



Original Research

Improving The Quality Of Maternal Health Using The Assistance Method One Cadre One Mother

Anik Kurniawati^{1*}, Rohmi Handayani²

^{1,2} Department of Midwifery, Poltekkes Kemenkes Surakarta, Indonesia

ABSTRACT

Background: The efforts to accelerate the success of reducing the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in addition to access and service factors, cross-sector participation, especially those related to maternal health efforts, is to increase cross-sector quasi-experimental outlined in an activity assisting high-risk pregnant women by health cadres.

Methods: This is a quantitative study using a quasi-experimental research design with a post-test and control group. The sample consisted of 20 third-trimester pregnant women in the treatment group who received cadre assistance until the postpartum period and 20 respondents in the control group, namely pregnant women who were not accompanied by cadres. The sample was selected using random sampling. Bivariate data analysis for each sub-variable used the independent T-test, Fisher extract, and chi-square.

Results: Show that assisting health personnel has an effect on pregnant women's readiness for childbirth (p -value = 0.017) with a CI of (-7.07768--7.2232). There is a link between assisting health care providers and breastfeeding practice in pregnant women (p -value = 0.002). There is no influence between assisting health cadres with postpartum health (p -value=0.487).

Conclusion: With health professionals and their readiness for childbirth and breastfeeding practice. There is no influence between mentoring health cadres and postpartum health.

ARTICLE HISTORY

Received: December 30th, 2022

Accepted: December 31th, 2022

KEYWORDS

cadre, health, maternal, mother;

CONTACT

Anik Kurniawati



anikpoltek@gmail.com

Department of Midwifery,
Poltekkes Kemenkes Surakarta. Jl.
Kesatrian No.2 Danguran, Kec.
Klaten Sel., Klaten Regency,
Central Java, Indonesia 57425.

Cite this as: Kurniawati, A., & Handayani, R. (2022). Improving The Quality Of Maternal Health Using The Assistance Method One Cadre One Mother. (*JKG*) *Jurnal Keperawatan Global*. <https://doi.org/10.37341/jkg.v0i0.664>

INTRODUCTION

The current situation is that the maternal mortality rate remains high: 77% of maternal deaths occur in hospitals, 15% occur at home, 4.1% occur on the way to healthcare facilities, 2.5% occur in other healthcare facilities, and 0.8% occur elsewhere. Efforts to accelerate the success of reducing the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) apart from access and service factors, have been carried out by midwives and integrated ANC services, but have not significantly reduced MMR. Cross-sectoral participation is required, particularly for those related to maternal health efforts, as outlined in the activities of health cadres assisting high-risk

pregnant women. Cadres are people who carry out health missions and are closest to the community (Irna Windu, 2019).

To improve the health of pregnant women until the postpartum period, collaboration with cadres is needed in the form of mentoring and providing health education. Health conditions during pregnancy will have an impact on health during the puerperium, in accordance with Dagar's research that the level of anxiety during pregnancy has a negative effect on mother-infant bonding during the puerperium. As prenatal attachment rates increase, postpartum attachment rates also increase.

Therefore, assistance is needed during pregnancy to improve the health of pregnant women (Daglar & Nur, 2018). Research on the role of one cadre for one mother has been conducted by Sunaryo et al., (2022) in Banjarnegara District, Central Java Province, but this study aims to assess the performance of cadres in assisting pregnant women (Sunaryo et al., 2022). The general aim of the study is to analyze the effect of the assistance Method of One Cadre One Mother on the quality of the mother's health in the sub-variables of readiness for childbirth, postpartum health, and breastfeeding practices in the working area of the Puskesmas Klaten Selatan.

MATERIAL AND METHOD

This study is quantitative research using a quasi-experimental research design with a post-test and control group. The design of this study did not include a pretest. The treatment group was measured after receiving treatment and compared to the control group (Trisliatanto, 2020). This research was conducted at the South Klaten Public Health Center, Klaten Regency, Central Java Province, from April to November 2022.

The sample in this study was pregnant women in their third trimester, with a total of 20 respondents in the treatment group, namely pregnant women accompanied by cadres from the beginning of their third trimester of pregnancy until the postpartum period. Each cadre visits three times during pregnancy and three times during the postpartum period. During the visit, the cadres will provide health education to pregnant women using the module, and the cadres will fill out the mentoring monitoring book and 20 respondents in the control group, namely pregnant women who only examined health workers without assistance from cadres.

