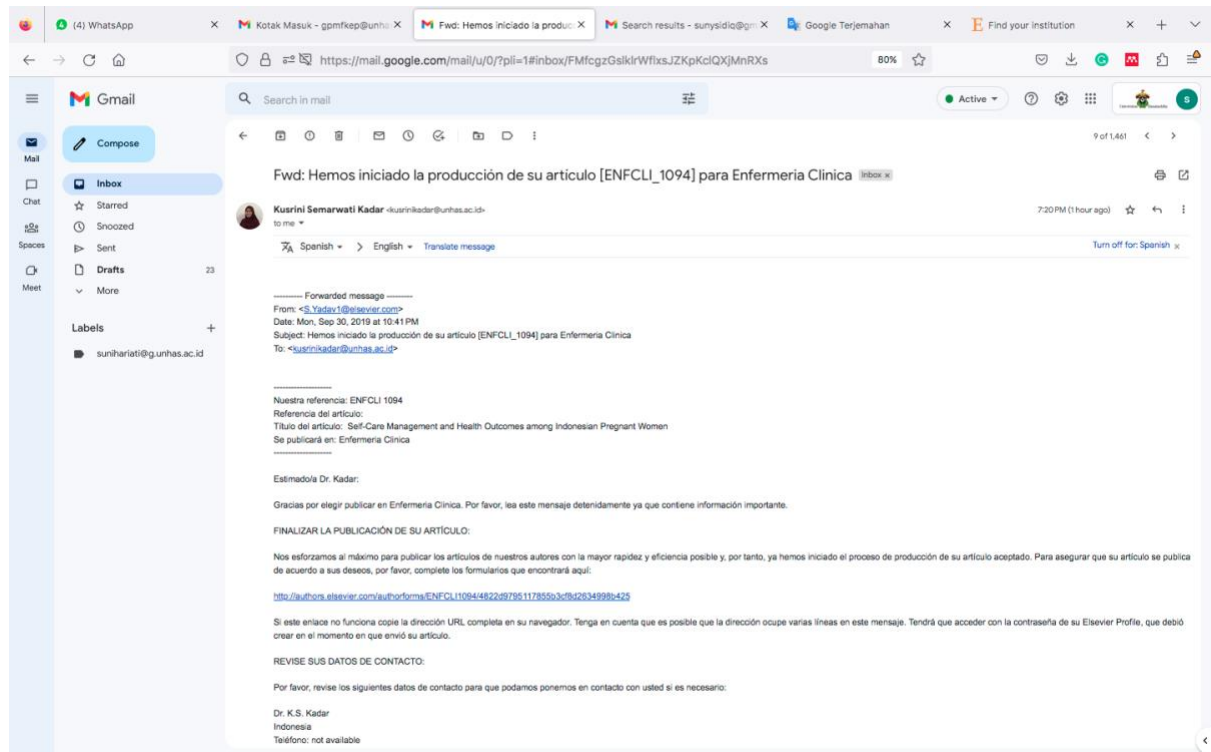


5. **Jurnal ilmiah internasional bereputasi:** Self-care management and health outcomes among Indonesian pregnant women

Jurnal bereputasi (Scopus Q3)

Peran: Co author

Topik artikel kurang sesuai dengan bidang keilmuan pengusul. Artikel dipublikasi di jurnal dengan scope yang sesuai, yakni jurnal internasional dengan SJR 0.226. Bukti korespondensi perlu ditambahkan dalam bukti kinerja. Mohon diperbaiki.



Browser tabs: (4) WhatsApp, Kotak Masuk - gpmfkep@unhi, Fwd: Publishing Agreement completed for your article [ENFCLI_1094], Search results - sunysidiq@gm, Google Terjemahan, Find your institution

Address bar: <https://mail.google.com/mail/u/0/?pli=1#inbox/FMfcgzGsklrWfIxsJJXCKCHjbcJshHl>

Search in mail

Active

15 of 1467

Compose

Inbox

Starred

Snoozed

Sent

Drafts 23

More

Labels

sunhariati@g.unhas.ac.id

----- Forwarded message -----
 From: Elsevier - Author Forms <Article_Status@elsevier.com>
 Date: Tue, Oct 1, 2019 at 5:15 PM
 Subject: Publishing Agreement completed for your article [ENFCLI_1094]
 To: <kusurinkadar@unhas.ac.id>

