

# Implementation of Kelambu Siti Cadre in Early Detection of High-Risk Pregnant Women

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**Abstract**— High-risk pregnant women are conditions in which pregnant women experience complications, including hypertension, bleeding, severe pre-eclampsia, hyperemesis gravidarum, severe anemia which results in health problems in these pregnant women. The purpose of this study was to determine the implementation of kelambu siti cadres in early detection of high-risk pregnant women. This type of research is a descriptive study with a cross sectional approach. The population of this study was 61 active cadres at Nanggulan Public Health Center. Sampling was all active kelambu siti cadres in Nanggulan Kulon Progo Public Health Center in 2020. From the results of data analysis, it was found that most of the kelambu siti cadres were over the age of 35 years, 81.97%, 62.30% did not work (housewives). Judging from the average education level of high school / university is 91.80%, and the length of time as a cadre over 1 year is 98.36%. Most of the knowledge level of kelambu siti cadres about high-risk pregnancy is good, namely as many as 88.52%. In general, the implementation of early detection of high-risk pregnant women by kelambu siti cadres of Nanggulan Public Health Center is good. It is hoped that cadres will always increase their knowledge about high-risk pregnancies in an effort to reduce cases of maternal and infant mortality.

**Keywords**— early detection of high-risk pregnant women, the implementation of kelambu siti cadres

## I. INTRODUCTION

Maternal and Child Health (MCH) continues to be in the spotlight. According to Permenkes No.4 of 2019, the indicators of Maternal and Child Health (MCH) services are indicators of Minimum Service Standards (MSS) in the health sector. The target of maternal mortality rate in the 2015-2019 Strategic Plan is 306 / 100,000 live births[1]. Maternal Mortality Rate is an important indicator of public health status and one of the five strategic issues that are priorities for health development for the next five years, 2020-2024[2].

There are still many cases of high-risk pregnancy in the community, but health workers such as midwives cannot find them one by one. Therefore, the participation of the community, namely health cadres, is needed in detecting high-risk pregnant women. Midwives collaborate with cadres in monitoring high-risk pregnant women.

The midwife profession has an important role in achieving the third target of the Sustainable Development Goals (SDGs), namely a healthy and prosperous life in the

goal of sustainable development. Midwives are at the forefront of saving the health and birth of the nation's generation, namely in reducing the Maternal and Infant Mortality Rate. This role includes continuous examinations, namely care for pregnancy, childbirth, newborns, parturitions, and contraception.[3].

Based on Law Number 4 of 2019 concerning Midwifery, midwives as health service providers are responsible, accountable, quality and safe. Midwives provide continuous and comprehensive midwifery services, focusing on aspects of prevention, promotion based on partnerships and community empowerment together with other health workers to always be ready to serve anyone who needs them, whenever and wherever they are. Community empowerment efforts in reducing MMR and IMR, midwives as health workers cannot work individually without assistance from across sectors, community leaders, especially health cadres.[4].

Health cadres have a big role in improving the community's ability to help themselves achieve an optimal health degree. Cadres must have knowledge in recognizing health problems and early detection of at-risk pregnant women. The role as a cadre is a social work that does not have work association and regeneration of cadres has not been well planned. Cadres are expected to do their work voluntarily without demanding compensation in the form of money or other materials [5].

Early detection of high-risk pregnancies requires the involvement of the community, health cadres, medical officers, and the government. There is a need to improve the competence of public health cadres in detecting pregnancy complications, especially high-risk pregnancies. Cadre knowledge is very influential in the detection of high risk pregnancies [6].

The high number of maternal deaths is caused by complications of pregnancy and childbirth, unsafe abortion, an increased risk of preeclampsia, puerperal endometritis, and systemic infections[7]. The cause of maternal death in DI. Yogyakarta Mostly occurred in Bantul Regency (14 cases) and the lowest was in Kulon Progo Regency (3 cases). The most common causes of maternal death in DI Yogyakarta are bleeding (11), hypertension in pregnancy (6), tuberculosis (4), heart disease (4), cancer (3), hyperthyroidism (2), sepsis, asthma, shock, embolism, aspiration, and renal failure 1 case each[8].

Kulon Progo Regency is a district with a population in 2018 of 448,114 people [9]. Kulon Progo Regency annually has around 6,000 pregnant women per year and 25% of them have a high risk.

