby during pregnancy or childbirth is considered as God's will. Third, women follow the tradition using *)paraji, and they are afraid of the consequence if they refuse the tradition. Fourth, the paraji is better choice compared by midwife because of some reasons; the paraji has more experience, they part of the community, they are kind and patient, and they do not push to pay out of the women ability.

In this publication, some women also stated that they did not want to get childbirth in hospital/midwife clinic because of distance, transportation, and they were feeling uncomfortable. The belief that getting childbirth not in-home meaning something bad happened to the women is also being the reason why women tend to get childbirth at home.

Although this research has limitation because of the small number of participants, it can capture the important things that have role in community related to low number of pregnant women using healthcare provider. This condition has direct impact to maternal mortality rate. Although now a day a lot of health approach and program to decrease maternal mortality, without concerning this tradition and women belief, it is hard to gain the target.

2. Interpersonal Level

Hildebrand, Vanessa. (2012). Scissors as Symbols: Disputed Ownership of the Tools of Biomedical Obstetrics in Rural Indonesia. Cult Med Psychiatry.

This paper provides an overview of culture importance in health policy, addressed to public health practitioners, academics, and government. This study describes the ethnography side in the health service using observation and interviews with 7 midwives, 13*)dukuns, and 252 women and their families. The study was conducted in Sungai, Sumbawa, Indonesia.

Article begins with a brief history of dukun involvement in delivery. Dukun helps childbirth since long time ago. They were believed gaining their expertise by the giving of God. At the beginning safe motherhood program, the dukun was invited to cooperate with the government health clinic. They were given tools to help labor, such as a scissor to cut the umbilical. They were also trained, and given the trust as a partner of the government. In 1990 when midwife program began, the dukun were eliminated, and the status of "partner government" was over. Competition to get patients with midwives occurs. Dukun-midwife relationship is not good.

Currently, the dukun's "scissors" as a tool of delivery was blunt, and cannot be used anymore. But, dukun still carry them as a symbol that they are a part of government efforts to save the mother. The Dukun function in community is not just a delivery helper, but also a liaison between the community and the clinic, because many women who simply believe in dukun, and if the dukun advised them to clinics, then they want to. The author dubious the efforts to reduce maternal mortality, if the dukun continues to be removed. Because until now, they have more patients than midwives.

This article is very interesting because highlight the issue about dukun existence. Something that was “announced” already “almost” be eliminated in Indonesia.

Pardosi, Jerico., Parr, Nick., Muhidin, Salut. (2014). Inequity Issues and Mother’s Pregnancy, Delivery, and Early-Age Survival Experiences in Ende District, Indonesia. Cambridge University Press.

This study is necessary for policy makers related to improve health services in Indonesia. The paper presents a qualitative approach about pregnancy, childbirth, and the experience of surviving issues related to inequity in health care. The study was conducted in Ende district, East Nusa Tenggara Province, Indonesia. Population in this area is fairly poor. Research was carried out by conducting interviews with 32 mothers aged 18-45 years who had given birth at least once in the last 5 years. The results show the conditions that influencing the choice of the mother to get childbirth with a dukun were; midwife is not in place, childbirth occurs suddenly and there was time to call the midwife, and for cost reasons. Delivery with a midwife is more expensive than with the dukun. Another reason, some mothers had a bad experience giving birth with a midwife, as the midwife shouting and angry because the mother was too weak. Uncomfortable delivery room condition in the health clinic is also the reason women did not want to clinic. These inconveniences like no privacy, and anyone can get into the delivery room without permission. Transcript of the interview in this publication also shows that the husband and family giving support to the mother to maintain their health during pregnancy and labor. Like the husband reminds his wife to go to get antenatal care, and replace a wife task of washing clothes and cooking. Nevertheless, the husband is also a decision-maker. Although the study was conduct with very limited respondent, this article shows well about the maternal problem that happened almost in every rural place in Indonesia.

3. Community Level

Frankenberg, E., Buttenheim, A., Sikoki, B., &Suriastini, W. (2009). Do Women Increase TheirUse of Reproductive Health Care When It Becomes More Available? Evidence from Indonesia Studies in Family Planning, 27-38.