Please note this is a system generated email from an unmanned mailbox.
 If you have any queries we really want to hear from you via our 24/7 support at <http://service.elsevier.com>

Article title: Self-Care Management and Health Outcomes among Indonesian Pregnant Women
 Article reference: ENFCLI1094
 Journal title: Enfermeria Clinica
 Corresponding author: Dr. K.S. Kadar
 First author: Dr. K.S. Kadar

Dear Dr. Kadar,

Thank you for completing the Rights and Access Form. Please find attached a copy of the "Journal Publishing (License) Agreement" which you completed online on 1-OCT-2019.

If you have any questions, please do not hesitate to contact us. To help us assist you, please quote our article reference ENFCLI1094 in all correspondence.

Now that your article has been accepted, you will want to maximize the impact of your work. Elsevier facilitates and encourages authors to share their article responsibly. To learn about the many ways in which you can share your article whilst respecting copyright, visit: www.elsevier.com/author-articles

We are committed to publishing your article as quickly as possible.

Kind regards,
 Elsevier Author Support

HAVE QUESTIONS OR NEED ASSISTANCE?
 For further assistance, please visit our Customer Support site where you search for solutions on a range of topics and find answers for frequently asked questions. You can also talk to our customer support team by phone 24 hours a day from Monday-Friday and 24/7 by live chat and email. Get started at > <http://service.elsevier.com>

Browser tabs: (4) WhatsApp, Kotak Masuk - gpmfkep@unhi, Fwd: Revise las pruebas de su manuscrito [ENFCLI_1094] para Enfermeria Clinica, Search results - sunysidiq@gm, Google Terjemahan, Find your institution

Address bar: <https://mail.google.com/mail/u/0/?pli=1#inbox/FMfcgzGsklrWfIxcnJVMCSwsGtqbb>

Search in mail

Active

14 of 1467

Compose

Inbox

Starred

Snoozed

Sent

Drafts 23

More

Labels

sunhariati@g.unhas.ac.id

Fwd: Revise las pruebas de su manuscrito [ENFCLI_1094] para Enfermeria Clinica **Inbox**

Kusurini Semarwati Kadar <kusurinkadar@unhas.ac.id>
 to me

7:20 PM (1 hour ago)

Spanish - English - Translate message

Turn off for Spanish

----- Forwarded message -----
 From: <papi@elsevier.com>
 Date: Wed, Oct 16, 2019 at 8:02 AM
 Subject: Revise las pruebas de su manuscrito [ENFCLI_1094] para Enfermeria Clinica
 To: <kusurinkadar@unhas.ac.id>

POR FAVOR, NO MODIFIQUE EL TEXTO DEL ASUNTO DE ESTE MENSAJE

Nuestra referencia: ENFCLI 1094
 Referencia del artículo:
 Título del artículo: Self-Care Management and Health Outcomes among Indonesian Pregnant Women
 Se publicará en: Enfermeria Clinica

Estimado/a Dr. Kadar:

Recientemente le enviamos las pruebas del artículo mencionado arriba. Nuestros registros indican que todavía no hemos recibido sus correcciones o su aprobación para publicarlo sin cambios.

Por favor, avísenos lo antes posible si no ha recibido las pruebas de su artículo.

Si todavía no lo ha hecho, por favor, envíenos sus correcciones o su aprobación para publicar el artículo lo antes posible (puede enviarnos solo las páginas que contengan correcciones).

Las pruebas deben ser utilizadas únicamente para revisar la composición tipográfica, la edición, la integridad y la exactitud de los textos, las tablas y las figuras.

Si usted ya ha devuelto sus correcciones en las últimas 48 horas, por favor, ignore este mensaje.

Tenga en cuenta que una vez recibamos sus correcciones, su artículo se considerará finalizado y ya no se podrán realizar más cambios.

Muchas gracias por su colaboración. Por favor, póngase en contacto con nosotros si tiene alguna consulta e incluya siempre la referencia de su artículo (ENFCLI 1094).