The sample was selected using random sampling. The independent variable is cadre assistance, and the dependent variable is maternal health, including readiness for childbirth, postpartum health, and breastfeeding practice. Data analysis used the independent T-test, Fisher extract, and chi-square. This research has received ethical clearance from the health research ethics committee of Dr. Moewardi General Hospital with number 1.302/X/HREC/2022.

RESULTS

Readiness for Childbirth

Table 1. The mean score of readiness for childbirth in accompanied and unaccompanied groups by health cadres

Readiness	N	Min	Max	Mean±SD
Accompanied	20	81	100	92,25±5,37
Unaccompanied	20	78	96	88,35±4,51

The mean score of readiness for childbirth in the group accompanied by a health

cadre was 92.25 ± 5.37, and the group with pregnant women who were not accompanied by a health cadre was 88.35 ± 4.51. When viewed from the perspective of the mean score for delivery readiness, the group of pregnant women who were accompanied by a health cadre had a higher average than the group of pregnant women who were not accompanied by a health cadre. It can be concluded that pregnant women who are accompanied by health cadres are more prepared for childbirth than pregnant women who are not accompanied by health education.

Postpartum Health

Table 2. Postpartum health of group who accompanied and Unaccompanied health kader

Postpartum Health	Good		Not good		Total	
	f	%	f	%	f	%
Accompanied	20	100	0	0	20	100
Unaccompanied	19	9	1	5	20	100

Based on Table 2. it can be seen that the group of pregnant women accompanied by health cadres 100% (20) of respondents had good postpartum health and in the group of pregnant women who were not accompanied by health cadres only 1 respondent (5%) had poor health during the postpartum period.

Breastfeeding Practice

Table 3. Breastfeeding practice of group who accompanied and Unaccompanied health kader

Breastfeeding practice	Good		Not good		Total	
	f	%	f	%	f	%
Accompanied	18	90	2	10	20	100
Unaccompanied	9	45	11	55	20	100

Based on table 3. it can be seen that in the group of pregnant women who were accompanied by a health cadre, 18 respondents (90%) had good breastfeeding practice and in the group of pregnant women who were not accompanied by a health cadre, there were 11 respondents (55%) who had poor breastfeeding practices.

The Effect of Mentoring Health Cadres on Pregnant Women with Readiness For Childbirth

Below is presented a table of bivariate analysis results to determine the effect of assisting health cadres on pregnant women with childbirth readiness.

Table 4. Independent t-test results differences in childbirth readiness of pregnant women who are accompanied and not accompanied by health cadres

Group	N	Mean	Min-max	SD	<i>P Value</i> <i>IK 95%</i>
Accompanied	20	92,25	81-100	5,37	0,017
Unaccompanied	20	88,35	78-96	4,51	(-7.07768--.72232)

Based on Table 4, a parametric test, the independent T-Test, was used to determine differences in the readiness of pregnant women to face childbirth between accompanied and unaccompanied healthcare groups. The independent T-test was used because, based on the normality test data, the distribution of readiness for childbirth scores from both the accompanied and unaccompanied groups had a normal distribution. The results of

the independent T-test obtained a p-value of 0.0178. Since the value of $p < 0.05$, it can be concluded that there is a significant difference between the scores of readiness for childbirth from the accompanied and unaccompanied groups.

The differences in postpartum health for mothers who are accompanied and not accompanied by health cadres

The table below contains the results of a bivariate analysis to determine the differences in postpartum health between women accompanied by and unaccompanied by healthcare providers.

Table 5. The differences in postpartum health for mothers who are accompanied and not accompanied by health cadres

Group	N	Postpartum Health		P value
		Good	Not good	
Accompanied	20	20	0	0,487
Unaccompanied	20	19	1	

P value = Fisher's Exact Test

Based on table 5 above, bivariate analysis was used to find differences in postpartum health for mothers from accompanied and unaccompanied groups by health cadres using the Fisher Exact test. The results of Fisher's exact test obtained a *p-value* of 0.487. Because the *p-value is > 0.05*, it can be concluded that there is no significant relationship between assisting health professionals during childbirth with postpartum health.