Maternal mortality in Kulon Progo Regency in the last 10 years has been very volatile in 2009 10 cases, 2010: 4 cases 2011: 6 cases, 2012: 3 cases, 2013: 7 cases, 2014: 5 cases and 2015 decreased to 2 cases, 2016: 7 cases. 2017: 3 cases, 2018: 3 cases, 2019: 5 cases. The maternal death cases were due to severe pre-eclampsia, sepsis, bleeding, and septic shock and comorbidities such as heart disease, diabetes, and hypertension [9].

II. STANDARD OPERATING PROCEDURES FOR MONITORING HIGH-RISK PREGNANT WOMEN

The main task of the Kelambu Siti cadre is adjusted to the Standard Operating Procedure (SOP) that has been made by the Nanggulan Public Health Care number UKM / KIA / SOP / 033/9/19 that the limit of cadre authority starting from the data collection of pregnant women ensures that pregnant women are low risk or high risk, then monitoring pregnant women, especially high-risk pregnant women. In monitoring high-risk pregnant women, the Kelambu Siti cadre collaborates with regional midwives using the kelambu siti format and the book “GIAT pantau Bu Siti” (monitoring activities for high-risk pregnant women). Monitoring is carried out until the postpartum period of 42 days and ensures postpartum family planning by placing a thumb sticker on the liver [8].

1) Data collection on pregnant women by cadres

In accordance with the SOP of the Nanggulan Public Health Care number IV / KIA / SOP / 053/1/19 that the data collection for pregnant women is carried out simultaneously with the implementation of the P4K sticker attachment (Maternity Planning and Complication Prevention Program), cadres determine the geographic location and position of pregnant women through the BumilKU application.

2) Monitoring of high-risk pregnant women by cadres.

In accordance with the Public Health Care SOP number IV / KIA / SOP / 044/2/18 that the monitoring procedures for monitoring are:

- Monitoring of high-risk pregnant women with the reporting format of the Kelambu Siti cadre.
- Cadres are provided with information about high-risk pregnant women who are assisted, so they understand what to do.
- Cadres monitor pregnant women through the BumilKU application.

The flow of monitoring for high-risk pregnant women by the Kelambu Siti cadre is shown in the figure below:



Fig. 1. Monitoring Flow High Risk Pregnant Women [10]

III. RESEARCH METHOD

The research method is a method used in a study to achieve research objectives [11]. The research design used is descriptive correlative which aims to describe or find the correlation between independent variables, so this study uses a cross sectional approach. The population in this study were all cadres of Kelambu Siti, Nanggulan Kulon Progo District with a total of 61 people. The samples in this study were 61 active Kelambu Siti cadres. Data analysis using frequency distribution analysis.

IV. RESULT AND DISCUSSION

Respondents of this study were cadres of Kelambu Siti NanggulanPublic Health Care, Kulon Progo Regency, the characteristics of respondents were distinguished by age, occupation, education, and length of time as a cadre can be seen in Table 1.

TABLE I. FREQUENCY DISTRIBUTION OF THE CHARACTERISTICS OF KELAMBU SITI CADRE AT THE NANGGULAN HEALTH CENTER IN 2020

No.	Characteristics of Respondents	total	Percentage
1	Age		
	20 - 35 years	11	18.03
	36 - 55 years	50	81.97
2	Profession		
	Work	16	26.23
	Does not work	45	73.77
3	Education		
	Low <9 years (SD-SMP)	5	8.20
	High > 9 years (SMA-College)	56	91.80
4	Length of time as Cadre		
	<1 year	1	1.64
	> 1 year	60	98.36
	total	61	100.0

Based on table 1. that the majority of respondents' age (kelambu siti cadre) between 36-55 years was 81.97% and ages between 20-35 years was only 18.03%. Judging from the work in this study there are two categories, namely cadres who work and cadres who do not work. Based on the results of the research regarding the type of work of the respondent of kelambu siti cadre mostly were not working (housewives) by 73.77% and respondents who worked only 26.23%. The distribution of kelambu siti cadre education at the Nanggulan Public Health Care Kulon Progo can be seen that most of the education level of the respondents studied

was between high schools and universities of 91.80% and the level of education between SD-SMP was only 8.20%. Knowledge Level of Kelambu Siti Cadres About Risks to Pregnant Women.

