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Dinyatakan layak etik sesuai 7 (tujuh) Standart WHO 2011, yaitu 1) Nilai Sosial, 2) Nilai Ilmiah, 3) Pemerataan Beban dan Manfaat, 4) Risiko, 5) Bujukan/Eksploitasi, 6) Kerahasiaan dan Privacy, dan 7) Persetujuan Setelah Penjelasan, yang merujuk pada Pedoman CIOMS 2016. Hal ini seperti yang ditunjukkan oleh terpenuhinya indikator setiap standar.

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Semarang, 30 December 2019
Professor and Chairperson,



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The Study of Perception and Behavior of Madurese Ethnic towards Maternal Health in Jember Regency

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The Study of Perception and Behavior of Madurese Ethnic towards Maternal Health in Jember Regency

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Abstract

Sociocultural aspect can bring both potentials and constraints for the maternal health. Madurese ethnic in Jember Regency still hold on to the passed down traditions regarding maternal health care. This study aims to identify and analyze the perception and cultural behavior of Madurese ethnic in Jember Regency towards maternal health. It was a qualitative study applying ethnographic research design. The data were collected using passive participant observations and in-depth interview. The participants were selected using purposive sampling technique towards pregnant women, husbands of pregnant women, parents or in-laws of pregnant women, couples of childbearing age, community leaders, cultural leaders, religious leaders, and traditional birth attendants with the total of 8 participants. The study was conducted from December 2019 to February 2020 in Panduman Village and Sucopangepok Village, Jelbuk District, Jember Regency, East Java Province where the Madurese ethnic resides. The data from the informants were validated using triangulation, the analysis was done to know the potentials and constraints. The results show that the practice of Madurese ethnic culture has supported the medical field by doing pregnancy check in health workers, but there are several cultural practices that remain to be the constraints: underage marriage, not having a pregnancy check in the first trimester, the traditional birth attendants still assist the labor. It is suggested to improve the approaching strategy of health workers and local governments towards the community through health promotion activities to increase a sense of trust towards modern health culture without abandoning the cultural tradition that is not contradicted with the medical world.

Keywords: *Madura ethnic; Cultural Practice; Maternal Health*

1. Introduction

One of the indicators in the implementation of Sustainable Development Goals (SDGs/ *Tujuan Pembangunan Berkelanjutan-TPB*) in Indonesia is the decrease of Maternal Mortality Rate (*Angka Kematian Ibu-AKI*) (BAPPENAS, 2017). Besides to assess the maternal health program, this indicator is also able to assess the degree of public health, due to its sensitivity towards the improvement of health

service, both from the accessibility and quality aspects. The determinants of maternal mortality are divided into two, namely direct causes and indirect causes. Direct causes including Bleeding, eclampsia / preeclampsia, abortion, infection, prolonged parturition / stalled labor, and other causes. Meanwhile, indirect causes including: (1) Education; (2) Low Socio-economic and socio-cultural (the influence of local culture is highly related to the mother's decision making in the efforts to nurture and improve the maternal health); (3) Four "too"s in labor (too old, too young, too often, too many); (4) Three "late"s (late in making decision, late in delivering to the referral place, late in getting health services) (Fibriana, Ika, 2007) (Ministry of Health, 2015).

