

JESAYA Innovation for Reducing MMR and IMR in Barito Utara Regency (Case Study)

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Abstract: A major strategic priority of Barito Utara Regency is maternal and neonatal health issues since the maternal mortality rate (MMR) and infant mortality rate (IMR) have fluctuated with an increasing trend from 2016 to 2022. This case discusses innovation at Kandui Public Health Centre in Gunung Timang Subdistrict as the only thriving area that brought down IMR and MMR to zero for five consecutive years (2019-2023). Despite the benefits of JESAYA (*Jembatan Bersalin Sayang Anak/Child-Friendly Maternity Bridge*) innovation being recognised, its adoption rate by other public health centres remained low. This study aims to identify the intrinsic factors influencing the diffusion of JESAYA. To study these issues adequately, a qualitative case study with a phenomenological approach was selected using various data collection techniques, including interviews with nine research subjects, observation, and documentation. The results suggest that adopting innovation is not straightforward, and its intrinsic factors play a crucial role in its success. Additionally, it appears that the process of adopting JESAYA has a social component, which collegial interactions and discussions may facilitate.

Keywords: Pregnancy; Maternal mortality; Infant mortality; Public health; Preventive health

Abstrak: Isu kesehatan maternal dan neonatal menjadi permasalahan strategis di Kabupaten Barito Utara di mana angka kematian ibu (AKI) dan bayi (AKB) tahun 2016-2022 masih fluktuatif dengan tren yang meningkat. Studi kasus ini membahas inovasi Puskesmas Kandui di Kecamatan Gunung Timang sebagai satu-satunya daerah yang berhasil menurunkan AKI dan AKB hingga nol selama lima tahun berturut-turut (2019-2023). Meskipun manfaat inovasi JESAYA (*Jembatan Bersalin Sayang Anak*) sudah diakui, tingkat adopsi inovasi ini di Puskesmas lainnya masih rendah. Tujuan dari penelitian ini adalah untuk mengidentifikasi faktor intrinsik yang mempengaruhi proses difusi inovasi JESAYA. Untuk mengkaji permasalahan penelitian secara memadai, dipilih metodologi studi kasus kualitatif dengan pendekatan fenomenologis yang menggunakan beberapa teknik pengumpulan data, antara lain wawancara terhadap sembilan subjek penelitian, observasi, dan dokumentasi. Hasil studi menunjukkan bahwa adopsi inovasi tidak berjalan mudah, dan faktor intrinsik memainkan peran kunci dalam keberhasilan proses tersebut. Selain itu,

proses adopsi JESAYA melibatkan komponen sosial, yang dapat didorong dengan memfasilitasi interaksi maupun diskusi kolejial.

Kata kunci: Kehamilan; Kematian ibu; Kematian bayi; Kesehatan masyarakat; Kesehatan preventif

INTRODUCTION

According to data provided by the Central Bureau of Statistics, Indonesia has a relatively high MMR of 305 per 100,000 live births, whereas the IMR is 16.9 per 1,000 live births (Kementerian Kesehatan, 2023; Nanda Lutfia Salsabila, 2021). It does not meet the MMR and IMR targets (183 per 100,000 live births and 16 per 1,000 live births, respectively) set in the 2020-2024 National Medium-Term Development Plan (RPJMN) (Kemenkes RI, 2021). Among Southeast Asian countries, Indonesia's MMR remains in the third-highest ranking (World Bank, 2021).

The prevalence of high MMR and IMR statistics in an area indicates a poor level of public health, which may have a negative economic and social impact on households, communities, and the nation (Kumalasari & Nurhasanah, 2020). According to Figures 1 and 2, MMR and IMR trends in Barito Utara Regency in 2016-2022 still fluctuated with a tendency to increase (Dinas Kesehatan Kabupaten Barito Utara, 2023).