Atentamente,
 Papi Pau
 Journal Manger

(5) WhatsApp X Kotak Masuk - gpmfkep@unhas X Fwd: Proofs of [ENFCL1094] X Search results - sunyisid@gin X Google Terjemahan X Find your institution X

https://mail.google.com/mail/u/0/?pli=1#inbox/FMfcgzGsklrWfhoqjWvjtrdWXQgxfIV 80%

Gmail Search in mail Active

13 of 1467

PLEASE DO NOT ALTER THE SUBJECT LINE OF THIS E-MAIL

Dear Author

The proof of your article, to be published in ENFERMERIA CLINICA, is attached to this e-mail as a PDF file. Also attached are instructions on the annotation of PDF files (notas.pdf). A 'Query Form' is also included as the front page of the proof, detailing any questions regarding your article that have arisen during the preparation of the proof.

We will do everything possible to get your article published quickly and accurately, to do this we need your cooperation. Please respond promptly (48 hours), even if you have no corrections; the sooner we hear from you, the sooner your corrected article will appear online. Please note that any delay in returning your corrections could result in a delay in publication and that any significant changes to the article as accepted for publication will only be considered at this stage with the permission of the Editor.

Please note that proof corrections can now be annotated on-screen, which allows you to mark directly in the PDF file, and return the marked file as an e-mail attachment. See the attached instructions for further information.

Alternative methods of returning proof corrections:

If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) in an e-mail and return them to us using the 'reply' button to this e-mail. Please list your corrections quoting line number.

If, for any reason, this is not possible, mark the corrections and any other comments (including replies to the Query Form) on a printout of your proof and fax this to the number given below, or scan the pages and return them by e-mail.

We prefer to receive your corrections by e-mail or fax so that we can process your article quickly and efficiently. However, if you wish to return your corrections by post then please contact us and we will provide the full postal address.

Please use this proof for checking the typesetting, editing, completeness and correctness of the text, tables and figures.

If you submitted usable colour figures with your article they will appear, at no extra charge, in colour on the web if reproduced in colour in the attached PDF proof of your article. In the printed issue, colour reproduction depends on journal policy and whether or not you agree to bear any costs (not applicable to journals which appear only online). Any 'supplementary' material to your article (i.e., not appearing in print) will be accessible after your corrected article is placed online; such material is not part of the proofing procedure and is therefore not attached here.

Before returning your proof corrections, please ensure that you have answered any questions raised on the Query Form and that you have indicated all corrections; this is the last opportunity to make corrections before the final publication of your article.

Kind regards,


Elsevier

E-mail corrections to: corrections.eses@elsevier.com
Fax: +34 932 091 136

For further assistance, please visit our customer support site at <http://support.elsevier.com>. Here you can search for solutions on a range of topics. You will also find our 24/7 support contact details should you need any further assistance from one of our customer support representatives.

—
Dr. Kusriani S. Kadar, BN, MN, PhD
Assistant Professor
Faculty of Nursing, Universitas Hasanuddin, Makassar, Indonesia
Office e-mail: kusriani.kadar@unhas.ac.id

AUTHOR QUERY FORM

 ELSEVIER	Journal: ENFCLI	Please e-mail your responses and any corrections to:
	Article Number: 1094	

Dear Author,

Please check your proof carefully and mark all corrections at the appropriate place in the proof (e.g., by using on-screen annotation in the PDF file) or compile them in a separate list. Note: if you opt to annotate the file with software other than Adobe Reader then please also highlight the appropriate place in the PDF file. To ensure fast publication of your paper please return your corrections within 48 hours.

For correction or revision of any artwork, please consult <http://www.elsevier.com/artworkinstructions>.

Any queries or remarks that have arisen during the processing of your manuscript are listed below and highlighted by flags in the proof. Click on the 'Q' link to go to the location in the proof.

Location in article	Query / Remark: click on the Q link to go Please insert your reply or correction at the corresponding line in the proof
	The reference given here is cited in the text but is missing from the reference list – please make the list complete or remove the reference from the text: Cohen (1988).
Q1	Please confirm that given name and surname are correctly identified. The different colors indicate whether tagged as first or last name. Please note that proper identification is key for correct indexing of the article.
Q2	The country name has been inserted in affiliation b. Please check, and correct if necessary.
Q3	Correctly acknowledging the primary funders and grant IDs of your research is important to ensure compliance with funder policies. We could not find any acknowledgment of funding sources in your text. Is this correct?
Q4	Ref. Cohen (1988) is cited in the text but not provided in the reference list. Please provide it in the reference list or delete the citation from the text.
<div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> Please check this box or indicate your approval if you have no corrections to make to the PDF file <input type="checkbox"/> </div>	

Thank you for your assistance.