Culture is a legacy from the previous ancestors which remains exist today. A nation would not have its own characteristic without a culture – its own culture. Therefore, if the health is viewed or observed from the cultural point of view, it has a different characteristic from one community/ethnicity to the others (Laode Monto Bauto, 2014). Jember Regency with the majority of Madurese ethnic people is included in the group of highest maternal mortality rate in East Java Province (East Java Health Office, 2017). The Jember Regency Government's attempts to decrease the Maternal Mortality Rate (*Angka Kematian Ibu-AKI*) include issuing regulation and strengthening institution that supports the decrease of AKI and Infant Mortality Rate (*Angka Kematian Bayi-AKB*) through: (1) Regent Regulations on Safe Delivery, Early Initiation of Breastfeeding and Exclusive Breastfeeding; (2) Regent Regulations on dr. Soebandi Hospital as Comprehensive Emergency Obstetric and Neonatal Care (*Pelayanan Obstetri Neonatal Emergensi Komprehensif-PONEK*) Hospital; (3) Regent Regulations on Health Operational Assistance (improve the promotive and preventive health attempts through the approach of Healthy Family and guarantee the availability of medicines, vaccines and Medical Consumable Materials in Public Health Center); (4) Regent Regulations on Maternity Insurance (closer access for pregnant women, women in labor and women in puerperium period towards the health care facilities through the provision of Birth Waiting Homes); (5) Regent Decree on Acceleration Team of AKI and AKB Decrease since 2014; (6) Regent Decree on Maternal and Perinatal Audit (*Audit Maternal Perinatal- AMP*) Team; (7) Regent Decree on Redistribution of internship doctor (there are 7 main vehicles and 33 satellite vehicles); (8) Regent Decree on Public Health Center Infrastructure (health-oriented development); (9) Referral System Manual (regionalization of referral system according to the location and ability of Basic Emergency Neonatal Obstetric Services (*Pelayanan Obstetri Neonatal Emergensi Dasar – PONED*) Public Health Center and Regional Hospital and Permanent Procedure for Referral Management; (10) Regent Decree on Village Ambulance Management (improve the service access and accelerate referral system); (11) Regent Decree on Jember Safety Center (accelerate emergency management and early risk detection as well as service access and health information) (Jember Regency Health Office, 2017).

The settlement of maternal mortality problem in Jember Regency today is still focused on the infrastructure and health resources supporting the health services. Whereas, culture is one of the distant determinants causing the maternal mortality (McCarthy & Maine, 2017). Therefore, it is crucial and necessary to conduct an approach and study on the perception and behavior of Madurese Ethnic towards the maternal health to discover whether there is potential or constraint of cultural practice that is still practiced by the Madurese Ethnic towards the maternal mortality cases in Jember Regency.

2. Method

This study was an observational study conducted by applying cross-sectional approach using qualitative research method with ethnographical research design. It was conducted towards Madurese Ethnic in Jelbuk District, Jember Regency. The subjects were chosen using purposive sampling technique. Eight subjects including two main informants, the pregnant women, and six triangulation informants; parents of pregnant women, village chief, husbands, health workers and traditional birth attendant. The data were collected using passive participant observations and in-depth interview. The observations were conducted on the perceptions and behavior of Madurese Ethnic towards maternal health. The analysis was

done from the questions related to knowledge and practice on marriage, pregnancy, maternity and puerperium. The data analysis in this study applying domain analysis, taxonomy analysis, componential analysis, cultural theme analysis, data reduction, data presentation and conclusion / verification.

3. Result and Discussion

3.1 Characteristics of informants

The informants in this study are Madurese Ethnic who understand about the cultural tradition practiced by Madurese particularly those related to maternal health. There were 8 informants involving two pregnant women, first (HSL) is 17 years old, 7 months pregnant, married at the age of 16; the second pregnant woman (TWL) is 22 years old. One village midwife (TRA) age 41, one village chief (MSK) age 57, one health care (ARW), one traditional birth attendant (JMR) age 70, one postpartum mother (SKD) age 27, one mother who understand Madurese tradition in the maternal health care (JHR) age 68.

3.2 Perceptions and behavior of Madurese Ethnic on Marriage

The interview results show that the majority of informants answered 14 years old as the minimum marriage age for Madurese Ethnic women, while for men it is 20 years old. The answer is as follows.