The differences in breastfeeding practices for mothers who are accompanied and not accompanied by health cadres

Below is presented a table of bivariate analysis results to find out differences in breastfeeding practices for mothers who are accompanied and not accompanied by health cadres

Table 6. Relationship between health cadre mentoring and breastfeeding practice for mothers

Group	N	Breastfeeding Practice		P value
		Good	Not Good	
Accompanied	20	18	2	0,002
Unaccompanied	20	9	11	

p-value = Chi Square

Based on table 5.4 above, bivariate analysis was used to determine differences in breastfeeding practices among mothers from groups accompanied and unaccompanied by health cadres using the Chi-Square test. The chi-square test results obtained show a P value of 0.002. Because of the value of $P < 0.05$, it can be concluded that there is a significant relationship between assisting health cadres during childbirth with breastfeeding practice.

DISCUSSION

The mean score of readiness for childbirth in the group accompanied by health care was 92.25 ± 5.37 , and that in the group with pregnant women who were not accompanied by health care was 88.35 ± 4.51 . When viewed from the perspective of the mean score for childbirth readiness, the group of pregnant women who were accompanied by a health cadre had a higher average than the group of pregnant women who were not accompanied by a health cadre. It can be concluded that pregnant women who are accompanied by health professionals are better prepared for childbirth than pregnant women who are not (Gultom, 2020).

The role of assistant cadres during pregnancy is to provide health education on basic information about pregnancy, how to take iron supplement tablets, and the danger signs of pregnancy in accordance with the guideline module for cadre mentoring (Kemenkes, 2020a). Health education during pregnancy can improve delivery readiness because regular health education can increase the knowledge of pregnant women so that pregnant women will be more prepared in facing childbirth (Handayani & Yulaikah, 2020). The government has established a birth planning and complication prevention (P4K) program. The implementation of the program involves midwives, cadres, and community participation (Diki Retno Yuliyani, 2021).

Childbirth readiness includes preparing a birth plan and a plan if complications occur in the mother's delivery. Preparing a birth plan is a plan made by mothers, fathers, and health service workers to identify helpers and places to give birth, as well as plan savings to prepare for delivery costs (Kemenkes, 2020c). Then the family also needs to prepare a plan if there are complications in the delivery of the mother, such as identifying referral points and transportation to reach the place, preparing blood donors, making financial preparations, and identifying the first decision maker and a second decision maker if the first decision maker is not in place (Kementerian kesehatan, 2010). The cadres are involved in childbirth readiness activities, especially the P4K program, because it is in line with the cadre's role, namely providing light counseling according to problems in the community (Nancy olii, 2022).

Readiness is a state in which both an individual and a body mentally and physically prepare themselves to achieve a goal. Readiness includes physical, mental, and emotional readiness. Being prepared for a birth plan reduces confusion and chaos at the time of delivery and increases the likelihood that the mother will receive appropriate and timely care. There are five important components that are asked of respondents in the birth plan, such as the birth plan, ideally, every family should have the opportunity to make a birth plan.

These things must be explored and decided upon in making the birth plan: a place of delivery, choosing a trained health worker, how to contact the health worker, how to transport to the place of delivery, who will accompany the delivery, how much money is needed and how to collect the fee, and who will look after the family if the mother is not around. The results of this study are in line with the results of a study conducted by Campillo et al., (2017), which found that psychological assistance and support can improve the psychological health of pregnant women after miscarriage. The psychological health condition of pregnant women determines the mother's readiness for childbirth. Improving the quality of life of pregnant women requires better identification of their difficulties and guidance that offers assistance (Lagadec et al., 2018).

Health conditions during pregnancy will have an impact on health during the puerperium, in accordance with Daglar's research that the level of anxiety during pregnancy has a negative effect on mother-infant bonding during the puerperium. As prenatal attachment rates increase, postpartum attachment rates also increase (Daglar & Nur, 2018). Therefore, assistance is needed during pregnancy to improve the health of pregnant women.

In this study, cadres provided assistance during the pregnancy period three times by providing health education to pregnant women. In accordance with the results of other studies showing the impact of midwifery education on perceptions of labor pain and mental health during the postpartum period, birth mothers who receive health education experience pain. Lower labor and psychological disorders within 6 weeks of delivery (Perkovic et al., 2021).

Based on the above data from the research results, it was found that in the group of pregnant women who were accompanied by a health care provider, 100% (20) of respondents had good postpartum health, and in the group of pregnant women who were not accompanied by a health care provider, only 1 respondent (5%) had poor health during the postpartum. Postpartum health in this study was observing the health condition of the postpartum period, which was observed by cadres during the postpartum period with 3 visits. In this study, postpartum home visits were carried out three times by cadres, in line with government regulations that require a minimum of three postpartum visits outside of visits 2–6 hours postpartum (Juneris Aritonang, 2021). The types of postpartum conditions observed were signs of danger for postpartum mothers.