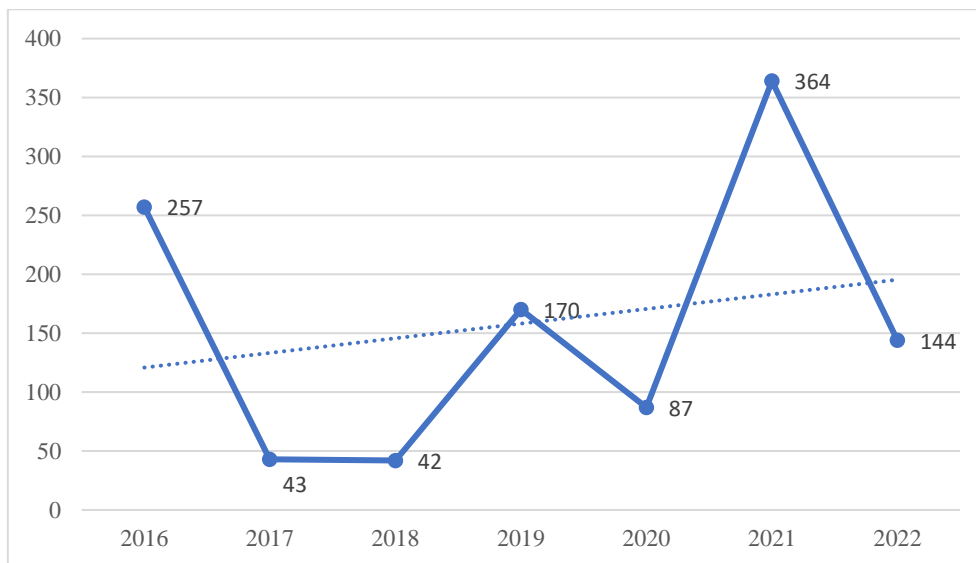


Figure 1. MMR Trend (per 100,000 live births) in Barito Utara Regency (2016-2022)

The level of community participation in maternal and infant health initiatives remains low. It is difficult for families and communities to prevent maternal and infant deaths, primarily due to being too young to become pregnant, too old to become pregnant, limited health workers available, and relatively far away from hospitals and maternity homes. Therefore, medical action is delayed (Suparman, 2020).

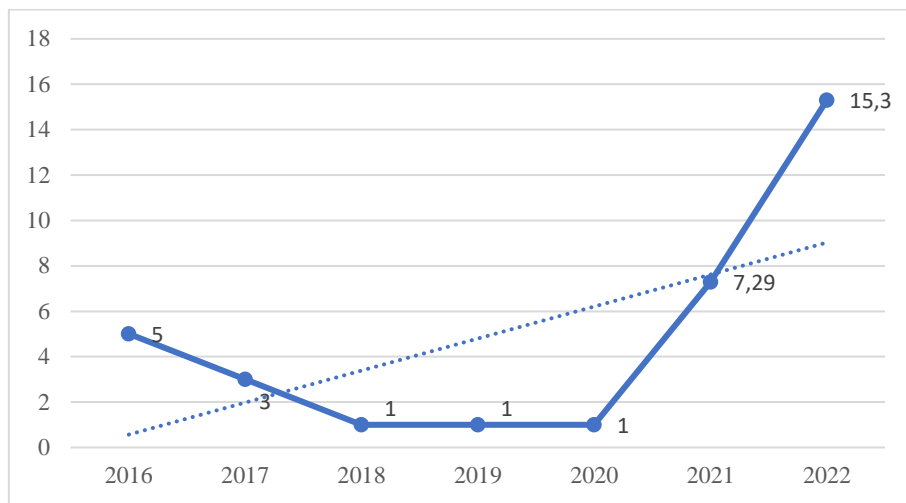


Figure 2. IMR Trend (per 1,000 live births) in Barito Utara Regency (2016-2022)

The practice of delivering babies outside of health care facilities, specifically to local witch doctors, is a factor causing maternal deaths in childbirth in Barito Utara Regency. This is due to many cases of maternal mortality caused by giving birth to non-professional staff or local under-trained witch doctors (Ari Pamungkas et al., 2014).

