



Factors Related to the Success of Childbirth Assistance by Health Workers in West Lampung Regency

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ABSTRACT

The Maternal Mortality Rate in Indonesia until 2019 is reported to be still high, namely 305 per 100,000 live births, higher than the target of the Sustainable Development Goals, which is less than 70 per 100,000 KH. The high MMR is closely related to health personnel's achievement of delivery assistance. The higher the achievement of successful delivery by health personnel, the lower the MMR in West Lampung Regency, there was an increase in cases of maternal death in 2019 by 4 cases to 8 cases in 2021; the achievement of delivery assistance by health workers was 93%, with an MMR of 145.6/100,000 KH in 2021, higher than the target of 110/100,000 KH. This study's results indicate a significant correlation between knowledge and facilities/infrastructure with the success of delivery assistance by midwives in West Lampung Regency with a p-value of $p=0.000 (<0.05)$. It is recommended that midwifery health workers increase their knowledge, facilities/infrastructure and attend relevant training and continuous coaching.

Keywords: knowledge, training, facilities/infrastructure, successful delivery assistance

INTRODUCTION

Health development is inseparable from national development which seeks to improve the highest degree of health at all levels of society, therefore health needs to be maintained and improved in quality and protected from harmful threats (Hermawan, 2017; Ministry of Health of the Republic of Indonesia, 2019).

The government has the responsibility to ensure that every citizen receives quality services. As a basic need, each individual is responsible for meeting the needs of his life and the people he is responsible for, so that it can be a capital for every individual to continue living properly (Adhyatma *et al.*, 2020; Amalia, 2015).

Quality health services include maternal and child health services. Maternal health services during childbirth must obtain safe

childbirth assistance by competent health workers. The Ministry of Health has mandated that childbirth must be assisted by competent health workers aiming to reduce the Maternal Mortality Rate (AKI) and Infant Mortality Rate (AKB) globally. But in reality, in the field, even though health services for mothers and children have been spread, there are still various major problems, namely the high level of AKI and AKB. The incidence of maternal death is highly determined by the quality of services provided by health workers (Nurazizah, 2019).

Maternal Mortality Rate (AKI) and Infant Mortality Rate (AKB) are one of the indicators that can describe the welfare of the community in a country. Maternal Mortality Rate (AKI) is the number of maternal deaths during pregnancy, childbirth and postpartum or its management and not due to other causes

such as accidents or falls, in every 100,000 live births (KH). Infant Mortality Rate (AKB) is the number of deaths of babies under one year of age out of every 1,000 live births (KH) (Sufiananda, 2018).

According to WHO (2019), the maternal mortality rate in the world is still high, which is 303,000 people and the infant mortality rate is 281,158 people. The Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB) in ASEAN are 235/100,000 KH and 27/1000 KH respectively (WHO, 2019).

The AKI in Indonesia until 2019 is reported to still remain high, at 305 per 100,000 live births, higher than the target *Sustainable Development Goals* (SDGs) which is less than 70 per 100,000 live births (Susiana, 2019). Where the target of AKI determined in Indonesia is 183 per 100,000 Live Births in 2024 (Ministry of Health of the Republic of Indonesia, 2019).

In an effort to reduce AKI and AKB, one of the health workers who are directly involved in maternal and child health services is a midwife. Midwives have two important duties in providing guidance, care and counseling to pregnant women, childbirth with their own responsibility and providing care for newborns. This care includes preventive measures, detection of abnormal conditions in the mother and child, and carrying out medical emergencies (Putri, 2016).

Based on data from the West Lampung Health Office (2021), it is known that in 2017 there were 6 cases of maternal death and 17 cases of infant death; In 2018, there were 5 cases of maternal death and 17 cases of infant death; In 2019, there were 4 cases of maternal death and 21 cases of infant death; In 2020, there were 4 cases of maternal death and 16 cases of infant death; And in 2021, there were 8 cases of maternal death and 25 cases of infant death. This shows that there has been an increase in maternal deaths and infant deaths in West Lampung Regency in 2021 compared to the last four years.

The achievements of AKI and AKB in West Lampung Regency in 2021 are AKI 145.6/100,000 KH and AKB 4.55/1000 KH. The value of AKI and AKB is a serious concern considering the final target of the 2024 RPJMD, namely AKI 110/100,000 KH and AKB 4.1/1000 KH that must be achieved (West Lampung Regency Health Office, 2022).

