

AGENDA SETTING FOR COMMUNITY MIDWIFERY PRACTICE IN PUBLIC SERVICES IN THE ENVIRONMENT OF AN ISLAMIC LEGAL PERSPECTIVE

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Abstract: Community Midwifery Practice for 19 days presented by Midwifery Students-Poltekkes Kemenkes Jakarta 3 in the neighborhood of RT 011 RW 05 Malaka Sari Village - Duren Sawit District - East Jakarta. The main problem of this research is how the Authority for Public Services in Family Planning in RT 011 RW 05, Malaka Sari Village, Islamic Law Perspective in several sub-problems, namely: 1). What is the authority of public services for Family Planning and Women's Empowerment in RT 011 RW 05 Malaka Sari Village 2). What is the Islamic Law review of the authority for public services for Family Planning and Women's Empowerment in RT 011 RW 05, Malaka Sari Village? We used Qualitative Field Research or field research using a juridical approach and a sharia approach in implementing Public Services and Women's Empowerment in the RT 011 RW 05 Kelurahan Malaka Sari, East Jakarta. The results of the research show that Community Midwifery Practices by Midwifery Students at the Ministry of Health Jakarta 3 Health Polytechnic on Family Planning and Women's Empowerment in collaboration with the Community Association organization RT 011 RW 05, Malaka Sari Village, East Jakarta, such as information center services and counseling for adolescent and maternal reproductive health. The public service authority carried out by the Head of RT 011 RW 05, Malaka Sari Village, East Jakarta together with Midwifery Students from the Ministry of Health 3 Jakarta Polytechnic on Family Planning and Women's Empowerment from an Islamic Legal Perspective brings goodness to the benefit of society and understanding the needs of women and families. Public Services for Family Planning and Women's Empowerment in the neighborhood of RT 011 RW 05 Malaka Sari Village, East Jakarta, as a social activity for the environment and community to create prosperous and happy families.

Keywords: Family Planning, Community Midwifery Practices, Reproduction, Women's Empowerment, Social Affairs

A. Introduction

Increase the knowledge, attitudes, behavior and competence of the community to empower the community in the scope of solving problems through community participation and support. On family empowerment in the health sector in Neighborhood Association RT 011 RW 05, Malaka Sari Village, East Jakarta.

Community Midwifery Practice initiated by the Jakarta 3 Ministry of Health Poltekkes as a form of midwifery practice and services by Midwifery students to residents of RT 011 RW 05 Malaka Sari Subdistrict, East Jakarta for groups of teenagers, postpartum mothers and elderly mothers, through efforts to optimize preventive and mitigation efforts with prevention. disease, as well as improving health, health services needed by residents as a partnership in planning, implementing and evaluating community midwifery services.

Human elements, citizens/environment, health, and excellent midwifery services in the implementation of community midwifery services in the RT 011 RW 05 Kelurahan Malaka Sari, East Jakarta. Community midwifery services are carried out at the community midwifery practice in the neighborhood of RT 011 RW 05, Malaka Sari Village, which emphasizes cultural and empirical sociological aspects in the neighborhood community of RT 011 RW 05, Malaka Sari Village, East Jakarta.

The midwifery student at the Ministry of Health Jakarta 3 Health Polytechnic, on behalf of Indi Yulia Safitri, must be able to provide individualized services in the RT 011 RW 05, Malaka Sari Village, East Jakarta. This Community Midwifery Practice is a series of implementation activities targeting families, to help prevent and mitigate health problems experienced by families in the neighborhood of RT 011 RW 05, Malaka Sari Village, East Jakarta. The participation of RT and RW community institutions as well as Health Universities continues to strive to take action to realize development with population insight in the community environment and to realize local families as happy and prosperous small families. This is done in the form of outreach and campaigns in the community.

From the results of the presentation of the problems in the background of the research which refers to the results of previous observations, the researcher drew research on "Agenda Setting Community

Midwifery Practices in Public Services in an Islamic Legal Perspective Environment"

B. Research Methods

In this research, we use a qualitative approach, namely a procedure in research that produces descriptive data in the form of written or spoken words from people and behavior that can be observed in a complete situation (Bogdan and Taylor, 1975).