Barito Utara's female villagers are living under a patriarchal system, much of which affects the decision-making of pregnant women. Since pregnancy and childbirth are being considered primarily as women's issues, this situation has been suggested as a potential contributor to the poor care of pregnant women. Male partner involvement is still low, and they have supremacy over their partners. Slow maternal decision-making by husbands has caused three delays: delay in recognising danger signs, delay in referring, and delay in getting immediate help (Afriani, 2017).

Public health centres take a leading role in health-oriented development in the region, working to develop communities that maintain a healthy lifestyle (awareness, determination, and ability to live healthily), can access quality health care, live in a healthy environment, and are at an optimal level of health (Kruk et al., 2018). Nurhayati and Mulyanti conducted a study in 2023 indicating that public health centres contribute to reducing MMR and IMR. The success of maternity health services is assessed by the percentage of deliveries assisted by health professionals and the percentage of deliveries administered in healthcare facilities (Nurhayati & Mulyanti, 2023).

Using data collected from 17 public health centres in Barito Utara Regency in 2022, the Kandui Public Health Centre achieved a zero-mortality rate between 2019 and 2023 for both MMR and IMR (Dinas Kesehatan Kabupaten Barito Utara, 2023). The results were attained after implementing a service innovation called JESAYA (*Jembatan Bersalin Sayang Anak/Child-Friendly Maternity Bridge*).