Enfermería Clínica

www.elsevier.es/enfermeriaclinica



Self-care management and health outcomes among Indonesian pregnant women

Q1 Kusrini S. Kadar^{a,*}, Nurul Fadhilah Gani^b, Erfina Erfina^a, Suni Hariati^a

^a Faculty of Nursing, Hasanuddin University, Indonesia

Q2 ^b Nursing School Nani Hasanuddin Makassar, Indonesia

Received 29 May 2019; accepted 15 July 2019

KEYWORDS

Self-care management;
Health outcome;
Pregnant women;
Indonesia

Abstract

Objective: The aim of the study is to explore the correlation between self-care management and health outcomes among pregnant women in Makassar City, Indonesia.

Method: This study used a quantitative method with longitudinal design study. There were 37 pregnant women with more than 28 weeks gestation participated in this study selected using purposive sampling technique.

Result: Result from this study show that more pregnant women had low self-care management only self-care management only correlate with breastfeeding (OR: 95%CI) 5.556 and *p*-value 0.022). Other variables such as types of birth and baby's weight have no correlation with self-care management.

Conclusion: Self-care management is one indicator to see someone can reach health outcome. This study revealed that pregnant women with good self-care management would five times higher to have a good understanding of breastfeeding and will breastfeed their babies fully.

© 2019 Elsevier España, S.L.U. All rights reserved.

Introduction

Pregnancy and childbirth are special events in women's lives and their families. In this period, pregnant women will experience a variety of complex changes, both physical and psychosocial.¹ Even though pregnancy is not a disease, but a normal physiological process, it is associated with certain risks to the health and survival both for women and

* Corresponding author.

E-mail address: kusrinikadar@unhas.ac.id (K.S. Kadar).

Peer-review under responsibility of the scientific committee of the International Conference on Women and Societal Perspective on Quality of Life (WOSQUAL-2019). Full-text and the content of it is under responsibility of authors of the article.

neonates.² Women in developing countries have many more pregnancies than women in developed countries, and their lifetime risk of death due to pregnancy is higher.³

Decreasing maternal mortality rate (MMR) is an indicator of improving maternal health.⁴ Maternal mortality is unacceptably high. Globally, about 830 women die from pregnancy or childbirth related complications every day,³ the number of maternal mortality rate in Indonesia around 305 per 100.000 live births.⁴ However, the number is still high to achieve the target of Sustainable Development Goal (SDGs') to reduce the global maternal mortality ratio to less than 70 per 100.000 births.³

The major causes of Indonesian maternal death are hypertension in pregnancy (HDK), postpartum bleeding, and infection.⁴ Prenatal care is one of the models of primary and secondary prevention of disease.² Health maintenance is an important aspect of prenatal care.² Self-care management during pregnancy is one of the factors that really need to be considered to prevent complications and death during labor, in addition, to enhancing health outcome, including the growth and health of the fetus.⁵ Studies have shown that improvement in maternal awareness during pregnancy and childbirth could encourage the mother to practice such care and subsequently reduce complications during pregnancy.

Given the improve health outcomes among pregnant women, the number of weight birth baby and breastfeeding are indicators for self-care management. To ensure mothers have health outcomes of pregnancy, it is important for understanding the correlation of self-care management and health outcomes of mothers' pregnancy. However, to date, no relevant investigation has been undertaken among this population. The aim of the present study was to explore the correlation between self-care management and health outcomes among Indonesian pregnant women.

Method

This was a longitudinal study encompassing 37 pregnant women who recruited by using the purposive sampling techniques. Inclusion criteria were pregnant women with more than 28 weeks gestation, no history of pregnancy complication, willing to become a respondent and to live in Makassar, South Sulawesi. Makassar is a capital city in South Sulawesi, Indonesia. It was selected for the study due to the decline in maternal mortality rate has still not reached the government target.