*kalo disini ini umur 14, 16 sudah menikah kalo perempuan, kalo laki – laki 18 tahun
(here, at the age of 14, 16, the women are already married, while for men it is at the age of 18...)*

Marriage by Madurese Ethnic is included in the early age marriage since the women are still in the age of around 14-16, in which those ages are categorized as children as stated in the Laws no 35 of 2014 on changes of Laws no 23 of 2002 on child protection article 1 paragraph 1 states that child is person under 18 (eighteen) (Government of the Republic of Indonesia, 2014). In marriage of those ages, negative impact could happen on the child development and causing the basic rights of the children to not be fulfilled, such as the rights to protection from violence and discrimination, child civil rights, health rights, education rights and child social rights (Presidents of the Republic of Indonesia, 2019). From the medical viewpoint, marriage happened on the children age 14-16 years old is not ideal and immature both biologically and psychologically, and automatically there will be an early pregnancy in young age, in which it could bring great potential for reproductive health and could cause miscarriage risk and even complication that happens during pregnancy and early age maternity, thus it plays a role in increasing the maternal and infant mortality (Ministry of Health of the Republic of Indonesia, 2017). In addition, early age marriage could also cause personality development disorder and place the newborn babies at risk of violence and abandon (Fadlyana & Larasaty, 2009). The similar case happens in Na IX-X District, North Labuhanbatu Regency where the culture affects early age marriage (Pohan, Kebidanan, & Bagan, 2017).

Early age marriage in the Madurese Ethnic people in Jember particularly on women are mainly caused by the role of parents in making decision. Meanwhile, the decision made by the parents are greatly influenced by the educational background, and it is in line with the research conducted in Mapanget District, Manado where the parents' educational background has a correlation with the early age marriage incident (Desiyanti, n.d). Economic factor becomes the basic perception of parents to immediately marry off their daughters since their responsibility to provide a living is automatically reduced by doing so. Because, after marriage it becomes the husband's responsibility to provide all living matters. This kind of mindset caused many women to not continue their education to a higher level, not only because it will cost more, but also because women will end up managing the household at the end of the day.

3.3 Knowledge and behavior of Madurese Ethnic on Pregnancy

The interview results show that there is a belief in some Madurese Ethnic people that in the beginning of pregnancy until 4 months' gestational age, the pregnancy cannot be found out by others except the closest family, since according to their beliefs, it is taboo if the people find out about the pregnancy and it can bring bad effect on the pregnancy. Even it is forbidden for the pregnant mothers whose pregnancy are under 4 months to go out of their houses to prevent other people finding out about their pregnancy, thus it makes several people do not check their pregnancy in their first trimester of pregnancy. However, after 4 months' gestational age, they check their pregnancy routinely to the health workers either in midwife or medical specialist. Below is the informant's answer.

*getenen, iku loh gak bisa dibilang ke orang, takut bayi nya jatuh (keguguran) ...
getenen, cannot say anything to other people, afraid if the baby falls (miscarriage)...*

This behavior could bring a risk to the pregnancy health condition, according to the Regulation of the Minister of Health of the Republic of Indonesia No. 97 of 2014 that health care in the pregnancy period must be done at least 4 (four) times during pregnancy, and must be done once in the first trimester (Ministry of Health RI, 2015). However, after 4 (four) months of pregnancy, they have to check their pregnancy routinely to the health workers or specialist doctors. According to the belief of Madurese Ethnic people, the pregnancy period under 4 (four) months is critical period and dangerous for the pregnancy, since they are afraid that the pregnancy is failed or miscarriage happens if other people find out. The similar case happens in Yepase Village Tribe people where they do not check their pregnancy in the first trimester because they believe more on the traditional birth attendants to check the pregnancy (Depapre & Jayapura, 2013). In the first period of 4 months' gestational age, closest family support is needed particularly from the husband since the pregnant woman does not interact with other people including the health workers fearing that other people will find out about the pregnancy. Husband is the one who always know about his pregnant wife's condition since the husband always stay close to his pregnant wife. The husband must understand how and what has to be done during the time of his wife's pregnancy. Therefore, the condition of pregnant mother can always be monitored in healthy condition. It is in accordance with a research conducted in Javanese culture in Kaliori Village, Kalibagor District where the decision maker related to pregnancy check is the husband (Murniasih, Masfiah, & Hariyadi, 2016). The similar case also happens in the research conducted by Farid Agushybana in which there is positive effect of husband support during pregnancy and labor towards mother morbidity (Agushybana, 2016).