The approach is directed at the background of individual residents in the neighborhood of RT 011 RW 05, Malaka Sari Village, East Jakarta in a holistic (whole) manner. The use of a qualitative approach in this research is based on the advantages contained in this approach.

First, reveal a truth in depth. Second, the qualitative approach presents directly the nature of the relationship between researchers and respondents. Third, the qualitative approach is more sensitive and more adaptable to many sharpening shared influences and to new patterns of values.

The type of research used is descriptive research, because it is in accordance with the aim of this research, namely to find out the problems surrounding the monitoring of maternal and child health services in the RT 011 RW 05 Kelurahan Malaka Sari, East Jakarta to provide input and provide recommendations for alternative policies for decision makers and policy implementer.

The data used in this research are as follows:

a. Primary data.

This is data obtained by researchers directly from the source. Data collection in the field is carried out using the interview method with parties who are competent in the object under study, in this case called key informants and then recording as necessary is carried out.

b. Secondary data.

Data obtained from libraries, literature books, journals, internet websites related to research problems. The informant collection technique used in this research was snowball sampling. The most important sampling procedure here is determining key informants.

Researchers in this study chose several people as key informants who could provide the information needed in this research. The selected informants are people who are considered to know and understand the problems contained in this research. The selected informants who will be used as sources for this research are informants from:

Midwifery Student Party, Health Polytechnic, Ministry of Health, Jakarta 3.

Residents of RT 011 RW 05, Malaka Sari Village, East Jakarta who utilize maternal and child health services at the Community Midwifery Practice.

Based on the informant collection technique chosen by the researcher, namely the snowball sampling technique, the information gathering began with Midwifery Students at the Health Polytechnic of the Ministry of Health, Jakarta 3 and then residents who used maternal and child health services at the Community Midwifery Practice in the neighborhood of RT 011 RW 05, Malaka Sari Village, East Jakarta.

In this research, data was collected by researchers by means of interviews, observation, documentation and literature study. The data analysis process in a qualitative approach is carried out before entering the field, while in the field and after finishing in the field.

The data analysis technique used in this research is the constant comparison method. This is because in analyzing data, researchers will compare one data with other data, then constantly compare categories with other categories (Moleong, 2006).

This research mostly uses qualitative data, therefore the data will be processed using qualitative analysis. In this data analysis, it consists of 4 activity streams, namely:

1. Data reduction. Examining data sources starting with all the data available from the interviews. It is defined as a selection process that focuses attention on simplifying, abstracting and transforming rough data that emerges from notes resulting from field research. Researchers can sharpen, classify, direct, remove unnecessary data, or add to data that they feel is still lacking and organize the data in such a way that a final conclusion can be drawn and verified.
2. Presentation of data Collection of information arranged based on categories/groupings. Necessary grouping.

3. Interpretation of data Understanding the meaning of a series of data that has been presented, in a form that does not just see what is written, but rather understands or interprets what is implied in the data that has been presented.
4. Drawing verification conclusions Based on the data obtained, the researcher tries to draw conclusions from vague conclusions to clear ones because the data obtained is increasingly large and supportive. Drawing this conclusion depends on the size of the collection of records regarding the data.

C. Results and Discussion

1. The Role of Policy Actors in Public Private Partnerships

The role of policy actors is a real involvement in the women's health process and family planning programs. This provides ideas, cooperation and implementation at a non-formal level in the Neighborhood Association environment. There are two things on the agenda for setting policy in the field of Women's Health and Family Planning with a Public Private Partnership scheme by policy actors by environmental administrators of RT 05 RW 05 in Malaka Sari Village, together with residents in managing the Public Private Partnership in the field of Women's Health and Family Planning with the Ministry of Health's Health Polytechnic Jakarta 3, namely getting to know the basic ideas with policy agenda settings and Public Private Partnership partnership schemes in implementing partnerships in public services. (Lee: 2006) says that PPP is "A voluntary alliance between varied equal actors form different sectors whereby they agree to work together to achieve a common goal or fulfill a specific need that involves shared risks, responsibilities, means and competencies.

Environmental administrators of Neighborhood Association RT 05 RW 05 Malaka Sari Subdistrict, East Jakarta in developing basic ideas on how to partner through Public Private Partnership in the field of Women's Health and Family Planning with Poltekkes Kemenkes Jakarta 3 through policy setting agenda.