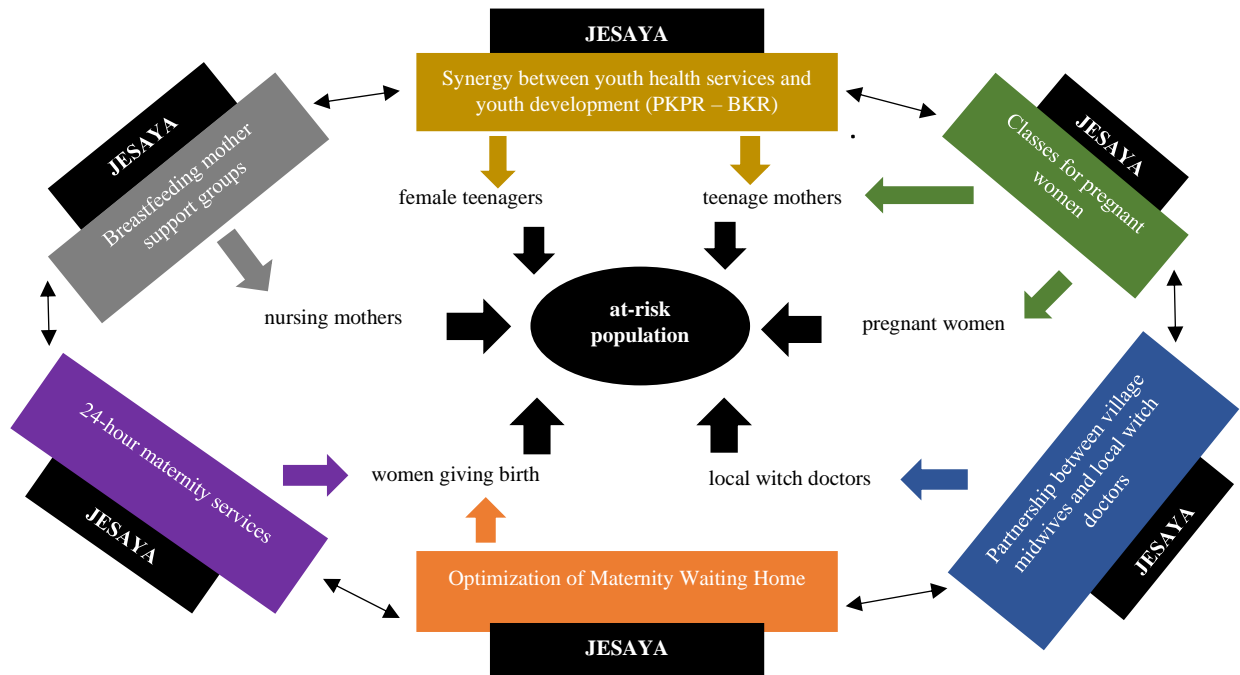


Figure 3. Integrated Maternity Management in JESAYA

JESAYA's innovations included optimising and collaborating with several services that support the health of families, mothers, and children from adolescence through marriage, pregnancy, childbirth, and breastfeeding (Figure 3). JESAYA innovation encompassed six domains: (1) synergy between youth health services and youth family development; (2) classes for pregnant women; (3) partnership between village midwives and local witch doctors; (4) optimisation of maternity waiting home; (5) 24-hour maternity services; and (6) breastfeeding mother support groups. In the meantime, JESAYA focused on six different community groups, including (1) female teenagers; (2) teenage mothers; (3) pregnant women; (4) local witch doctors; (5) women giving birth; and (6) nursing mothers.

The partnership between a village midwife and a local witch doctor distinguishes JESAYA from other healthcare services. This activity reduced the number of births assisted by non-health workers, specifically the local witch doctors. In addition, Kandui Public Health Centre operates a maternity waiting home, which provides temporary housing facilities to birthing mothers who live far from the facility. It can be utilised from D-7 estimated delivery date to D+7 after delivery.

This case discusses innovation at Kandui Public Health Centre in Gunung Timang Subdistrict as the only thriving area that brought down IMR and MMR to zero for five consecutive years (2019-2023). Despite recognising the benefits of JESAYA innovation in improving maternal and child health quality in the primary care setting, its adoption rate by other public health centres remained low. To understand the reasons behind this phenomenon, this study uses Roger's diffusion of innovation theory. This theory proposes five intrinsic characteristics of innovations that contribute

to their adoption: (1) relative advantage; (2) compatibility; (3) complexity; (4) trialability; and (5) observability (Mohammadi et al., 2018).

Relative advantage addresses the extent to which an innovation's economic value and perceived benefits provide advantages to its recipients. *Compatibility* refers to normative or cognitive compatibility (being in accordance with how people feel or think about an innovation) and practical and operational compatibility (being in accordance with how people behave). The *complexity* of innovation refers to the difficulty of understanding and/or implementing it. *Trialability* refers to the degree of ability to test or experiment with the innovation before committing to adopt it. Moreover, finally, innovation's *observability* refers to how it provides tangible outcomes (Jatmiko & Imronudin, 2023). It is important to understand factors that could affect the adoption of new ideas and innovations after they have been successfully implemented at one location to disseminate potential innovations to other locations (Flessa & Huebner, 2021).

This study aims to identify the intrinsic factors influencing the diffusion of JESAYA innovation in the Barito Utara Regency. The conceptual framework of this study is based on the Diffusion of Innovation Theory developed by E. M. Rogers.

It is hoped that the findings of this study will have both theoretical and policy implications to improve the quality of primary health care services, specifically to reduce MMR and IMR. From a theoretical standpoint, it would be helpful to understand better the factors influencing the adoption of JESAYA innovation to add valuable information to the current literature. Meanwhile, having a clearer understanding of the factors that have led to adopting this innovation will be beneficial, particularly in establishing better-targeted policy measures to encourage more primary health innovation to accelerate the shift towards preventive care.