Research is aimed for healthcare providers and public health practitioners. The research question is whether there is a relationship between midwives’ placement program in the village and the using the public health service. The existence of village midwife is important in addition to attending births, as well as

to provide antenatal care to detect complications as early as possible so that morbidity and mortality could be avoided. The research data was obtained from the Indonesian family life survey in 26 provinces in Indonesia in 1993, 1997 and 2000. The data was processed using multivariate regression. The study results are attached in the form of graphs shows that the presence of midwives have a major impact on the antenatal care of pregnant women. A significant relationship appears especially in women with low education. Based on this research, although there are many shortcomings of the village midwife program that important to addressed, but this program has provided many benefits for community.

Qomariyah et al. (2010). An Option for Measuring Maternal Mortality in Developing Countries:A Survey Using Community Informants. *BMC Pregnancy and Childbirth*, 10:74

This research provides alternative method for measuring maternal mortality for health workers, policy makers. In Indonesia, Maternal Mortality Ratio is classified high. However, based on Indonesia Demographic Health Survey (IDHS), it was noticeable decreasing year to year. The question is whether these figures have described the actual situation of maternal mortality in Indonesia?

This study uses two methods, MADE IN and MADE FOR, to trace the maternal mortality cases in the past two years. The study was covered 708 villages in Serang and Padenglang districts, Indonesia. MADE IN method uses health volunteers (Kaders) and heads of neighborhood units (RTs) in obtaining information about maternal death in their respective communities. While MADE FOR method is a home visit to the family of the deceased mother to confirm and obtain details relating to the death. Results of these study are: combined of MADE IN and MADE FOR method is cost $ 0.102 per women in risk per year with an estimated MMR 434. Compared with the results and the cost of IDHS in 2007/2008 in the same two districts: cost of IDHS per women in risk per year is $12 with an estimated MMR 228.This study brings the understanding that the possibility of MMR posted at Indonesian health profile is under actual MMR. This requires serious attention because generally, health policy is made on the terms of the figures shown in the national profile. With Indonesia geographical that is very wide and consists of many islands, MMR calculation requires appropriate methods and double check, in term getting accurate result.

Tracking maternal mortality with the use of volunteers from the community will be better than using health record because there is a tendency of health workers to cover the actual number of deaths related to achieve the goal of health programs.

Quayyum, Zahid., Nadjib, Mardiai., Sucahya, Purwa. (2009). Level and Determinants of Incentives for Village Midwives in Indonesia.*Health Policy Plan,* 24 (1):2635

This study is aimed for midwives, and the Indonesian government. The study was conducted in Banten province in 2000 with interviewing 207 midwives. In 1990 the midwife village program was started. The Government provides a midwife in almost all parts of Indonesia with the goal of reducing maternal mortality and servicing of health care closer to the community. Some studies show the positive results of this program. In supporting the welfare of the midwife, the government give permission for midwives to undertake private practice, to get paid from the public. Unfortunately, according to the results of this study, it causes a midwife tends to serve the community with higher economic class. Likewise, midwives tend to leave their assigned place in a remote village, and moved to areas where people have a better economic level.

Government's attention to the welfare of midwives is an absolute thing. With a heavy workload, high responsibility, and working time 24 hours every day, the salary given by the government is not comparable. This paper illustrates the gap

between "the demands to get a more decent life" for the midwife and their main task to serve the community.

Shiffman, Jeremy. (2003). Generating political will for safe motherhood in Indonesia. Social Science & Medicine. 56 1197–1207

This publication is beneficial for health practitioner, especially health policy maker. The research objective is to get a comprehensive overview of the political aspects that affect maternal mortality. Thus, the problem can get the government's attention, and make it a priority both in the policy, and financial support. This study is a case study by interviewing 124 people associated with health policy makers, NGOs, and academics in five developing countries; Honduras, Guatemala, Indonesia, India, and Nigeria.

The study finds that there are three important points in each country that affect the success of reducing maternal mortality; transnational influence, domestic advocacy, and national political environment.

Transnational influences are related to international attention of maternal mortality problem, such as the provision of financial assistance. Indonesia received assistance from the World Bank in 1990 about a US $ 104 million. Domestic advocacy is regard to how the system in the country in addressing this issue including better cooperation among government, communities, and health organizations. National political environment is related to political changes and policy priorities. Those can affect the programs that are running. The author gives an example; change of Indonesian government system from centralization to decentralization brings unfavorable influence on the implementation of the safe motherhood program because each region has its own policy that cannot be controlled by the center.