An informant who is a pregnant woman was also found to do a tradition as told by her parents, which is using porcupine feathers as hairpins. It is believed to protect mother and the baby she is carrying from any disturbance. The following is what HSL, a pregnant woman, stated as an informant.

ben ta' saben, biar anaknya itu tidak kejang....." (biar tidak sakit...)
(to prevent the baby from getting sick...)



Figure 1. The Use of Porcupine Feathers

The perception of Madurese Ethnic people about pregnancy gap, almost all informants stated that the minimum gap between pregnancies is 2 years. It is based on the practicality and family economic factor. They think if their child is still a little kid, it will be difficult for them to have another child since they need to raise more than one child, and it will also cost them more expense. The following is the statement of the informant.

minimal 8 tahun, katanya orang sana(orang tua) biar bisa jaga adeknya...."
(minimum 8 years, the people (the elders) said that it makes them prepared to protect their siblings...)

From the medical viewpoint, it is great for the mother since with the pregnancy gap of 2 years, the mother's condition is already back in normal shape. It is also aligned with the research conducted in dr.Soedjono Army Hospital Magelang in which the pregnancy gap below 2 years is a risky pregnancy and it brings a great risk for abortion incident (88.6%) (Kebidanan, 2016). Madurese Ethnic people do not have any target or determination regarding the number of children in the marriage.

In the pregnancy period, there are advices and prohibitions applied in the Madurese Ethnic people. The advices for the pregnant women include having a plenty of rest and forbidden to work. It is intended to make the pregnant women do not get tired and the baby they are carrying in a healthy condition. From the medical aspect, it is a good thing since by having a plenty of rest the pregnant mothers and the babies are in a good and healthy condition. Prohibitions for pregnant mothers include eating prohibitions and behavioral prohibitions. The prohibitions aimed to the mothers and husband are intended to keep the safety during pregnancy period and to help smooth the labor process. The eating prohibitions are not too many, they only prohibit the pregnant mothers from eating shrimp, pineapple, meatball and ice. The purpose of those prohibitions is to avoid any disturbance during pregnancy and any obstacle in the labor. Pineapple contains bromelain enzyme that can stimulate prostaglandin secretion. The increase of prostaglandin level can cause a stimulation of uterus contraction. Moreover, pineapple also contains serotonin that also plays a role in stimulating uterus contraction. Several research have found that there is a significant correlation between young pineapple consumption and the uterus contraction. However, in principle, the bromelain level will decrease along with the increasing of pineapple ripeness level. The result of study by Iriani Setyawati shows that the young pineapple extracts given to pregnant mice (*Mus musculus L.*) during organogenesis could change the shape of mother's

reproduction and cause effects on the fetus in the form of morphological abnormalities (dwarf) and hemorrhage, hindrance in bone formation in metacarpus and metatarsus (Setyawati & Yulihastuti, 2015). Perhaps it can explain scientifically why consuming young pineapple is prohibited for pregnant mothers.

Consuming shrimps for pregnant women in the perception of Jember Madurese Ethnic can cause the blood to stink, difficult in giving birth, itchy, child will be hard to get out during childbirth. However, shrimp actually contains many active compounds such as Omega-3, mineral, fat, carotenoids (astaxanthin) and vitamin. The active compounds have ability to prevent disease in the body and can fulfill the needs of body nutrients. Omega-3 and astaxanthin for instance, are two active compounds function as an antioxidant and free radical antidote in which most of them are contained in shrimps, can be used as supplement for pregnant mothers and the babies. In addition, shrimps also contain important nutrient such as protein, essential amino acid, fat, vitamin E, vitamin B12, vitamin B6, folic acid, macro and micro minerals that are needed during pregnancy period (Ngginak, Semangun, Mangimbulude, & Rondonuwu, 2013).