Conceptual Framework

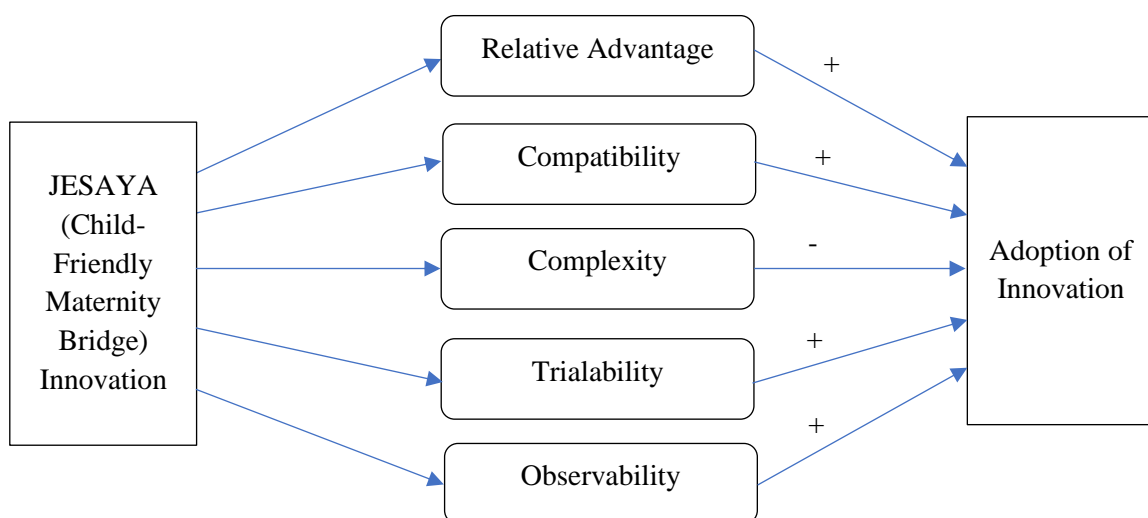


Figure 4. Simplified Schematic Figure of JESAYA’s Innovation Characteristics

METHOD

Study Setting

The study was conducted in September 2023 at the Kandui Public Health Center and Gunung Timang Subdistrict, Barito Utara Regency, Kalimantan Tengah Province. The public health centre is primarily concerned with providing health care to the residents of Gunung Timang Subdistrict (approximately 4,088 people in 2021) and the neighbouring subdistricts. 2,832 JKN (*Jaminan Kesehatan Nasional*/National Health Insurance Program) participants registered under Kandui Public Health Centre with 683 JKN patient visits in August 2023.

Study Design

This study employed a qualitative case study approach based on a phenomenological framework. Choosing qualitative research for its naturalistic nature allows research to be conducted under natural conditions, paying attention to the actual circumstances (Fadli, 2021). Due to the close relationship between researchers and respondents, researchers could access research-related information efficiently, and the method of delivering information became more transparent. Researchers conducted the research by personally visiting the research site, describing and illustrating existing facts, and approaching information sources to obtain data more optimally aligned with the phenomena experienced by the study subjects.

Population and Selection of Sample

This study used purposive sampling and snowball sampling as sampling techniques. It was necessary to do this because only a limited number of data sources could provide accurate and complete information. Thus, researchers sought more participants who could provide data. The number of samples might increase based on the field's needs and conceptual understanding. Without additional information from new informants, the data collection will cease.

The characteristics used to identify potential research subjects were parties who understand, implement, and/or utilise the Kandui Public Health Centre's JESAYA. There were nine informants in this study: (1) government officials (2 persons), the Head of Sub-Coordinator for Health Insurance, Legislation, Accreditation of Health Facilities and Human Resources for The Regency Public Health Office of Barito Utara and Kandui's village secretary; (2) The Head of Kandui Public Health Centre; (3) Medical staff of Kandui Public Health Centre (3 persons), one physician, one midwife, and one nurse); and (4) Kandui villagers as JESAYA's users (3 persons).

Data Collection

This study used various data collection techniques, including interviews with research subjects, observation, and documentation. Interviews and observations were used to collect primary data, while document studies were used to collect secondary data. By taking field notes, communicating

effectively with informants, and triangulating the data, the researchers calibrated the validity of the data necessary for the study to be successful and achieve the desired objectives.

Data Analysis

A qualitative content analysis (Patton, 2022) was applied to all interviews, and a theory was applied to compare results deductively (Graneheim et al., 2017). This method, which has been suggested as helpful in analysing interviews, was appropriate for this study (Graneheim et al., 2017). Roger's theory regarding perceived innovation characteristics was used as the basis for the theory (Mohammadi et al., 2018) to specify the intrinsic factors contributing to JESAYA's adoption.