Self-care management for pregnant women was measured by *Hart Prenatal Action Scale* that had been translated into Bahasa (Indonesia language) and back translated into English. This questionnaire consisted of 36 questions using a 5-likert scale from 1 (Never) to 5 (Always). The total score range from 36-180. *Hart Prenatal Action Scale* consisted of six aspects are antenatal care visit, nutrition, personal hygiene, breast care, activity and rest, and medicine. Health outcomes were measured by delivery method, birth weight baby, and breastfeeding, which assess one week after birth.

Ethical approved was obtained from Institutional review boards of the University. The study was performed in accordance with the Helsinki Declaration. After receiving an explanation of the aims and requirements of the research, written informed consent was obtained. Respondents could

Table 1 Characteristics of the sample.

Variable	<i>n</i>	%
Age (mean, ±SD)	27	5.56
<i>Educational level</i>		
Primary school	4	10.8
Junior high school	3	8.1
Senior high school	20	54.1
Diploma	5	13.5
University	5	13.5
<i>Family income</i>		
High	19	51.4
Low	18	48.6
<i>Gravida</i>		
Primigravida	15	40.5
Multigravida	22	48.6

withdraw from the study at any time without stating a reason.

IBM SPSS version 22.0 (IBM Corp., Armonk, NY, USA) was used to perform data analysis. Frequency distributions and descriptive statistics were conducted to show participant characteristics, while the chi-square test (χ^2). Overall statistical significance was at the two-sided 5% level ($p < 0.05$). Within and between group effect-sizes (Cohen's *d*) (Cohen, 1988) and 95% confidence intervals (CI) were calculated using the observed data.

Result

The total of 37 participants was included in the analysis. Most of the participants were aged from 20 to 45 years. The average age of the participants was 27 years, with a standard deviation of 5.56 years. The minimum age was 20 years, and the maximum age was 47 years. All participants were educated by formal education: elementary school, junior high school, senior high school, diploma, and university. The majority of the participants are senior high school (54.1%). Regard to pregnancy, 59.5% of participants was multigravida, and 67.6% were in the third trimester (see [Table 1](#)).

[Table 2](#) summarizes the description of self-care management and health outcomes among pregnant women. Most respondents had less of self-care management (54.1%). Health outcomes showed most of the type of birth with vaginal birth (86.5%) had normal birth weight baby (94.6%), and most of the respondent had breastfeeding (64.9%).

The correlation between self-care management and health outcomes (Type of birth, birth weight baby, and breastfeeding) in pregnant women is presented in [Table 3](#).

Discussion

To best our knowledge, this study to explore the correlation self-care management and health outcomes among Indonesian pregnant women. The result showed that the presentation of self-care management was moderate. The difference in self-care management of pregnant women is almost balanced between good and less. However, more

Table 2 The description of self-care management and health outcomes among pregnant women (*n* = 37).

Variable	<i>n</i>	%
<i>Self-care management</i>		
Good	17	45.9
Less	20	54.1
<i>Health outcomes</i>		
<i>Type of birth</i>		
Vaginal	32	86.5
Sectio-caesarea	5	13.5
<i>Breastfeeding</i>		
Full breastfeeding	24	64.9
Partial breastfeeding	13	35.1
<i>Birth weight baby</i>		
Normal birth weight	35	94.6
Low birth weight	2	5.4

pregnant women have less self-care management. To ensure the birth of a healthy infant, women require a wide range of care to safeguard maternal and child health.⁶

Socio-demographic characteristics contributed to practicing healthy behavior, and it could affect their health either positively or negatively. The present study described that pregnant women mean age 27 (SD ± 5.56) years. Meanwhile, most of the study participants had a high educational background. This in line with another study that self-care behavior was better in patients with higher education, although the improvement with the intervention was similar irrespective of the educational level.⁷

The birth of a child is a crucial time in the life of a mother and her family. The future health and well-being of family members influenced by the health and well-being of a mother and child at birth.⁸ This study revealed no significant correlation between self-care management and type of birth. This study found dominant of pregnant women had good self-care management delivery baby with the vaginal method. This might be due to the economic status of respondents that make them prefer to deliver their baby normally because choosing sectio-caesarean option is expensive. Self-care management, including prenatal strategies, could help women to prepare emotionally and physically for labor, may help reduce pain and suffering and optimize wellbeing in childbirth.⁹