Public Private Partnership (PPP) between Policy Actors, in this case the environmental administrators of RT 05 RW 05, Malaka Sari Village, East Jakarta, which is implemented at the Poltekkes Kemenkes

Jakarta 3 through a policy setting agenda. Policy Actor The environmental administrator of RT 05 RW 05 Malaka Sari Subdistrict, East Jakarta plays a role as a bridge for its residents to get the opportunity to receive women's health and family planning services. The role of the RT 05 RW 05 Management, Malaka Sari Village, East Jakarta in facilitating the ease of serving residents with public values. (Tan, Allen & Overy (2012) in Public Private Partnership describe that public private partnership is a term that describes programs or schemes supported by the government through the involvement of the private sector in initial financing and facilitating the procurement of public services, procurement of public infrastructure assets).

The interviews were conducted in a structured manner, namely by using a list of questions/interview guide which contained information about monitoring maternal and child health services in the RT 011 RW 05, Malaka Sari Village, East Jakarta. The questions asked were then arranged sequentially to make it easier for researchers to conduct interviews. Information obtained from sources obtained from interviews regarding research problems is then collected into primary data. After that, the primary data that has been collected is then analyzed according to predetermined data analysis techniques. Identification of these informants needs to be done to get to know and know more about the implementation of maternal and child health services at the Community Midwifery Practice in the RT 011 RW 05 Kelurahan Malaka Sari, East Jakarta and also to collect information from several aspects.

In this research, the author took informants from the Ministry of Health Jakarta 3 Health Polytechnic students who were directly involved in handling the field of maternal and child health services, then the target community who directly experienced and were involved in these services. The informants in this research are called Informant one, Informant two, Informant three and so on.

1. Monitoring Maternal and Child Health Services in RT 011 RW 05, Malaka Sari Village, East Jakarta. Basically, the implementation of Minimum Service Standards in the health sector refers to policies and strategies for autonomy in the field of maternal and child health, namely:

- a. Developing commitment between the government, legislature, community and other stakeholders for sustainable development of maternal and child health.
- b. Protecting public health, especially the poor, vulnerable groups and poor areas.
- c. Realization of national and global commitment in health programs. Minimum Service Standards in the health sector are essentially health services that have been implemented by the DKI Jakarta Government without exception. Implementation of several main efforts in mandatory health efforts, one of which is the Maternal and Child Health Program. The Maternal and Child Health Program is also one of the main priorities for maternal and child health development in Indonesia.

Community Midwifery Practice with interventions carried out through providing excellent service based on two-way communication to residents of RT 011 RW 05, Malaka Sari Village, East Jakarta. Community Midwifery Practices carried out by Indi Yulia Safitri, Midwifery Student at the Ministry of Health Jakarta 3 Health Polytechnic with an approach to excellent service, caring, two-way communication and a healthy lifestyle culture. Activities in Community Midwifery Practice include:

1. Breastfeeding mothers

Based on information from residents of RT 011 RW 05, Malaka Sari Village, East Jakarta, Mrs. E, P2A0, 35 years old, has 2 children, namely the first child is 5 years old and the second child is 7 months old. Mrs. E said that Currently the baby Mrs. E has started teething and when breastfeeding her breasts often hurt because the baby likes to bite her nipples. Mrs. E said that she breastfeeds her child quite often, namely >10 times a day and currently her baby has been given MP-ASI but Mrs. E is still confused about the variation of MP-ASI that is appropriate as her baby ages.

From the results of the interview it was found that Mrs. E often experiences sore nipples caused by the emergence of her baby's teeth. So Mrs. E often feels pain and pain when breastfeeding her child. Therefore, from this data the reviewer can carry out an analysis that Mrs. E is experiencing problems during the breastfeeding process and

needs education regarding treating sore nipples and needs information regarding tips for giving her baby MPASI.

1. Couples of Childbearing Age (PUS)

Based on information from NY S, aged 43 years, he has 2 children, namely the first child aged 19 years and the second child aged 9 years. Mrs S said that she is currently using injectable birth control for 3 months and has had no complaints. The reviewer asked Mrs. S about her understanding of contraceptives and Mrs. S did not understand contraceptives. At the conclusion of the study, the problem was regarding Mrs. S's lack of knowledge regarding birth control devices.