The reduction in AKI and AKB in West Lampung Regency has not been able to meet the target expected by the government. The target of coverage of maternity assistance in health facilities is 100% with an achievement of 93%. This is because it is influenced by the low coverage of childbirth assistance by health workers in health facilities which can be caused by, among other things, factors Environment, Training, Facilities/Infrastructure, Supervision, budget, 3T problems, namely late decision-making so that it is too late to be handled; late to reach a health facility or referral point; and it is too late to get treatment, due to limited facilities and resources human beings, age factors, marital status, length of work, knowledge of the health worker who assisted in childbirth.

In an effort to support the achievement of the target of reducing AKI and AKB, it is necessary to pay attention to the factors that contribute to achieving the success of childbirth assistance by midwifery health workers. There are several factors that contribute to the performance of midwifery health workers, including internal and external factors. Internal factors are factors that are related to a person's characteristics consisting of age, marital status, length of employment, knowledge and external factors, namely factors that affect the performance of health workers from the environment such as training, facilities/infrastructure, and supervision (Rusmitawati & Darmawan, 2013).

Based on the results of interviews conducted by the author with 10 village midwives in West Lampung Regency, it is

known that 7 people still feel that they are still experiencing difficulties in providing childbirth assistance services. One of the difficulties experienced is when faced with critical delivery cases due to a lack of experience and knowledge related to efforts to handle critical situations and handle patients, causing midwives to make clinical decisions. In addition, midwives also feel that there is still a lack of knowledge in conducting early detection of risk factors experienced by patients to minimize critical situations during labor assistance.

According to West Lampung Health Office (2021) The knowledge of midwives health workers, especially in West Lampung Regency, is still lacking, especially regarding the detection of pregnant women, especially those at high risk, the Childbirth Planning and Complication Prevention Program (P4K) by involving related cross-sectors including Peratin, Village Midwife Health Cadres, TP PKK so that a team can support each other in the implementation of the program. The inadequate quality and quantity of community services, as well as the lack of access to health services for pregnant women in the community (West Lampung Health Office, 2021).

Good health facilities or facilities/infrastructure and the distribution of health workers in the regions are also necessary to ensure the success of childbirth assistance assisted by health workers, especially trained midwives to manage normal pregnancy (without complications), and the postpartum period, as well as being able to identify, manage and refer complications in mothers and newborns (Hermawan, 2017; Sumardi *et al.*, 2011).

The success of the government's efforts in maternal and child health services can be seen from the increase in childbirth assisted by health workers in Indonesia. Based on data from the West Lampung Regency Health Office (2021), it is known that the success of childbirth in health facilities in West Lampung Regency has not reached the target. This is

influenced by the lack of skills and knowledge as well as training in order to improve the competence of health workers, especially midwives in health centers and in pekon. Improving health service facilities for mothers and children is needed by mothers, especially during and immediately after childbirth. This is related to adequate facilities and infrastructure. Health service facilities are all tools or places that support health and can be used to provide health services both promotively, preventively, curatively and rehabilitatively carried out by the government, local governments and/or communities. Giving birth with the availability of adequate facilities and infrastructure is a recommendation from the government to suppress AKI (Adhyatma *et al.*, 2020; Nisa *et al.*, 2019; Syukaisih *et al.*, 2022).

Research Methods

This study employed a quantitative research approach with a cross-sectional design to examine the correlation between internal and external factors (independent variables) and the success of childbirth assistance by health workers (dependent variable). The research was conducted in West Lampung Regency, Lampung Province, in December 2022.

The population consisted of all village midwives in West Lampung Regency, totaling 141 individuals. The sampling method used was simple random sampling, ensuring each midwife had an equal opportunity to be selected as a respondent.

Inclusion criteria were established to maintain the validity of the findings: (1) midwives who were not enrolled in further education programs, and (2) midwives who were not in late pregnancy or postpartum condition, to prevent any personal factors from influencing service performance. All eligible participants provided informed consent before data collection.

The internal factor (knowledge) was measured using the Midwife's Knowledge Questionnaire adapted from the Ministry of Health (2008), consisting of 25 items with a Cronbach's alpha reliability score of 0.843, indicating strong internal consistency.