Consuming ice / cold water for the pregnant women in the perception of Jember Madurese Ethnic has a negative symbolic meaning, namely the child will get bigger in the womb, thus it is hard to get out during labor, cause a bleeding, blood becomes thick, and some people even assume that the child will be born disabled. Ice is a kind of food made of water that is frozen or cooled. If it is seen from the basic ingredient, ice is not dangerous for pregnant women. Moreover, the danger of ice for pregnant women has not been verified and published scientifically. That kind of prohibition is not directly affecting the maternal health. That prohibition is neutral because it does not directly affect the maternal health. Similar case is also found in the research on the people of Tripan Village, Berbek District, Nganjuk Regency, and the beliefs around pregnant women on the Riau Malay Kuantan Singigi people (Kartikowati, n.d.; Praditama, n.d.).

3.4 Knowledge and behavior of Madurese Ethnic on Labor

There are no advices or prohibitions applied in the process of labor in Jember Madurese Ethnic. All informants state that the assistant of labor process is village midwife. Regarding the place of labor, all informants mention that they do it in Public Health Center and Hospital. However, several informants state that they deliver in the independent midwives. It is different with the research on Baduy Dalam (Inner Baduy) Tribe, where the labor process is done without any assistance either from traditional birth attendants or health workers (Ipa, Prasetyo, & Kasnodihardjo, 2017).

Another information obtained from village midwife is that there are several people whose houses are in the far away mountains in which some cases of labor processes are assisted by traditional birth attendant, the choosing of traditional birth attendant as the labor assistance is basically caused by a forced condition since the access from the house to the health care facilities is hard to reach, a narrow road with ground and rocky contours where in the rainy season makes the road condition become worse and hard to pass since it is very muddy and slippery, the road can only be accessed by walking or using motor cycle, even for the area in the far away top of the mountain, the wheels of motor cycle used must be covered with chains to make it work. In addition, there is still a kinship between the birth attendant and the pregnant woman, thus it feels bad if the mother who will give birth does not seek the help from traditional birth attendant in her labor process. It is aligned with the research conducted in Brongkal Village, Pageharam District, Malang Regency where the affordability of health care access affects the people in choosing traditional birth attendant as the assistant of the labor process (Lili Tiara Furi, 2014).

3.5 Knowledge and behavior of Madurese Ethnic on Puerperium

The knowledge of people on puerperium includes the aspects of time, and the consumed medicines. Madurese Ethnic people understand the term puerperium as a term referring to the period after childbirth until the mother is clean and do not bleed anymore. For the period of time for puerperium, the informants' answers are varied based on their own experiences, some said a week, two weeks and even a month, as stated by the informants in the following excerpts.

paling ndak lah 12 hari udah sembuh...
(at least 12 days to recover...)

paling bersih 40 hari untuk lanang , neng wedok 25 hari...
(for man, 40 days at most, and 25 days for woman...)

Things like advices for mother in puerperium period such as prohibition to work and to keep the sleeping position by placing the head higher and sleep in a supine position. In term of food and beverages in puerperium period, it is advised to consume complete labor herbs and consume a lot of vegetables namely katuk leaves. According to the interview result with the informants, those advices are believed to smooth the recovery process after childbirth, while consuming a lot of katuk leaves is believed to smooth and increase the breast milk based on their empirical experience. It is aligned with the research that has been conducted on katuk leaves, that by consuming katuk leaves routinely can increase the breast milk production (Santoso & Bengkuh, 2016).

3.6 Perceptions on Pregnancy, Labor, and Puerperium

The perceptions of Madurese Ethnic people on the danger of pregnancy, labor and puerperium are that according to the informants, the dangerous period is during the labor, since in this condition bleeding, and stalled labor could occur. Meanwhile, during the pregnancy and puerperium periods are not dangerous since getting pregnant and puerperium are natural. Only a small number of informants who state that pregnant, delivering, and puerperium are dangerous.

mon arembik ruah sing bahaya, bisa mateh, mon ngandung ta pa'apah, kan biasa oreng binik ngandung...