TABLE II. FREQUENCY DISTRIBUTION OF KNOWLEDGE LEVELS OF KELAMBU SITI CADRES SEEN FROM THE RISK QUESTION ITEMS FOR PREGNANT WOMEN AT THE NANGGULAN HEALTH CENTER IN 2020

No.	Cadre Knowledge Level	Frequency	Percentage (%)
1	Bleeding		
	Good to know	49	80.33
	Enough to know	0	0
2	Not knowing enough	12	19.67
	Hypertension		
	Good to know	36	59.02
3	Enough to know	22	36.07
	Not knowing enough	3	4.92
	Infection / fever		
4	Good to know	51	83.61
	Enough to know	4	6.56
	Not knowing enough	6	9.84
5	Hyperemesis gravidarum		
	Good to know	51	83.61
	Enough to know	6	9.84
Total	Not knowing enough	4	6.56
	Premature rupture of membranes		
	Good to know	21	34.43
Total	Enough to know	32	52.46
	Not knowing enough	8	13.11
	Total	61	100

Based on table 2, it can be seen that from the various questions in the questionnaire, it turns out that the cadres have varied understandings. Most of the cadres were already well aware of the risk to pregnant women shown in the question item regarding bleeding by 80.33%, the question item about hypertension in pregnancy was 59.02%, the question item about infection or fever was 83.61%, and the question item about hyperemesis gravidarum of 83.61%. However, in the item of premature rupture of membranes, respondents understand enough about the risk to pregnant women, namely 52.46%. Judging from the results above, it is a challenge for the Public Health Care Nanggulan to always improve the knowledge of the Kelambu Siti cadres, emphasizing the material of premature rupture of membranes.

TABLE III. FREQUENCY DISTRIBUTION OF KNOWLEDGE LEVELS OF KELAMBU SITI CADRES ON RISKS TO PREGNANT WOMEN AT THE NANGGULAN HEALTH CENTER IN 2020

Knowledge level	Results	
	f	%
Well	54	88.52
Enough	5	8.20
Less	2	3.28
Total	61	100

Based on table 3, it can be seen that most respondents have a good level of knowledge about the risks to pregnant women, on average, 54 people have a good knowledge of the risks to pregnant women (88.52%). Based on the research objectives, theoretical framework, conceptual framework and data analysis, a research result is sought that can answer research questions in general and in particular. The purpose of this study in general is to find out the description of the implementation of Kelambu Siti cadres in the detection of high risk pregnant women in Nanggulan Health Center in 2020.

TABLE IV. AGE CROSS TABULATION WITH KNOWLEDGE LEVEL OF KELAMBU SITI CADRE AGAINST THE RISKS OF PREGNANT WOMEN AT THE NANGGULAN PUBLIC HEALTH CARE IN 2020

Age	Knowledge level		
	Well	Enough	Less
20 - 35 years	11	2	2
36 - 55 years	43	3	0
Total	54	5	2

Based on Table 4.3 it can be seen that most respondents who have a good level of knowledge as many as 43 people are in the age group 36-55 years, the level of knowledge is at most in the age group 36-55 years as many as 3 people and the level of knowledge is mostly in the age group 20-35 years as many as 2 people.

TABLE V. EDUCATION CROSS TABULATION WITH THE KNOWLEDGE LEVEL OF KELAMBU SITI CADRES ON THE RISKS OF PREGNANT WOMEN AT THE NANGGULAN HEALTH CENTER IN 2020

Education	Knowledge level		
	Well	Enough	Less
Low <9 years (SD-SMP)	1	2	2
Height > 9 years (SMA-PT)	53	3	0
Total	54	5	2

Based on Table 4.5, it can be seen that most respondents who have a good level of knowledge about the risks to pregnant women at the Senior High School - College education level are 53 people, the level of knowledge is sufficient to have a Senior High School - College education level of 3 people. Then the respondents who do not know the level of education at Elementary School - Junior High school are 2 people.

TABLE VI. CROSS TABULATION OF WORK WITH THE LEVEL OF KNOWLEDGE OF THE KELAMBU SITI CADRES AGAINST THE RISKS OF PREGNANT WOMEN AT THE NANGGULAN HEALTH CENTER IN 2020

Profession	Knowledge level		
	Well	Enough	Less
Housewives / Not working	41	3	1
Labor	0	0	0
Farmer	4	1	0
General employees	3	0	1
Civil servants	2	0	0
Entrepreneur	4	1	0
Total	54	5	2

Based on Table 4.6. can be known that most respondents who have a good level of knowledge were housewives or not work as many as 41 people, the level of moderate knowledge are housewives / not working as many as 3 people. Then for the level of less knowledge of respondents do not work and private employees each as many as 1 person.