In order to analyse the narrative text, the text was read and reread several times, and meaning units, namely words or sentences that relate to one another through content or context, were identified throughout the text. Meaning units were condensed so that only a few central words remained, and quotes were categorised, and discussed until a consensus was reached. Researchers might return to the research location at the end of the data analysis stage to collect any additional data that is deemed necessary and analyse it again. Data analysis activities were continuously carried out using the Miles and Huberman interactive model (Miles & Huberman, 2014) until the data was saturated.

The findings are supported by quotations from the interviews with participants of varying ages and genders to ensure credibility. The reader must judge whether the findings can be applied in other contexts based on his/her own experience and further research.

RESULTS

Nine subjects (mean age 36 years, range 20–52 years; 6 women, 3 men) participated in the repeated interviews; all lived in Barito Utara Regency. They have known, implemented, and/or utilised the Kandui Public Health Centre's JESAYA in 2023. The text also includes quotations supporting research objectives according to the intrinsic factors influencing the adoption of JESAYA in primary health care.

JESAYA Innovation

Maternal and child health service activities conducted by the Kandui Public Health Centre in 2018 did not meet targets on three parameters, namely facility-based delivery (86.02%), home delivery (13.98%), and exclusive breastfeeding (54.08%). A facility-based delivery can be a birth at a hospital, health centre, private clinic, or another institution, whether public or private. The term "home delivery" refers to all births occurring in private residences and local witch doctors' homes.

Throughout its five-year operation (2019-2023), JESAYA innovation achieved 100% facility-based delivery and exclusive breastfeeding (Table 1), as well as zero MMR and IMR at Gunung Timang Subdistrict, Barito Utara Regency, Kalimantan Tengah Province.

Table 1. JESAYA Achievements Throughout Five-Year Operation (2019-2023)

Year	Place of Delivery		Exclusive Breastfeeding	
	Facility-Based Delivery (%)	Home Delivery (%)	Yes (%)	No (%)
2018 (before JESAYA)	80 (86.02)	13 (13.98)	53 (54.08)	45 (45.92)
2019 (after JESAYA)	91 (100.00)	0 (0.00)	83 (100.00)	0 (0.00)
2020	82 (100.00)	0 (0.00)	87 (100.00)	0 (0.00)
2021	74 (100.00)	0 (0.00)	86 (100.00)	0 (0.00)
2022	74 (100.00)	0 (0.00)	72 (100.00)	0 (0.00)
2023 (Semester I)	32 (100.00)	0 (0.00)	54 (100.00)	0 (0.00)

Relative Advantage

According to the participants, JESAYA increased their perception of security and safety: *“The program targets are more precise, mothers and babies are protected from death risk... With the Maternity Waiting Home, I felt more secure when I was preparing to give birth.”* They expressed that JESAYA meets the needs of the villagers, particularly pregnant women, through birthing and baby care. One participant also valued the service quality improvement: *“Since the implementation of this program began in 2019, many Gunung Timang residents, particularly those living in Kandui, Payang Ara, Jaman, Pelari, Sangkorang, and Tapen Raya villages no longer felt neglected by the healthcare providers.”*

A total of six participants reported that they had benefited financially from JESAYA: *“From a financial point of view, people feel that it is easier, as they no longer have to pay money when giving birth, thus making the service easier, more effective, and more convenient.”* The program was backed up by village funds, the Health Operational Assistance Fund (BOK), and the National Health Insurance (JKN) program, where people were provided with full coverage, leading to a feeling of more helpfulness from the community when receiving the service. Three subjects from the medical staff mentioned that JESAYA’s economic benefit also comes from the very few cases of pregnant women who had to be referred to secondary or tertiary healthcare facilities. The Kandui Public Health Centre could handle pregnant women and newborns completely without requiring many referrals.

Compatibility

The participants indicated that JESAYA is aligned with public service regulations as it provides users with added value benefits: *“As a result of JESAYA, health services in each village can run optimally.”* Male participants said that the innovative nature of JESAYA was not only due to the special attention provided by medical personnel at Kandui Public Health Center to health-related issues but also in other social aspects: *“In addition to providing all kinds of essentials such as food and accommodation, the Maternity Waiting Home can also be used for villagers who travel a*

considerable distance to give birth to their children at the Kandui Public Health Centre. JESAYA also facilitates the provision of postpartum and neonatal care to mothers and babies by the Kandui Public Health Centre's professional staff.” One female user also reflected on using JESAYA as something comfortable: “I had midwives and doctors visit me following my delivery, which has made me feel extremely comfortable with this program.”