1. Toddler

Based on information from Mrs. Esaid that currently his child is 7 months old and has been given Complementary Food for Breast Milk, MPASI, but sometimes his child wants to, sometimes he doesn't want to. He said he was confused about how to give MPASI to his baby and what variations of MPASI should be given to his baby. Based on the KIA book, Mrs. E's baby has a normal chart, namely 1-2 SD with a body weight of 9000 and a body length of 72 cm. Then, if you look at the KMS, Mrs. E's baby's weight gain is also in accordance with the recommended minimum weight gain.

1. Teenager

Based on information from a teenager, Ms. S is 17 years old and is currently in high school. From the interview that was conducted, Ms. S said that she had been menstruating since the age of 12 years with a menstrual period of 6-7 days. Based on the interview, Ms. S's personal hygiene is good and she does not have anemia. During menstruation, she said she always felt pain on the first day and the pain made her unable to carry out activities all day. Usually he is allowed to miss school for 1 day and to reduce the pain he only uses a warm water compress but the pain only subsides a little. Based on this study Ms. S has a dysmenorrhea problem and lacks information about how to deal with dysmenorrhoea.

1. Menopause

Based on interviews with Mrs. U, she is 72 years old and she has not had menstruation for a long time, namely since the age of 50 years.

At the age of 72, Mrs. U is still active in activities both indoors and outdoors. He said he often gets bored if he just stays at home and to overcome this boredom he looks for activities that he can do, such as reciting the Koran with other elderly women at the Al-Munir mosque, cleaning the house, reading books and going for walks in his neighborhood in the morning. . Apart from that, he also regularly participates in posyandu activities for the elderly held at the Malaka Sari sub-district health center, such as measuring body weight and exercising for the elderly. However, since the Covid-19 pandemic, this activity only involves weighing, so elderly exercise activities have not been carried out for a long time and they also cannot do their own exercises at home because there is no instructor.

Based on interviews, Mrs. U did not understand the changes that occur during menopause and only understood that menopause meant stopping menstruation. In conclusion, the problem faced by Mrs. U was a lack of understanding regarding the changes that occur during menopause and she hoped that she could carry out exercise activities independently.

Based on the results of the researcher's observations, Indi Yulia Safitri as a midwifery student at the Ministry of Health Jakarta 3 Health Polytechnic carried out several counseling topics by visiting residents directly at home. Under conditions of visit by midwifery students with maximum service duration.

The role of community leaders in community midwifery practice activities with residents of RT 011 RW 05, Malaka Sari Village, East Jakarta is very conducive. Environmental community leaders support this by facilitating every visit to the homes of neighborhood residents in RT 011 RW 05, Malaka Sari Village, Duren Sawit District, East Jakarta.

Family involvement with existing community midwifery practice activities is also very good, through indicators of enthusiastic and open family behavior so that there is a reciprocal response between residents and midwifery students, so that relationships between prospective young midwives and residents improve in an effort to maintain the family's health status based on service achievements/ family midwifery care provided. By increasing the family's health status, family

productivity will automatically increase and family welfare will also increase.

Supporting and Inhibiting Factors for Maternal and Child Health Services in Community Midwifery Practices in the neighborhood of RT 011 RW 05, Malaka Sari Village, East Jakarta. Researchers identify problems that arise, or in other words inhibiting factors, during the implementation of maternal and child health service activities by exploring the causes in more depth, because the problems that arise must be addressed immediately and require improvement. Apart from that, researchers also look for supporting factors, because these supporting factors must be maintained and should be improved further.

Further explanation will be explained as follows:

1. The inhibiting factor in achieving the target is the result expected of course by the residents of RT 011 RW 05, Malaka Sari Village, East Jakarta. Even though the target has been met, there are still shortcomings in implementation, where midwifery students at the Ministry of Health Jakarta 3 Health Polytechnic still experience several obstacles, including:
 - a. Environmental constraints on environmental concern.
 - b. Lack of Family Knowledge Level in the RT 011 RW 05 environment. While Midwifery Students at the Ministry of Health Jakarta 3 Health Polytechnic provide education to residents, especially post-natal mothers, teenagers and elderly mothers, they are committed to continuously providing complete health education.