Birth weight baby was the one of indicator wellbeing in childbirth.¹⁰ The result of this study showed no significant correlation between self-care management with

birth weight baby. However, most participants have given birth with normal weight baby. In This study one aspect of self-care management was nutrition. Adequate maternal nutrition is a key factor for achieving good pregnancy outcomes.¹¹ Nutritional status of pregnant women is known to influence the quality and health of neonates.¹² Birth weight is the most sensitive and reliable indicator of the health of an infant and associated with the health and survival of them.¹² Low birth weight (LBW) is an indicator of the poor health of neonates.¹³

Breastfeeding provides benefits for infants, including as the best source of nutrition for infants, support on child health and growth, protection from infectious disease, and certain chronic diseases.¹⁴ Breastfeeding problems were experienced by all Indonesian adolescent mothers.¹⁵ This present study revealed that a significant correlation between breastfeeding and self-care management. Pregnant women with good self-care management was continued their full breastfeeding. This finding showed that important for pregnant women for breast care during pregnancy as a dimension of self-care management.

Self-care management of pregnant women can be improved by improving their health literacy about their pregnancy. Part of this study has shown that health literacy has a correlation with self-care management of pregnant women.¹⁶ It is shown particularly participants have low health literacy in communicative and critical aspect. This might result due to their lack of access to health information. Maternal health nurses and midwifery plays an important role in improving the health literacy of pregnant women. However, a condition in Indonesia, especially in the eastern part of Indonesia, health staff who are working in a community health center do not perform health education optimally due to multitasking job they have in the center. Some midwives are also responsible for another program such as for elderly program and others.^{17,18} This situation forces them to divide their time and cannot focus on their main task as a midwife. Majority of midwifery working in a community center in Indonesia only hold diploma one (one year midwife education) and this education do not prepare them well to work with the complex problem of pregnant women.¹⁹ Midwifery institution in Indonesia, especially in the eastern part of Indonesia including Makassar, South Sulawesi also consider low in quality due to low in accreditation process.²⁰ Midwife and maternal health are not prepared with sufficient knowledge and skills on how to improve pregnant women health literacy to help them improving their self-care management.¹⁹

Table 3 The correlation between self-care management and health outcomes in pregnant women.

Independent variable	Dependent variable					
	Type of birth		Birth weight baby		Breastfeeding	
	OR (95%CI)	<i>p</i> -value	OR (95%CI)	<i>p</i> -value	OR (95%CI)	<i>p</i> -value
Self-care management	4.533 (0.455–45.156)	0.340	0.000 (0.000–0.000)	0.486	5.556 (1.2–25.7)	0.022

95%CI, 95% confidence interval; OR, odds ratio.

203 Conclusions

204 It can be concluded that the average of Indonesian preg-
205 nant women has less self-care management. There was
206 a statistic correlation between self-care management and
207 breastfeeding. However, there was no correlation in self-
208 care management with the type of birth and birth weight
209 baby.

210 Overall, the results provide insight and awareness of
211 an important of self-care management during pregnancy.
212 Therefore, maternity nurses should pay attention to self-
213 care in prenatal services. If the maternal health staff cannot
214 perform their task optimally due to lack of knowledge and
215 skills on how to improve health literacy pregnant women
216 surely they will not be able to help those women to have
217 good self-care management and health outcomes eventu-
218 ally.