The external factors—training and facilities/infrastructure—were assessed through a questionnaire and checklist developed in accordance with Regulation of the Minister of Health (PMK) No. 28 of 2017 concerning the Licensing and Implementation of Midwife Practice.

The dependent variable, namely the success of childbirth assistance, was assessed through a questionnaire measuring the coverage of successful childbirth assistance within each respondent's working area.

The research procedure involved several stages: constructing the sampling frame, randomly selecting respondents, eligibility screening, obtaining informed consent, and administering research instruments. Collected data were entered, verified, and cleaned before analysis.

Data analysis used the Chi-square test (two-tailed, $\alpha = 0.05$) to identify associations between internal/external factors and childbirth assistance success. (The specific statistical software used—such as SPSS, Stata, or R—should be specified in the results section for transparency.)

Step/Component	Description	Key Details
Design & Setting	Quantitative, cross-sectional study	West Lampung Regency, December 2022

Population	Village midwives	N = 141 (complete official list)
Sampling Technique	Simple random sampling	Equal probability selection
Eligibility Criteria	Inclusion for validity	Not in further study; not pregnant or postpartum
Variables	Independent and dependent	Internal: Knowledge (25 items, MoH 2008, $\alpha = 0.843$); External: Training & Infrastructure (PMK 28/2017); Dependent: Success rate of childbirth assistance
Instruments	Questionnaire and checklist	Adapted from validated national guidelines
Procedure	Consent → Data collection → Entry & cleaning	Standardized field workflow
Data Analysis	Chi-square test (two-tailed)	$\alpha = 0.05$; specify software in results

Results and Discussion

The Relationship of Knowledge and Childbirth Success

Table 1. Results of Bivariate Analysis of the Relationship between Knowledge and Childbirth Success

		Successful Childbirth		Total	P Value
		Good	Less		
Knowledge	Good	24 (70.6%)	10 (29.4%)	34 (100%)	0,001
	Less	17 (31.5%)	37 (68.5%)	54 (100%)	
Total		41 (46,5%)	47 (53,4%)	88 (100%)	

From table 1, the results of the bivariate analysis of the relationship between knowledge and childbirth success are found that of 88 respondents with good knowledge with good childbirth success as many as 24 respondents (70.6%), respondents with good knowledge with poor childbirth success as many as 10 respondents (29.4%). Respondents with less knowledge with good success in childbirth care were 17 respondents (31.5%). Respondents with less knowledge with less success in childbirth assistance were 37 respondents (68.5%). The results of the *chi-square* statistical test obtained a *p-value* = 0.001<0.05, meaning that there is a significant relationship between knowledge and the success of maternity assistance for midwives in West Lampung Regency.

Midwives have an important role in helping childbirth, supported by increasing the competence and knowledge of midwives. Knowledge is a very important factor in the formation of good behavior (Suparti & Fauziah, 2021). According to Suparti & Fauziah (2021) A midwife who has good knowledge will have a positive effect on her task of helping childbirth. A midwife as a profession has a clear group of knowledge to carry out her profession. A midwife is said to be professional if she has enough education-generated knowledge and abilities to meet her

professional competencies (Narulita, 2019; Suparti & Fauziah, 2021).

One of the knowledge that must be possessed by midwife health workers is general knowledge, skills and behaviors related to social sciences, public health and professional health; Preconception, family planning and gynecology; Counseling care during pregnancy, Nursing during childbirth and childbirth, Care for postpartum and lactating mothers; Nursing in newborns; Care for babies and toddlers;Community midwifery; Parenting in mothers/women with reproductive disorders (Narulita, 2019).

Based on the results of research conducted by Kurniatri et al. (2016)) The knowledge that the midwife has will affect the ability of the midwife. If the midwife has good knowledge, then the midwife is able to interpret the results of the work correctly so that monitoring the growth of toddlers can be done properly and produce the right information.

Judging from the data collected, the researcher assumes that knowledge is one of the factors that plays an important role for health workers, both obtained through formal and informal education, to carry out maternal and child health services and to improve quality, especially in safe, responsible childbirth care services according to professional standards.