(What is dangerous is that woman can die in labor, but there is no problem in getting pregnant. It is usual for woman to get pregnant...)

Meanwhile, the people's perceptions on maternal mortality are that they look at it from the religious point of view, where the mother die as her end, her time has come.

inu sudah takdir dari Allah..
(it's a destiny from Allah...)

It endangers the health of pregnant mothers and mothers in puerperium period since they consider the condition as normal and natural, so that there is no maximum attempt to protect mothers during pregnancy and puerperium period as a prevention of maternal mortality. Regarding the maternal mortality during pregnancy, labor and puerperium, the perceptions of the majority of the informants are that they look at it as something that have been decided by God, and they take it as fate. It is aligned with a research conducted in Cilacap Regency (Fibriana, Ika, 2007). That kind of point of view is very dangerous, since the people will be submissive and apathetic if they are faced with the critical condition of the mother, they will surrender and do not seek for help by referring to health facilities.

Conclusion

In this study, perceptions and behavior of Madurese Ethnic towards maternal health can be divided into potentials and constraints of Madurese Ethnic towards maternal health. Those potentials and constraints are obtained from knowledge, beliefs and perceptions towards marriage, pregnancy, labor, puerperium period and maternal mortality, and can be concluded as follows: Potentials of Madurese Ethnic on maternal health are aligned with the medical perspective, they are; Madurese Ethnic people are aware and care about the importance of maintaining the health during pregnancy by frequently doing health check during pregnancy in the health facilities, choosing health workers as the assistant of labor, including keeping the pregnancy gap minimum 2 years.

The constraints of Madurese Ethnic people towards maternal health are perceptions and behavior of Madurese Ethnic that are contradicted with the health perspectives regarding maternal health, including: Madurese Ethnic still practice early age marriage (14 – 16 years old), it is greatly potential toward the reproduction health and can cause maternal mortality incident. Midwife is the first choice as the assistant of labor, but there are some Madurese Ethnic people which labor is still assisted by traditional birth attendant, and this decision is made in a forced condition caused by the transportation access that does not support in reaching health facilities. It brings potential to the mother's safety.

Suggestion

The improvement of approaching strategy from health workers and local government to the community through health promotion activities in order increase a sense of trust towards modern health culture without abandoning the cultural tradition that is not contradicted with the medical world. In addition, an improvement on the husband's knowledge on the maternal health, since the husband is the closest person and husband's support is very influential in the decision making during pregnancy process until labor.

References

- Agashybana, F. (2016). Influence of husband support on complication during pregnancy and childbirth in Indonesia. *Journal of Health Research*, 30(4), 249–255. <https://doi.org/10.14456/jhr.2016.34>.
- BAPPENAS. (2017). *Penyusunan Pedoman Teknis Aksi Rencana Pembangunan Tujuan Pembangunan Berkelanjutan*.
- Depapre, D., & Jayapura, K. (2013). *Pratek Budaya Suku Kampung Yepase Terkait Perawatan Kehamilan*, 8(2), 100–110.
- Desiyanti, I. W. (n.d.). *Faktor-Faktor yang Berhubungan Terhadap Pernikahan Dini Pada Pasangan Usia Subur di Kecamatan Mapanget Kota Manado Factors Associated With Early Marriage In Couples Of Childbearing Age At Kecamatan Mapanget Manado City*. 270–280.
- Dinas kesehatan Kabupaten Jember. (2017). *Upaya penurunan aki dan akb kabupaten jember*.
- Dinas Kesehatan Propinsi Jawa Timur. (2017). *Profil Kesehatan Propinsi Jawa Timur 2017*. *Nucleic Acids Research*, 34(11), e77–e77.
- Fadlyana, E., & Larasaty, S. (2009). *Pernikahan Usia Dini dan Permasalahannya*. 11(2).