Complexity

Participant feedback indicated that JESAYA was an easy-to-use innovation and was perceived as such by users: *“It is not hard to understand how this program works and it is easy to use, because as far as I have seen, the staff at Kandui Public Health Centre has great guidance, clear explanations, and good implementation”* and another said: *“I did not understand much of this program at first, but the midwife explained it very clearly and I loved the results of this JESAYA program.”*

It was noted by four participants that the implementation of JESAYA in its first year was difficult and that the community opposed its implementation. It is essential to build a partnership with local villagers, specifically the local witch doctors, during the early stages of innovation implementation to smooth the process: *“...the innovation was initially challenging and resisted by the community, particularly the local witch doctors, since it involved customs... Kandui Public Health Centre collaborated intensively with local witch doctors and midwives who shared duties. It is important to note that Kandui Public Health Centre does not simply overrule local witch doctors, but we also establish a partnership. For instance, the local witch doctor bathed the baby and massaged the mother after the birth, while medical matters remain handled by the staff of Kandui Public Health Centre.”*

Changing the ‘user mindset’ was considered challenging, as one participant stated: *“In the beginning, implementing JESAYA was complicated because people who have given birth at home had to be delivered at a health facility or by a midwife. However, this innovation can change people's mindset about the dangers of giving birth at home, and it is a challenge for us to educate people about it.”*

Trialability

The participants from the Gunung Timang Subdistrict Office determined that JESAYA enabled Kandui Public Health Centre programs to run smoothly, thereby generating a strong level of support among stakeholders for the development of innovations aimed at improving health care for the community: *“It is obvious that this program has a good impact on residents, easing their access to health care, especially for moms and kids. It does not make sense for the government not to develop programs that help improve society when the program is running well,”* and *“It is easy to get health workers involved with JESAYA because all JESAYA programs are community-based.”*

Three users also reflected on the fact that they could not utilise JESAYA automatically without guidance from the medical staff. All participants were asked about JESAYA's design, and there was no suggestion on what needed to be changed, improved, or complemented.

Observability

According to interviews conducted, JESAYA helped run the public health centre program: *“In my opinion, JESAYA offers both short-term and long-term benefits”* and had been recognised by the local government: *“It was once one of the best innovations in the Barito Utara Regency.”* The tangibility of JESAYA's outcome was mainly encouraged by its benefits accumulated over long periods: *“It is impossible to overstate the benefits of the JESAYA innovation. Maternal and infant mortality rates have declined down to zero for five years, and all babies aged six months and older are exclusively breastfed.”*

Participants reported that this innovation has high social visibility since it is the only public health centre in the jurisdiction that provides 24-hour health care services: *“In the past, Kandui provided delivery services when they received an on-call from a pregnant woman wishing to give birth. However, now they are ahead in providing health facilities that are easily accessible to the public by bringing villagers closer to medical centres and opening 24-hour health services.”* Kandui villagers who have utilised the JESAYA program have indicated that the innovation of this program has resulted in mothers giving birth safely and babies being born healthy. This shows that JESAYA is highly beneficial in conjunction with the assistance of midwives and doctors at Kandui Public Health Centre.

DISCUSSION

As defined by the innovation typology, JESAYA innovation belongs to system innovation because it forms a new integrated maternity management by collaborating with village officials and partnering with local witch doctors, thereby improving the process of providing health care services within the Kandui Public Health Centre operating area based on local resident needs (Indriyani & Asmuji, 2016). It falls under the sustaining innovation category because it changes service delivery management but retains the existing service delivery system (Saharuddin, 2018). To maximise efficiency and get the best outcomes, work programs previously run separately at Kandui Public Health Centre were integrated in 2018.