The Relationship between Training and Childbirth Success

Table 2. Bivariate Analysis Results of the Relationship between Training and Childbirth Success

		Successful Childbirth		Total	P Value
		Good	Less		
Training	Ever	28 (48.3%)	30 (51.7%)	58 (100%)	0,830
	Never	13 (43.3%)	17 (56.7%)	30 (100%)	
Total		41 (46,5%)	47 (53,4%)	88 (100%)	

Based on table 2 above, it is known that of the 88 respondents who had participated in training with good delivery aid success, 28 respondents (48.3%), respondents who had participated in training with poor childbirth assistance success were 30 respondents (51.7%). The results of the chi square statistical test obtained a p value = 0.830 >0.05, meaning that there is no meaningful relationship between training and the success of childbirth by midwives in West Lampung Regency.

The results of this study are in line with research that shows that training consisting of skills training, functional training, team training and creativity training has no effect on employee improvement. This happens because of the lack of quality of training materials so that it is not in accordance with the needs of each employee's field of work. Then less training time and delivery from speakers who are considered quite complex are not able to be understood by employees (Salim, 2016).

There are several things that are the main requirements for the training to be effective if it covers the factors of participation, repetition, relevance, transference, feedback (Larasati, 2018). Participation is the involvement of a participant in activities actively and directly.

Repetition is doing or saying repeatedly in an effort to instill an idea in someone's memory. Relevance, training has a very important meaning or benefit to a person. Transference means that there is a compatibility between training and the work done daily by employees. Feedback is the provision of information on the progress that has been achieved by participants (Larasati, 2018).

From the data collected, it is known that quite a lot of midwife health workers in West Lampung Regency are not actively participating in training for competency and skill development. Based on table 4.6, it is known that the most data, namely 40.9% of respondents who only attended training once and 2.3% of respondents who participated in training four times in the last three years.

The researcher assumes, judging from the results of the data, it shows that the training followed by midwives health workers in West Lampung Regency has not been effective because there is still a lack of participation (participation) of health workers who participate in training activities. Lack of repetition of training due to the low frequency of training attended by health workers. Where this can happen due to the lack of availability of training during the covid-19 period and the number of trainings carried out online. This

can reduce the effectiveness of training due to lack of practice or participation from trainees. This is in accordance with Larasati (2018) that training will be effective if one of the participation and repetition occurs.

From the results of the data collected by the author, it is known that the training themes followed by midwives include Baby Spa Training, Inter-Personal Communication / Counseling, Yoga for Pregnant Women, Baby Massage, Immunization Training, Midwifery Update, Asphyxia Management in Newborns, Normal Childbirth Care, Active Management Phase III, Myths about Painless Blow-Through

Method Delivery, MEC AGD 188 training. The researcher also assumes that judging from the theme of training attended by midwife health workers, there are few that support the development of midwifery health workers' abilities related to the success of childbirth assistance. Therefore, it is expected that there is a need for evaluation of relevant training topics as needed and pay attention to training components such as the content of the training, training methods, attitudes and skills of training instructors, the length of training time, and adequate training facilities (Umi & Nurida, 2018).

Facilities/Infrastructure Relationship and Childbirth Success

Table 3. Results of Bivariate Analysis of the Relationship between Facilities/Infrastructure and Childbirth Success

		Successful Childbirth		Total	P Value
		Good	Less		
Facilities/Infrastructure	Complete	32 (76.2%)	10 (23.8%)	42 (100%)	0,000
	Incomplete	9 (19.6%)	37 (80.4%)	46 (100%)	
Total		41 (46,5%)	47 (53,4%)	88 (100%)	

From Table 3, it is known that of the 88 respondents who have complete facilities/infrastructure with the success of good childbirth assistance, as many as 32 respondents (76.2%), respondents who have complete facilities/infrastructure with the success of childbirth assistance are lacking as many as 10 respondents (23.8%), respondents who have incomplete facilities/infrastructure with the success of good childbirth assistance as many as 9 respondents (19.6%), respondents who have incomplete

facilities/infrastructure with the success of childbirth assistance lacking as many as 37 respondents (80.4%). It is known that of the 88 respondents who have complete facilities/infrastructure with good birth aid success as many as 32 respondents (76.2%), respondents who have complete facilities/infrastructure with insufficient childbirth assistance success as many as 10 respondents (23.8%), respondents who have incomplete facilities/infrastructure with good childbirth assistance success as many as 9 respondents (19.6%), respondents who have incomplete facilities/infrastructure with The

success of childbirth assistance was less than 37 respondents (80.4%).