2. Review of Islamic Law on Public Services for Women's Health and Family Planning

The Islamic concept teaches that when providing public services from the business you run, whether in the form of goods or services, don't give bad or low-quality ones, but provide quality ones to other people. As for acts of public service as worship, it really depends on intention.

Intentions are very important for someone in working, if their intentions are good they will be recorded by Allah SWT even if they

are the size of a zahrah, if their intentions are bad they will also be recorded even if they are the size of a zahrah. As Allah states in his word QS Az-zalzalah/99: 7-8:

"Whoever does good deeds as heavy as dzarrah, surely He will see (the reward). And whoever commits a crime as big as dzarrah, surely He will see (retribution) for it too. "

Serving the community as an object of labor is through public service. Public services should be excellent, that is, completing work on time. For the specified time, it is carried out well, without prioritizing personal and family interests. With excellent public services, you will feel comfortable, orderly, beautiful, harmonious and not complicated. However, currently there are still some parts of society who still have arrogance and materialism. Hassel Nogi, Public Management (Gramedia Widiasarana Indonesia: 2005).

3. Agenda Setting Process Factors

On the agenda for setting the Community Midwifery Practice process in the neighborhood of RT 011 RW 05, Malaka Sari Village, non-formal actors in the Rukun Tetangga environment on public issues, in this case women's health and family planning. Policy actors in the environment together with society and non-formal institutions carry out agenda setting stages starting from public agenda setting, media agenda setting, process agenda setting to policy setting agenda. The agenda setting process includes values, dialogue, agreements and interconnected social structures.

4. Value

An important factor in the agenda setting process is values. According to Deddi Fasmadhy, social values in society are the basis including: intellectual values, personal and physical values, work values, adjustment values, social values, beauty values, recreational values. Values are the skills for setting agenda processes effectively and measurably.

The availability of the number of personal and physical values in Community Midwifery Practices carried out by Midwifery Students at the Health Polytechnic of the Ministry of Health Jakarta 3 is limited to

only individuals and Non-formal Institutions RT 011 RW 05, Malaka Sari Village, East Jakarta, maximizing this Community Midwifery Practice for preventive efforts for Women's Health and Family Planning. Furthermore, the agenda setting process at its completion will become an input for the policy setting agenda with a partnership of non-formal policy actors with the Ministry of Health Jakarta Polytechnic 3.

5. Dialogue

Dialogue concerns the community and non-formal organizations/institutions managing the neighborhood on the subject, which provides feedback with public attitudes and responses. Dialogue is sharpened through an agenda setting process on the subject of Community Midwifery Practices including the delivery of information on the subject of discussion by the Rukun Tetangga institution together with the Poltekkes Kemenkes Jakarta 3. The aim of transparency is openness regarding information on this subject in order to achieve the goals of Women's Health and Family Planning.

6. Agreement

The agreement between the Rukun Tetangga environment and residents in partnership with the Jakarta 3 Ministry of Health Poltekkes on public issues as recommendations becomes an agreement with deliberation to reach consensus through the stages of negotiation and mediation between the parties. This agreement determines the success of deliberations through negotiation and mediation stages to achieve public values. In the agreement between non-formal institutional policy actors and the Poltekkes Kemenkes Jakarta 3, they have a measurable and comprehensive perspective regarding the policy agenda setting.

7. Social Structure

Structuresocialthe order of rules/norms that apply in society creates social order, and immediately minimizes the occurrencesocial conflictwhich generally occurs in society.In the picture Social structure in society with different functions and classes. This grouping of

functions and classes of society accommodates that every human being has their own advantages and disadvantages, where fellow human beings must complement each other and work hand in hand with each other so that all life's needs can be met properly. The principal provides a citizen's perspective in conditioning and collectively coordinating citizens to achieve public values of women's health and family planning. The social structure facilitates residents in social change in the neighborhood.

8. Agenda Setting Process Factors

On the agenda for setting the Community Midwifery Practice process in the community environment, in this case the community and non-formal institutions in the Rukun Tetangga environment, on public issues in women's health and family planning. The policy actors carry out agenda setting in stages starting from public agenda setting, media agenda setting, process agenda setting to downstream carrying out policy agenda setting. Next, the agenda setting process includes values, dialogue, agreements and correlated social structures.