On the first visit, what was observed was profuse bleeding, the presence or absence of fever for more than two days, smelly discharge from the birth canal, swelling of the face and hands, legs, headaches, and convulsions. The observation of the postpartum condition at the second visit was the same as at the first visit, plus the presence or absence of swollen breasts due to milk retention and the mother's looking sad, gloomy, and crying for no reason. This second visit was made in the second week of the postpartum period, when breast swelling is common due to milk damming, and symptoms of postpartum blues are frequently found.

In addition to physical conditions, postpartum women must pay attention to psychological and psychological conditions. Postpartum mothers need support and assistance, especially those who give birth for the first time (Rahayuningsih, 2021). These results are in accordance with research conducted by Bedaso et al., (2021) in a study entitled "The relationship between social support and mental health problems during pregnancy" (Bedaso et al., 2021).

Likewise, the results of a study conducted by Campillo et al., (2017) show that psychological assistance and support can improve the psychological well-being of pregnant women after miscarriage (San Lazaro Campillo et al., 2017). The results of the study are in line with research conducted in Palembang, which found that support does not directly influence the consumption of vitamin A in postpartum mothers, but knowledge does affect vitamin A consumption in postpartum mothers (Rini Camelia, 2019). Social support has been shown to be an important variable in buffering the effects of postnatal depression. A review of the research on the relationship between social support and postnatal depression revealed many measures of both social support and postnatal depression (Heh, 2003).

The Fisher exact test yielded a p-value of 0.487 based on the findings of a statistical analysis using the Fisher exact test to determine differences in the postpartum health of mothers in groups accompanied and unaccompanied by health cadres. Since the p-value is > 0.05 , it can be concluded that there is no significant relationship between assisting health cadres during childbirth with postpartum health. This is because all mothers have a Mother and Child Health (MCH) book, and the contents of the MCH book are complete regarding postpartum health care. In the maternal and child health book, it is clearly written about postpartum care so that during the postpartum period, they can learn independently (Kemenkes, 2020b).

According to the study's findings, 18 respondents (90%) in the group of pregnant women accompanied by health cadres had good breastfeeding behavior or practices, whereas 11 respondents (55%) in the group of pregnant women not accompanied by health cadres did not have good breastfeeding practices. The aspects observed in breastfeeding practices include exclusive breastfeeding, whether or not they have been given food or drink other than breast milk, breastfeeding problems that arise, how to breastfeed properly, and expressing and storing breast milk when the mother is working. In accordance with the government program for feeding infants and children, infants must be given IMD, exclusive breastfeeding for 6 months, complementary feeding of breast milk starting at 6 months, and continuing breastfeeding until 2 years (Rahayu Widaryanti, 2019). Breast milk is the best food for babies because it contains all the nutrients they need, so it helps the baby's growth be healthier (Linda, 2019).

Based on the results of the bivariate analysis to find out differences in breastfeeding practices in mothers from groups accompanied and not accompanied by health cadres using the Chi-Square test. Chi-Square test results obtained a p-value of 0.002. Since the value of $p < 0.05$, it can be concluded that there is a significant relationship between assisting health cadres during childbirth and breastfeeding practices. The practice of breastfeeding for mothers who are accompanied by health cadres is better than the practice of breastfeeding for mothers who are not accompanied by health cadres. This research is in line with a study entitled "Factors that Influence Breastfeeding Behavior".

The results of this study state that there is support from health workers influencing breastfeeding behavior, cadres are part of a team of health workers who can provide support and health education to pregnant women (Zikrul Aqidah, 2019). Postpartum mothers need emotional and technical support at the beginning of breastfeeding to increase their self-confidence. Support from cadres can be provided by making home visits twice a week. This theory is in accordance with the results of research, which show that assisting cadres during the postpartum period increases good breastfeeding practices (Hanifah, 2022).