Based on the research conducted, it is known that facilities/infrastructure are related to the success of childbirth assistance carried out by health workers. The results of this study are in line with the research conducted by Herlina et al., (2021) that childbirth planning and complication prevention facilities function in reducing maternal mortality. Adequate facilities can be used optimally and support midwives programs or work in assisting childbirth.

Facilities and infrastructure are very important in supporting the success of a job, in this case the supporting equipment of health workers in helping childbirth in the number and completeness must be adequate in a health service facility needed for the effectiveness of childbirth assistance so that the expectations and goals are achieved (Herlina et al., 2021). Based on PMK No. 28 of 2017 there are facilities/infrastructure that must be owned in order to carry out childbirth assistance, including Midwife Kits, Vital Sign Measuring Equipment, Aseptic and Anti-Septic, Cards and Partographs, Baby and Maternal Scales, Uterine Tonic, Infusion Sets, Anti-Biotic Drugs, Anti-Convulsive Drugs, Resuscitation Equipment, Bathrooms and Latrines, Medical Consumables, SPO Maternity Services, Postpartum Services SPO, PER Handling SPO, PEb, Eclampsia, Referral Management SPO, Hemorrhagic Ante Partum SPO, Post Partum Hemorrhagic SPO, Shock Treatment SPO, Infection Control Prevention SPO (PPI), KIA Book, Mother/Medical Record Card.

Complete facilities/infrastructure is an important thing, this refers to the Health Development Strategic Plan which aims to increase the availability of facilities, infrastructure and logistical support in all health service facilities whose existence is more evenly distributed, affordable and utilized by the community so that the health status of the community can improve (Surya et al., 2018).

Based on this, the researcher concludes that the success of childbirth by health workers, is not only related to their abilities, but also complete and adequate facilities/infrastructure have a considerable role in supporting the success of childbirth carried out by midwifery health workers.

Conclusion

A total of 34 respondents had good knowledge (38.6%) and 54 respondents (61.4%) had poor knowledge. The training of midwives health workers in West Lampung Regency is known that as many as 58 respondents (65.9%) have participated in training and as many as 30 respondents (34.1) have never participated in training for the past three years. Then the facilities/infrastructure of midwives health workers in West Lampung Regency are known that the facilities/infrastructure where midwives work in West Lampung Regency as many as 42 respondents (47.7%) with complete facilities/infrastructure and as many as 46 respondents (52.3%) with incomplete facilities/infrastructure.

The results of *the Chi Square* Statistical Test showed that there was a significant relationship between knowledge and the success of childbirth by midwives in West Lampung Regency (*p value* = 0.001 < 0.05). Respondents with good knowledge obtained better success in childbirth assistance by midwife health workers (70.6%) than respondents with less knowledge. Then the results of *the Chi Square* statistical test obtained a *p value* = 0.000 < 0.05 showing that there is a meaningful relationship between facilities and the success of childbirth by midwives in West Lampung Regency. Respondents who had complete infrastructure obtained better coverage of the success of childbirth assistance by midwife health workers (76.2%) than respondents with incomplete infrastructure. The results of this study also show that there is no meaningful relationship between training and the success

of delivery assistance by midwife health workers in West Lampung Regency.

It is hoped that midwives can improve their knowledge and skills by regularly participating in relevant training to improve personal quality, especially in providing childbirth assistance. Then for the West Lampung Regency Government, it is expected to conduct *a need analysis training* related to the competence of midwives health workers so that health workers can follow the development of relevant competencies and can meet the infrastructure needed to increase the success of childbirth assistance.

In addition, it is necessary to carry out coaching, evaluation or monitoring of midwifery performance by the head of the health center or coordinating midwife at least every quarter by utilizing PWS-KIA (Monitoring Local Area Monitoring of Maternal and Child Health) data so that the problem can be known and solutions can be sought.

Bibliography

Adhyatma, A. A., Agustin, N., & Sahara, R. P. (2020). The importance of childbirth assistance by health workers at health service facilities in Kampung Dapur 6, Sembulang Village, Galang District, Batam City. *ENLIGHTENMENT: A Journal Of Community Service*, 1(1), 17–21. <https://doi.org/10.52999/sabb.v1i1.80>

Amalia, L. (2015). Factors Influencing Mothers in the Selection of Childbirth Aid. *Public Health FIKK*, Gorontalo State University, 1–11.