- Fibriana, Ika, A. (2007). *Faktor – Faktor Risiko Yang Mempengaruhi Kematian Maternal*. 203. Retrieved from http://eprints.undip.ac.id/16634/1/ARULITA_IKA_FIBRIANA.pdf.
- Ipa, M., Prasetyo, D. A., & Kasnodihardjo, K. (2017). Praktik Budaya Perawatan Dalam Kehamilan Persalinan Dan Nifas Pada Etnik Baduy Dalam. *Jurnal Kesehatan Reproduksi*, 7(1). <https://doi.org/10.22435/kespro.v7i1.5097.25-36>.
- Kartikowati, R. S. (n.d.). *Pola Edukasi Dalam Sistem Kepercayaan*. 129–144.
- Kebidanan, J. (2016). *Usia reproduksi tidak sehat dan jarak kehamilan yang terlalu dekat meningkatkan kejadian abortus di rumah sakit tentara dokter soedjono magelang*. 5(9).
- Kemendes RI. (2015). *Undang undang No. 97 thn 2014*. Pelayanan Kesehatan.
- Kementerian Kesehatan. (2015). Angka Kematian Ibu. *Rubrik Kesehatan*, p. 12.
- Kementerian Kesehatan RI. (2017). Resiko Hamil di Usia Remaja. *Biro Komunikasi Dan Pelayanan Masyarakat*. Retrieved from <http://www.depkes.go.id/article/print/17100200001/inilah-risiko-hamil-di-usia-remaja.html>.
- Laode Monto Baoto. (2014). Perspektif Agama Dan Kebudayaan Dalam Kehidupan Masyarakat Indonesia (Suatu Tinjauan Sosiologi Agama). *JPIS, Jurnal Pendidikan Ilmu Sosial*, 23(2), 11–25. Retrieved from <http://download.portalgaruda.org/article>.
- Lili Tiara Furi, H. M. (2014). *Faktor Yang Mempengaruhi Ibu Bersalin Pada Dukun Bayi Dengan Pendekatan WHO di Desa Brongkal Kecamatan Pagelaran Kabupaten Malang*. 2, 77–88.
- McCarthy, J., & Maize, D. (2017). A framework for analyzing the determinants of maternal mortality. *Studies in Family Planning*, 23(1), 23–33. <https://doi.org/10.2307/1966825>.
- Murniasih, N. P., Masfiah, S., & Hariyadi, B. (2016). Perilaku Perawatan Kehamilan dalam Perspektif Budaya Jawa di Desa Kaliore Kecamatan Kalibagor. *Jurnal Kesmas Indonesia*, 8(1), 56–66.
- Ngginak, J., Semangun, H., Mangimbulude, J. C., & Rondonuwu, F. S. (2013). Komponen Senyawa Aktif pada Udang Serta Aplikasinya dalam Pangan. *Jurnal Sains Medika*, 5(2), 128–145.
- Pemerintah Republik Indonesia. (2014). Undang-Undang Republik Indonesia No 35 Tahun 2014 Tentang Perubahan Atas Undang-Undang Nomor 23 Tahun 2002 Tentang Perlindungan Anak. *Undang-Undang Republik Indonesia*.
- Pohan, N. H., Kebidanan, A., & Bagan, U. (2017). *Faktor yang berhubungan dengan pernikahan usia dini terhadap remaja putri*. 2(October), 424–435.
- Praditama, A. D. (n.d.). *Pola Makan Pada Ibu Hamil dan Pasca Melahirkan Di Desa Tiripan Kecamatan Berbek Kabupaten Nganjuk*.
- Presiden RI. (2019). *Undang-Undang Republik Indonesia Nomor 16 Tahun 2019 tentang Perubahan atas Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan*. (006265), 65–73.
- Santoso, U., & Bengkulu, U. (2016). *Katak , Tumbuhan Multi Khasiat*.

Setyawati, I., & Yulihastuti, D. A. (2015). *Penampilan Reproduksi dan Perkembangan Skeleton Fetus Mencit Setelah Pemberian Ekstrak Buah Nanas Muda*. (September 2011).

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