Cadre assistance to postpartum mothers was carried out three times and provide health education about exclusive breastfeeding, how to breastfeed properly, and always remind them not to give food or drink other than breast milk until the baby is 6 months old. In line with research conducted by Merchant, (2021) with the title "Association between Postpartum Depression Level, Social Support Level, and Breastfeeding Attitude and Self-Efficacy in Early Postpartum Women," the results obtained show that along with increasing social support, breastfeeding behavior will change to be more positive (Mercan & Selcuk, 2021). The role of cadres in mentoring is to provide health education to postpartum mothers, in line with research conducted by Admasu in Ethiopia that shows breastfeeding education improves early initiation of breastfeeding

and the practice of exclusive breastfeeding (Admasu et al., 2022). Besides that, assistance can improve good social relations between mothers and cadres so that breastfeeding practices become better (Chabeda et al., 2021).

Breastfeeding mothers' trust in cadre assistance is partly because cadres are people who are experienced in breastfeeding, so peer support like this can increase breastfeeding mothers' confidence in breastfeeding (Chang et al., 2022). Cadre assistance is an external factor that can make mothers feel more confident in breastfeeding because cadres are people who are experienced in breastfeeding, so peer support like this can increase breastfeeding mothers' confidence in breastfeeding (Chang et al., 2022). Cadre assistance is an external factor that can make mothers calmer so that breast milk comes out more smoothly and breastfeeding practices become better (Chatterjee, Nimrat Walker, et al., 2017).

CONCLUSION

There is a link between working with pregnant women and their readiness for childbirth and breastfeeding practice. There is no influence between mentoring health cadres and postpartum health. There are suggestions for health workers to maximize the role of cadres in assisting pregnant women, as well as for additional researchers to conduct research on the effectiveness of using media to assist cadres.

REFERENCES

- Admasu, J., Egata, G., Bassore, D. G., & Feleke, F. W. (2022). Effect Of Maternal Nutrition Education On Early Initiation And Exclusive Breast-Feeding Practices In South Ethiopia: A Cluster Randomised Control Trial. *Journal Of Nutritional Science*, *11*, 1–13. <https://doi.org/10.1017/jns.2022.36>
- Bedaso, A., Adams, J., Peng, W., & Sibbritt, D. (2021). The Relationship Between Social Support And Mental Health Problems During Pregnancy: A Systematic Review And Meta-Analysis. *Reproductive Health*, *18*(1), 1–23. <https://doi.org/10.1186/s12978-021-01209-5>
- Chabeda, S., Oluoch, D., Mwangome, M., & Jones, C. (2021). Infant Malnutrition Treatment In Kenya: Health Worker And Breastfeeding Peer Supporter Experiences. *Maternal And Child Nutrition*, *17*(3), 1–9. <https://doi.org/10.1111/mcn.13148>
- Chang, Y. S., Beake, S., Kam, J., Lok, K. Y. W., & Bick, D. (2022). Views And Experiences Of Women, Peer Supporters And Healthcare Professionals On Breastfeeding Peer Support: A Systematic Review Of Qualitative Studies. *Midwifery*, *108*, 103299. <https://doi.org/10.1016/j.midw.2022.103299>
- Chatterjee, Nimrat Walker, G., Lucia MS, H. K. And T. J. D. C., & Et Al Hyochol Ahn 2017. (2017). 乳鼠心肌提取 HHS Public Access. *Physiology & Behavior*, *176*(10), 139–148. <https://doi.org/10.1016/j.psychneuen.2019.104581>. Oxytocin
- Daglar, G., & Nur, N. (2018). Level Of Mother-Baby Bonding And Influencing Factors During Pregnancy And Postpartum Period. *Psychiatria Danubina*, *30*(4), 433–440. <https://doi.org/10.24869/psychd.2018.433>