When it comes to the level of innovation, JESAYA is at the incremental level, which means the innovation brings minor changes to the Kandui Public Health Center's healthcare system (Enzmann, 2015). Kandui Public Health Centre's medical staff now provides health services proactively rather than on an on-call basis. The JESAYA program significantly reduces the MMR

and IMR at Gunung Timang Subdistrict, Barito Utara Regency, by supporting health services responsive to local and individual needs.

After conducting interviews with nine informants regarding their responses to the characteristics of JESAYA's innovation, based on the relative advantage concept, JESAYA has a greater advantage over maternity services provided by Kandui Public Health Centre before 2019. Villagers did not feel neglected by health facilities even though they did not pay for the services. By leveraging the National Health Insurance (JKN) coverage, village funds, and the Health Operational Assistance Fund (BOK) of the Kandui Public Health Centre, JESAYA services are entirely free.

Villagers of Kandui, Payang Ara, Jaman, Pelari, Sangkorang, and Tapen Raya can easily comprehend and apply JESAYA since it is compatible with their needs. This innovation has an advantageous impact on Gunung Timang residents, easing their access to health care, so the local government fully supports the development of the program.

A study of local witch doctors found that they have high levels of self-efficacy, supported by their extensive experience in assisting with childbirth and the large number of villagers who place a great deal of trust in them (Nurhidayanti et al., 2018). To break the self-confidence of local witch doctors and create reluctance to help with childbirth, one of the initiatives carried out by JESAYA was to hold educational classes with a person-to-person approach.

Pregnant women's trust in local witch doctors is based on cheaper birth rates and the ability to pay for the service with objects instead of cash. Local witch doctors do not have fixed practice hours, so that they can be called anytime (Sipahutar & Malau, 2022). This is what JESAYA attempted to overcome in implementing its innovation, in which maternity services will be provided free of charge and accessible 24/7 at the closest public health facility. JESAYA did not try to overrule the local witch doctor's role but collaborated intensively and shared duties. The local witch doctor bathed the baby and massaged the mother after the birth, while medical matters remained handled by the staff of Kandui Public Health Centre.

Several barriers prevent pregnant women living far from public health centres from using Maternity Waiting Homes, including a lack of autonomy for pregnant women in decision-making (Pujihartati et al., 2021) and a lack of funds for shopping and paying for living expenses while they wait to give birth at Maternity Waiting Homes (Harianja et al., 2022; Smith et al., 2022).

JESAYA, as a public service innovation, must have an intangible nature that is not exclusively centred on products but also considers how service users and service providers connect (Ramdani, 2019). In the period during which this study was conducted, JESAYA's innovation had been operating for five years and had been well accepted by local villagers. The procedure for using the innovation was relatively simple, providing easy access to people from six different villages in the Kandui Public Health Centre working area.

CONCLUSION

This study evaluated JESAYA's adoption in light of Rogers's theory of diffusion of innovations. The results suggest that the innovation adoption is not straightforward, and the intrinsic factors of innovation: relative advantage, compatibility, complexity, trialability, and observability, play a key role in its success. Additionally, it appears that the process of adopting innovations has a social component, which collegial interactions and discussions may facilitate.

The population's acceptance is primarily attributed to the benefits this project provides for villagers in terms of healthcare services at the primary healthcare level, especially for pregnant women, women giving birth, teenage mothers, and nursing mothers. There is a need for future preventive health innovations to demonstrate an advantage over current resources and demonstrate the benefits of the service.

As the owner of the JESAYA innovation, the Kandui Public Health Centre must always provide outreach to the public regarding this innovation so that expecting mothers continue to give birth in health facilities rather than returning to the homes of local witch doctors. For the following study, periodic surveys should be carried out to assess the abilities and satisfaction of the community as users of JESAYA innovation. With the successful implementation of this innovation, it is hoped that the Regency Public Health Office of Barito Utara can designate the Kandui Public Health Centre for a pilot project on integrated maternity management to reduce MMR and IMR in their regency. It is recommended that the executors consider each influential factor introduced in this study to design training programs intended to improve JESAYA adoption.

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