219 Conflict of interests

220 The authors declare no conflict of interest.

221 Acknowledgement

222 Authors would like to thank all participants in this study.

223 References

- 224 1. Gomora A, Mukona D, Zvinavashe M, Dhaka A. The relationship
225 between prenatal self care and adverse birth outcomes in young
226 women aged 16 to 24 years. *J Nurs Heal Sci.* 2015;4:72–80.
- 227 2. Prathima P. Compare knowledge on self care management
228 of pregnancy induced hypertension between primigravida and
229 multigravida. *Nitte Univeristy J Heal Sci.* 2014;4:61–5.
- 230 3. World HO. Maternal mortality. Available from:
231 https://www.who.int/news-room/fact-sheets/detail/maternal-mortality?fbclid=IwAR1Mw4Fif3_18oZb0rpnB9lGShNk14aqdfZlh5qx4s5vCGPhkBWYJ1SCXgY [accessed 07.07.19].
- 232 4. Kementerian Kesehatan Republik Indonesia. Kementerian Kese-
233 hatan RI. Profil Kesehatan Indonesia 2015; 2016.
- 234 5. Gamelia E, Sistiarani C, Masfiah S, Kesehatan J, Fakultas M,
235 Universitas IK, et al. Determinant of mother' s prenatal care
236 behaviour; 2015. p. 109–14.
- 237 6. World HO. Pregnant adolescents. Available from: https://apps.who.int/iris/bitstream/handle/10665/43368/9241593784_eng.pdf?sequence=1&isAllowed=y.
- 238 7. González B, Lupón J, Domingo M, Cabanes R, de Antonio M,
239 Arenas M, et al. Educational level and self-care behaviour in
240 patients with heart failure before and after nurse educational
241 intervention. *Eur J Cardiovasc Nurs.* 2014;13:459–65.
- 242 8. Cook K, Loomis C. The impact of choice and control on women's
243 childbirth experiences. *J Perinat Educ.* 2012;21:158–68.
- 244 9. Romano AM. Research summaries for normal birth. *J Perinat
245 Educ.* 2008;17:55–60.
- 246 10. World Health Organization. Standards for improving quality of
247 maternal and newborn care in health facilities; 2016, ISBN 978
248 92 4 151121 6. p. 73.
- 249 11. Abubakari A, Jahn A. Maternal dietary patterns and prac-
250 tices and birth weight in northern Ghana. *PLOS ONE.*
251 2016;11:e0162285.
- 252 12. Khoushabi F. Impact of nutritional status on birth weight of
253 neonates in Zahedan City, Iran. *Nutr Res Pract.* 2010;4:339–44.
- 254 13. Da Silva Lopes S, Ota E, Shakya P, Dagvadorj A, Balogun OO,
255 Peña-Rosas JP, et al. Effects of nutrition interventions dur-
256 ing pregnancy on low birth weight: an overview of systematic
257 reviews. *BMJ Glob Health.* 2017;2:e000389.
- 258 14. Horta BL, Bahl R, Martines JC, Victora CG. Evidence on the
259 long-term effects of breastfeeding: systematic reviews and
260 meta-analyses. Geneva, Switzerland: World Health Organiza-
261 tion; 2007.
- 262 15. Erfina E, Widyawati W, McKenna L, Reisenhofer S, Ismail D.
263 Exploring Indonesian adolescent women's healthcare needs as
264 they transition to motherhood: a qualitative study. *Women
265 Birth.* 2019, <http://dx.doi.org/10.1016/j.wombi.2019.02.007>.
- 266 16. Gani NF, Kadar KS, Kaelan C. Health Literacy and self care man-
267 agement in pregnancy women in Makassar. *Indonesian Contemp
268 Nurs (ICON).* 2017;1.
- 269 17. Kadar KS, McKenna L, Francis K. Scoping the context of programs
270 and services for maintaining wellness of older people in rural
271 areas of Indonesia. *Int Nurs Rev.* 2014;61:310–7.
- 272 18. Rencana Kerja Dinas Kesehatan Provinsi Sulawesi Selatan
273 2018 (Action Plan Health Office South Sulawesi Province
274 for 2018) [Internet]. Dinas Kesehatan Sulawesi Selatan;
275 2017. Available from: [https://e-renggar.kemkes.go.id/
276 file2018/e-performance/2-199005-tahunan-480.pdf](https://e-renggar.kemkes.go.id/file2018/e-performance/2-199005-tahunan-480.pdf) [cited
277 10.06.19].
- 278 19. Fadilah N, McKenna L. New nurses and community mater-
279 nal care education: a qualitative study. *Nurse Educ Pract.*
280 2019;34:139–44.
- 281 20. Indonesia's doctors, midwives and nurses: current stock,
282 increasing needs, future challenges and options [Internet].
283 Depkes-RI, Bappenas: World Bank, Royal Netherland Embassy;
284 2009. Available from: [http://www-wds.worldbank.org/
285 external/default/WDSContentServer/WDSP/IB/2009/06/22/
286 000334955_20090622105305/Rendered/PDF/477150WP0Indon
287 1BOX0338925B01PUBLIC1.pdf](http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2009/06/22/000334955_20090622105305/Rendered/PDF/477150WP0Indon1BOX0338925B01PUBLIC1.pdf) [cited 24.09.16].
- 288
- 289
- 290