TABLE VII. CROSSTABULATION OF THE DURATION AS CADRE WITH A LEVEL OF KNOWLEDGE OF KELAMBU SITI CADRE AGAINST THE RISKS OF PREGNANT WOMEN AT THE NANGGULAN PUBLIC HEALTH CARE IN 2020

duration as Cadre	Knowledge level		
	Well	Enough	Less
<1 year	0	0	1
> 1 year	55	5	0
Total	55	5	1

Based on Table 7, it can be seen that most of the respondents who have a good level of knowledge, mostly have become cadres for > 1 year, as many as 55 people, the level of knowledge is sufficient, mostly in cadres > 1 year old, as many as 5 people. Then for the level of lack knowledge, only 1 person has just become a cadre <1 year.

Characteristics of Respondents of Kelambu Siti Cadre

1) Respondents' Age

Based on the results of research on the description of the implementation of kelambu siti cadres in early detection of high-risk pregnant women at the Nanggulan Public Health Center, most of the respondents' age (kelambu siticadre) was between 36-55 years of 81.97% and the age between 20-35 years was only 18.03. %. This is in accordance with the opinion expressed by Ife (2008) that young people generally participate less than older people.[12]. This study is also in line with Nuraisyah's (2018) research that older cadres play a more active role than younger ones, namely 55.3%[13].

2) Respondents' Occupation

Based on the results of research on the respondent's occupation, most of siti kelambu cadres work as housewives of 73.77% so that have many sufficient times to help assist at risk pregnant women, and are expected to reduce mortality rates for pregnant women, mothers in labor and babies born especially in Nanggulan District area. This research is in line with Siti Khadijah's research at the Mungka Padang Public Health Care, where the majority of 67.4% of mothers are not working / housewives.[14].

Cadres who become housewives where in general the husbands work. In accordance with Brayshaw's theory, it is stated that a busy person will not easily participate in a certain activity if there are many things to do. One of these activities is work. A working woman will definitely be busy with her job. Most of the time is spent working so that you don't have time to do other activities. This research is in line with the research of Kurniawan Arif (2017) which states that 68.4% of cadres who are not working or as housewives are more likely to seek busyness to help government programs in terms of detection of high-risk pregnant women.[15].

3) Respondent Education

Based on the results of research on the respondents' education, most of the respondents' education level was between high schools and colleges of 91.80% and the level of education between Elementary – junior high school was only 8.20%. Some experts argue that the more age and higher education, the more extensive one's experience will be[16].

The level of education can affect one's knowledge and influence one's mindset to accept and understand problems, especially pregnancy. The level of education affects the opportunity to obtain and receive information about health. This research is in line with Widya Lestari (2012) that the study also found that most respondents have high education (84.4%) played a role in early detection of at-risk pregnancy. that higher formal education will also show good quality, so that high educated cadre tends to affect the quality of cadres' work in implementing high-risk pregnant women assistance so that cadres are able to deliver their programs well[17].

4) Duration as Respondent Cadre

The duration as cadre is related to the amount of experience gained when becoming a cadre which can affect performance.

Based on the results of research on the duration as respondent cadre, most of kelambu siti cadres as cadres for > 1 year amounted to 98.36% so that many have sufficient time to help assist pregnant women at risk, and it is hoped that it can reduce the mortality rate of pregnant women, mothers in labor and babies. was born especially in the Nanggulan District area. The duration as cadre is related to the amount of experience gained when becoming a cadre which can affect performance. The results of the research on the above characteristics are in accordance with the research[6].

V. DISCUSSION

1) Level of Knowledge of Kelambu Siti Cadre

The results showed that most of the knowledge level of the kelambu siti cadres was good at knowing the risks to pregnant women, as many as 88.52%. This is due to the fact that public health centers have conducted good cadre training in preparing cadres as assistance. This is further supported by the high level of education completed by cadres. This study is in line with Widya L at Nanggalo Padang Public Health Centre (2012), which is as many 32 respondents 75% have good knowledge about early detection of at risks pregnancy. This research is also in line with Nani K at Buayan Public Health Centre (2012) that there are more cadres with good knowledge (59%) who take an active role than cadres with

poor knowledge (39.2%). Cadres with good knowledge were twice as likely to participate actively than cadres with poor knowledge. Saragih (2011) states that good knowledge about risk detection for pregnant women is related to the participation of cadres in screening pregnant women at risk[17].