This publication is very good because it contains some description about the situation in 5 different countries, so a reader can compare them. Unfortunately, the study only contains a general overview, and does not discuss in depth. This is possible because most who were interviewed by the researchers directly related to health policy-makers, so the information and data obtained are felt as a formality.

## CONCLUSION

Judging from ecological models, the researches above, which is mostly done in the rural areas, there are some determinants that cause the mother's death, either directly or indirectly.

In intrapersonal level; culture, customs, stigma, and belief are the root of causes. For communities, especially those living in villages, the death is a destiny that cannot be circumvented. So, they never question the quality of health care that they receive. The public belief in the dukun becomes one of the determinants in this level. One study in Bali found that, most pregnancies occurred in the absence of the mother's desire to have more child in that time.

In the interpersonal level, in addition to her husband and family, midwives and dukun have an important role in this stage. Both midwives and dukun have contributed to the causes of maternal mortality or decrease the mortality rate, either their existence, the help that they provide, or their attitude.

In the community level, several programs that have been taken by the government seem have good impact, although many things need to be repaired, such as; the village midwife program, but giving low salaries, infrastructure development programs, but insufficient blood supply and lack of important medicine, the insurance program for poor people, but requiring complicated bureaucracy and poor service at the hospital.

## RECOMMENDATION

Attention and cooperation of many parties, such as; government, communities, organizations, academia, and the international world are expected to reduce the cases of maternal mortality in the future.

## REFERENCES


1. Agus, Yenita., Shigeko, Horiuchi., Porter, Sarah. (2012). Rural Indonesia Women's Traditional Beliefs about Antenatal Care. BMC Research Notes 5:589. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/23106915
2. Bazile, Junior., Rigodon, Jonas., Berman, Leslie., Boulanger, Vanessa., Maistrellis, Emily., Kausiwa, Pilira., Yamin, Alicia. (2015). Intergenerational impacts of maternal mortality: Qualitative findings from rural Malawi. Reproductive Health, 12(Suppl 1): S1 doi:10.1186/1742-4755-12-S1-S1
3. Frankenberg, E., Buttenheim, A., Sikoki, B., &Suriastini, W. (2009). Do Women Increase TheirUse of Reproductive Health Care When It Becomes More Available? Evidence fromIndonesia Studies in Family Planning, 27-38.
4. Hildebrand, Vanessa. (2012). Scissors as Symbols: Disputed Ownership of the Tools of Biomedical Obstetrics in Rural Indonesia. Cult Med Psychiatry. doi: 10.1007/s11013012-9268-9.
5. Pardosi, Jerico., Parr, Nick., Muhidin, Salut. (2014). Inequity Issues and Mother's Pregnancy, Delivery, and Early-Age Survival Experiences in Ende District, Indonesia. CambridgeUniversity Press. doi:10.1017/S0021932014000522
6. Qomariyah et al. (2010). An Option for Measuring Maternal Mortality in Developing Countries: A Survey Using Community Informants. *BMC Pregnancy and Childbirth*,
7. 10:74. doi:10.1186/1471-2393-10-74
8. Quayyum, Zahid., Nadjib, Mardiai., Sucahya, Purwa. (2009). Level and Determinants ofIncentives for Village Midwives in Indonesia.*Health Policy Plan,* 24 (1):2635. doi: 10.1093/heapol/czn040
9. Shiffman, Jeremy. (2003). Generating political will for safe motherhood in Indonesia. SocialScience & Medicine. 56 1197–1207. doi:10.1016/S0277-9536(02)00119-3
10. The World Bank. (2015). Maternal Mortality Ratio (Modeled Estimae, per 100,000 Live Births). Retrieved from http://data.worldbank.org/indicator/SH.STA.MMRT
11. World Health Organization. (2015). Maternal Mortality. Fact Sheet, 348. Retrieved fromhttp://www.who.int/mediacentre/factsheets/fs348/en/
12. World Health Organization. (2007). Saving Mother's Lives in Rural Indonesia. Bulletin of The World HealthOrganization. Volume 85, Number 10, 733-820. Retrieved fromhttp://www.who.int/bulletin/volumes/85/10/07-031007/en/