- Diki Retno Yuliyani. (2021). *Asuhan Kehamilan*. Yayasan Kita Menulis.
- Gultom, L. (2020). *Asuhan Kebidanan Kehamilan*. Zifatama Jawa.
- Handayani, R., & Yulaikah, S. (2020). Effectiveness Of Booklet And Video As A Prenatal Health Education Media For Readiness And Decrease In Childbirth Anxiety. *Journal Of Midwifery*, 4(2), 39. <https://doi.org/10.25077/jom.4.2.39-49.2019>
- Hanifah, A. N. (2022). *Modul Pelatihan Pemberdayaan Kelompok Pendukung ASI Dan Pendampingan Menyusui*. Penerbit Media Sains Indonesia.
- Heh, S. S. (2003). Relationship Between Social Support And Postnatal Depression. *Kaohsiung Journal Of Medical Sciences*, 19(10), 491–495. [https://doi.org/10.1016/S1607-551x\(09\)70496-6](https://doi.org/10.1016/S1607-551x(09)70496-6)
- Irna Windu. (2019). *Di Rakesnas 2019, Dirjen Kesmas Paparkan Strategi Penurunan AKI Dan Neonatal*. 15 Februari 2019. https://kesmas.kemkes.go.id/konten/133/0/021517-Di-Rakesnas-2019_-Dirjen-Kesmas-Paparkan-Strategi-Penurunan-Aki-Dan-Neonatal
- Juneris Aritonang, Y. Turisna Octavia Simanjuntak. (2021). *Asuhan Kebidanan Pada Masa Nifas* (Deppublish (Ed.)).
- Kemenkes. (2020a). *Buku Bacaan Kader Posyandu Kelas Ibu Hamil*. Kemenkes RI.
- Kemenkes. (2020b). *Buku Kesehatan Ibu Dan Anak*. Kemenkes.
- Kemenkes. (2020c). *Buku Kesehatan Ibu Dan Anak*. Kemenkes.
- Kementerian Kesehatan. (2010). *Buku Pegangan Kaderpendamping Keluarga Menuju Keluarga Sadar Gizi (Kadarzi)*. Kementerian Kesehatan RI.
- Lagadec, N., Steinecker, M., Kapassi, A., Magnier, A. M., Chastang, J., Robert, S., Gaouaou, N., & Ibanez, G. (2018). Factors Influencing The Quality Of Life Of Pregnant Women: A Systematic Review 11 Medical And Health Sciences 1117 Public Health And Health Services. *BMC Pregnancy And Childbirth*, 18(1), 1–14. <https://doi.org/10.1186/S12884-018-2087-4>
- Linda, E. (2019). *Asi Eksklusif*. Yayasan Jamiul Fawaid.
- Mercan, Y., & Selcuk, K. T. (2021). Association Between Postpartum Depression Level, Social Support Level And Breastfeeding Attitude And Breastfeeding Self-Efficacy In Early Postpartum Women. *Plos ONE*, 16(4 April 2021), 1–12. <https://doi.org/10.1371/Journal.Pone.0249538>
- Nancy Olih. (2022). Pemberdayaan Kader Kesehatan Dalam Pelaksanaan Program Perencanaan Persalinan Dan Pencegahan Komplikasi. *Jurnal Masyarakat*

Mandiri, 6(1).

Perkovic, R., Devic, K., Hrkac, A., Saravanja, N., Tomic, V., Kristo, B., Dukic, H., & Vasilj, V. (2021). Relationship Between Education Of Pregnant Women And Listening To Classical Music With The Experience Of Pain In Childbirth And The Occurrence Of Psychological Symptoms In Puerperium. *Psychiatria Danubina*, 33(2), 260–270.

Rahayu Widaryanti. (2019). *Pemberian Makan Bayi Dan Anak*. Deepublish.

Rahayuningsih, D. F. B. (2021). *Peningkatan Kualitas Hidup Ibu Nifas*. Nas Media Indonesia.

Rini Camelia. (2019). Faktor-Faktor Yang Mempengaruhi Ibu Nifas Dalam Mengonsumsi Vitamin A. *Jurnal 'Aisyiah Medika*, 3.

San Lazaro Campillo, I., Meaney, S., Mcnamara, K., & O'Donoghue, K. (2017). Psychological And Support Interventions To Reduce Levels Of Stress, Anxiety Or Depression On Women's Subsequent Pregnancy With A History Of Miscarriage: An Empty Systematic Review. *BMJ Open*, 7(9), 1–8. <https://doi.org/10.1136/bmjopen-2017-017802>

Sunaryo, S., Isnani, T., Lestari, E., Apriliana, S., & Sari, I. Z. R. (2022). Implementation Of Assistance For One Pregnant Woman One Cadre (OPOC) In Banjarnegara District, Central Java Province, Indonesia. *African Journal Of Reproductive Health*, 26(7), 83–89. <https://doi.org/10.29063/Ajrh2022/V26i7.9>

Trisliatanto. (2020). *Metodologi Penelitian*. Penerbit Andi.

Zikrul Aqidah. (2019). *Faktor – Faktor Yang Mempengaruhi Perilaku Pemberian Asi Eksklusif Pada Ibu Yang Memiliki Bayi Usia 6-12 Bulan Di Wilayah Kerja Puskesmas Gondokusuman I Yogyakarta*.