The knowledge possessed by cadres illustrates that cadres are capable of playing an important role in supporting programs to reduce maternal mortality. The role of cadres in preventing maternal and infant mortality includes early detection of maternal health, early detection of health problems for infants and toddlers, monitoring the health of mothers and children in their residential areas, and reporting to village midwives when mothers, babies and toddlers have health problems[19].

Therefore, the initial effort that cadres can make in order to reduce cases of maternal and infant mortality is to detect early cases of high-risk pregnant women, to identify the obstacles that exist during the implementation of early detection of high-risk pregnant women case to realize readiness and preparedness for complications for mothers and newborns. So that it can describe the implementation of the kelambu siti cadre in an effort to detect early high-risk pregnant women at the Nanggulan Public Health Center in 2020, as expected by researchers.

#### 2) *Correlation between Age and Cadre Knowledge level*

Based on the results of the study, most of the respondent's age (kelambu siti cadre) between 36-55 years was 81.97% and the age between 20-35 years was only 18.03%. Based on the results of the study of 61 respondents with medium / high education as many as 54 (88.5%) both knew the risks to pregnant women consisting of 43 (70.5%) aged 36-55 years and 11 (18.03%) aged 20-35. These results indicate that the older a person is, the awareness to know the risks in pregnant women is expected to be more mature someone can provide services to the community.

#### 3) *The correlation between Education Level and Cadre Knowledge Level*

Most of the respondents' education data includes higher education. The higher education the more knowledge gained. Based on the results of the study of 61 respondents with medium / high education as many as 54 (88.5%) both know the risk to pregnant women, consisting of 53 (86.8%) high education level and 1 (1.85%) low education. These results indicate that the higher the education, the greater the awareness to know the risks to pregnant women, whereas the lower the education, the lower the awareness to know the risks to pregnant women.

#### 4) *The correlation between occupation Level and Cadre Knowledge Level*

The results of the study illustrated that there was a correlation between cadres' occupation and the level of knowledge of cadres to both know the risks to pregnant women. The data shows that from 61 respondents who were well aware of the risk to pregnant mothers, 54 (88.52%) consisted of 45 (67.21%) unemployed and 9 (16.7%) employed mothers. Work status is a risk factor because generally working mothers have less time to be with the community. This is because they work to meet the needs of daily life. It is different from mothers who do not work who

have longer time together with the community. However, this does not apply absolutely because even though the mother is busy with work if the mother has adequate knowledge, then the mother has the motivation to provide services to the community. On the other hand, even though mothers do not work due to lack of understanding or other factors, mothers tend not to have the motivation to provide services to the community.

#### 5) *The Correlation between the duration of being a cadre and the level of knowledge of cadres*

The results illustrate that there is a correlation between the duration of being a cadre and the level of knowledge to both know the risks to pregnant women. The data shows that from 61 respondents who know the risk of pregnant women, 55 (90.2%) work > 1 year. The criteria for knowing enough were 5 (8.2%) who also worked > 1 year. While not knowing as many as 1 (1.63%) worked as cadres < 1 year. This shows that the longer they become a cadre, a lot of information is obtained, perhaps from the guidance of the local Public Health Care, meeting cadres once a month on average and at each meeting there is knowledge gained by the cadres. This is very useful for early detection of high-risk pregnant women so as to prevent unwanted delays.

## VI. CONCLUSION

The characteristics of kelambu siticadres are that most of them aged between 36-55 years of 81.97%, the education level of the cadres of kelambu siti between high schools and universities is 91.80%, most of kelambu siticadres are not working / as housewives. 73.77%, and the duration of being a cadre > 1 year was 98.36%. The knowledge of kelambu siti cadre about high risk pregnancy is good based on the results of the study 88.52% of kelambu siticadre know about high risk pregnancies. The role of the kelambu siticadres regarding high risk pregnancies is good, this is evidenced by the reports on data collection, monitoring and use of the BumilKU application by the kelambu siti cadres. The obstacle in implementing the kelambu siti cadre is that the understanding of the data collection format for high-risk pregnant women is various. because the level of knowledge of the kelambu siti cadres is different. The solution made by the researcher was conducting briefings, outreach, orientation and training for kelambu siti cadres at the Nanggulan Public Health Center, and always monitoring evaluation in every activity. The implementation of the Kelambu Siti cadre in early detection of high-risk pregnant women at the Nanggulan Public Health Center has been good, seen from all pregnant women being monitored and recorded during the 42 days of pregnancy, childbirth, postpartum by the Kelambu Siti cadre.

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