West Lampung Health Office. (2021). 2021 Performance Report.

Herlina, S. M., Zulviana, Y., & Ulya, Y. (2021). The Role of Midwives in the Implementation of the Childbirth Planning and Complication Prevention Program (P4k) in Reducing the Maternal Mortality Rate of Indonesia according to the Indonesian Demographic and Health Survey (SDKI) in 2012 maternal illness and mortality. In researchers. *Journal of Public Health*, 07(2), 110–125.

Hermawan, A. (2017). Overview of Childbirth Options by Non-Health/Unassisted Workers in Indonesia. *Journal of Reproductive Health*, 8(1), 89–102. <https://doi.org/10.22435/kespro.v8i1.6709.89-102>

Ministry of Health of the Republic of Indonesia. (2019). *Indonesia's Health Profile in 2019*. In B. Hardhana, F. Sibuea, & W. Widiantini (Eds.), *Short Textbook of Preventive and Social Medicine*. https://doi.org/10.5005/jp/books/11257_5

Kurniatri, M. I., Noviardhi, A., & Setiadi, Y. (2016). Relationship between Long Work, Motivation and Knowledge with the Ability of Village Midwives in Interpreting Weighing Results (N and T) in Blora Regency. *Nutrition Research*, 4(2), 1–7. <http://ejournal.poltekkes-smg.ac.id/ojs/index.php/jrg/article/view/3263>

Narulita, R. (2019). Midwifery Concept. In *The Concept of Midwifery* (p. 30). Health Polytechnic of the Ministry of Health of Palangka Raya.

Nisa, K., Serudji, J., & Sulastri, D. (2019). Analysis of Factors Related to Midwife's Performance in Providing Quality Antenatal Services in the Working Area of the Bukittinggi City Health Center in 2018. *Scientific Journal of Batanghari University of Jambi*, 19(1), 53. <https://doi.org/10.33087/jiubj.v19i1.545>

Nurazizah, N. (2019). Factors Related to the Selection of Childbirth Assistants in Banjarwaringin Village, Salopa District, Tasikmalaya Regency in 2019 [Siliwangi Tasikmalaya University]. [https://doi.org/ISSN: 2356-3346](http://www.scopus.com/inward/record.url?eid=2-s2.0-84865607390&partnerID=tZOTx3y1%0Ahttp://books.google.com/books?hl=en&lr=&id=2LIMMD9FVXkC&oi=fnd&pg=PR5&dq=Principles+of+Digital+Image+Processing+fundamental+techniques&ots=HjrHeuSPutri, M. D. (2016). Factors Related to the Selection of Birthing Places in 2015 (Study in Sarolangun District, Sarolangun Regency, Jambi). <i>Journal of Public Health</i>, 4 (April), 55–67. <a href=)

Rusmitawati, W., & Darmawan, E. S. (2013). Factors Related to the Performance of Midwives in Villages in Antenatal Services in Bojonegoro Regency, East Java Province in 2013.

Sufiananda, F. (2018). Midwifery care for 28-year-old "la" multigravida from 31 weeks of gestation 4 days to 42 days of postpartum period. Repository Polltekkes Denpasar, 28, 1–4. <http://repository.poltekkes-denpasar.ac.id/id/eprint/5034>

Sumardi, Rijadi, Busroni, Setyowati, & Muhamarman. (2011). Jampersal Maternity Solutions. Medical.

Suparti, S., & Fauziah, A. N. (2021). Determinants Related To Compliance With Midwife Implementing Standards Of Delivery Care. Indonesian Journal of Midwifery, 12(2), 99–110.

Surya, A., Bima, M., Surya, A., & Bima, M. (2018). The Relationship between Work Facilities and Midwife Performance in Villages in Antenatal Care Services Refers to Midwifery Care Standards. 5(2), 2–5.

Susiana, S. (2019). Maternal Mortality Rate: Causative Factors and Efforts to Handle It. Brief Info in the Field of Social Welfare, XI(24), 13–18.

Syukaisih, S., Alhidayati, A., Kursani, E., & Ali, M. (2022). The cause of low maternity coverage in health facilities in the work area of the Benteng Health Center UPT. Tower of Knowledge, 16(1), 102–112. <https://doi.org/10.31869/mi.v16i1.3115>

WHO. (2019). World Health Statistics 2019. Retrieved 19 November 2020