Another public health problem is family planning. Family planning from the perspective of Islamic law creates a quality, prosperous family and gives birth to healthy offspring, which is relevant to the objectives of Islamic law by realizing the benefit of its people. Family planning with a number of benefits is an effort to prevent harm. Benefits and prevention of harm to the function and benefits of family planning are no longer a necessity in Islam. Family planning (KB) according to ijma ulama is an effort to regulate the birth span as an effort to prevent pregnancy with an agreement between husband and wife on the provisions of the situation and conditions for the benefit (benefit) of the family.

In this case, family planning is based on the understanding of tanzim al nasl (heredity management). Birth control is not a prohibition in the sense that tanzim al nasl (control of offspring), rather than tahdid al nasl (restriction of offspring) in the sense of sterility (taqim) and abortion (isqot al-haml), then birth control is not prohibited. Family planning is permitted within the limits of the meaning explained, fatwas have been carried out by individual ulama and Islamic

institutions at national and international levels, which can be concluded that family planning is permitted, in this case family planning with this limited understanding has almost become Ijma`Ulama. The MUI (Indonesian Ulema Council) has also issued a similar fatwa at the National Ulema Conference on Population, Health and Development in 1983. Although theoretically there have been many ulama fatwas that allow family planning in the sense of tanzim alnasl, we must still pay attention to the type and working method of the device/ the contraceptive method that will be used for family planning.

D. Conclusion

Community Midwifery Practices carried out by Non-formal Policy Actors on Women's Health and Family Planning. Non-formal policy actors in Public Private Partnership (PPP) partnerships in the fields of Women's Health and Family Planning through agenda setting policies strengthen the public.

Field PPP Program Stage Process Women's Health and Family Planning which non-formal policy actors carry out with Jakarta private vocational schools include:

a. Preparation

Community Midwife practice is a necessity for residents in RT 011 RW 05, Malaka Sari Village, East Jakarta. Socialization about Women's Health and Family Planning by registering a citizen form and a cover letter by the Rukun Tetangga Management of RT 011 RW 05, Malaka Sari Village, East Jakarta.

b. Implementation

Head of RT together with midwifery students from Poltekkes Kemenkes Jakarta 3 conducted outreach on Women's Health and Family Planning.

c. Follow-up

Students from the Jakarta 3 Ministry of Health Polytechnic followed up on the implementation of the PPP program in the field of Women's Health and Family Planning by making a report on a number of findings in the environment.

The view of Islamic Law regarding Women's Health and Family Planning, creating quality, prosperous families and giving birth to healthy offspring is very much in line with the objectives of Islamic law, namely to bring about the benefit of its people. KB also has a number of benefits that can prevent harm from occurring. If we look at the functions and benefits of family planning which can bring about benefits and prevent harm, there is no doubt about the permissibility of family planning in Islam.

Women's Health and Family Planning are a showcase for family health in the environment. Non-formal policy actors RT and RW environmental administrators are initiators who empower their citizens and strengthen families in the Women's Health and Family Planning process to achieve public values of justice, equality and openness.

From the research carried out, it was found that several obstacles were factors that hindered the health achievements of citizens and the environment. To overcome these obstacles, researchers provide the following suggestions:

1. The Jakarta 3 Ministry of Health Poltekkes is making efforts to increase cross-program and cross-sectoral cooperation by coordinating continuously or routinely once a month with RT and RW, cross-program and cross-sectoral environments.
2. Encourage local residents to be proactive in carrying out health checks for mothers and children, so that health history can be monitored.
3. Efforts to provide guidance to Midwifery Students, increase in continuing education, increase abilities in understanding women's health and reproduction, provide adequate health facilities or referrals at the primary or secondary service level.

On the policy of sustainable Community Midwifery Practice with the Midwifery Education policy. This is explained by (HAR Tilaar & Riant Nugroho: 2009) that education policy is the key to excellence, even the existence of the country in winning global competition should receive priority in competition in the era of globalization.

This Midwifery Education Policy through Community Midwifery Practice is a decision made by the government or organizers in the education sector as a reaction to the emergence of various educational problems that have become public attention, as well as a guide to action

and solutions and innovations to achieve the vision and mission of education by the government and actors. others who take care of education.

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