

THE RELATIONSHIP OF GENDER ROLES AND DECISION MAKING FOR MIDWIFERY SERVICES FOR CHILDHOOD IN THE IIRD TRIMESTER OF PREGNANT WOMEN INDEPENDENT PRACTICE OF MIDWIFERY FENNY ASTARI

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Abstract

Background: There is a large disparity in health care options between men and women in Indonesia. The primary causes of this illness are gender inequality and the stigmatisation of women in the medical system. Health initiatives have also not given this issue due consideration. **Objectives:** Being aware of how gender roles influence the choices made by midwives when third-trimester pregnant women are about to go into labour. **Methods:** The variable data is simultaneously evaluated in this cross-sectional study design, which combines a descriptive research methodology with a quantitative approach. This study included 78 pregnant women in their third trimester who were clients of Fenny Astari's own practice as midwives. The study's sample, which consisted of 78 individuals, was comprised of third-trimester pregnant women who were clients of Fenny Astari's independent practice. In this investigation, complete sampling was the sample method employed. Univariate and bivariate analyses are the two methods employed. **Results:** Using the chi square statistical test results, the choice is made to reject H_0 and accept H_a because the p value is less than the alpha value of 0.05. **Conclusions:** Decision-making is very important, especially the mother's decision for services and childbirth. Because the mother's comfort in pregnancy and childbirth services affects the fetus that will be born. For this reason, there must be an understanding for the father to understand and give this decision to the mother. Because H_a is accepted, "There is a significant relationship between gender roles and midwifery service decision making".

Keywords: Decision-Making, Gender equality, Service Delivery

Introduction

Many women in Indonesia do not have the same access to health care opportunities as men. Gender disparities and discriminatory treatment between them in health services are the main causes of this disease (Zuhri & Amalia, 2022). Health initiatives have not considered this issue either. Because each person has unique potential that develops throughout life and is influenced by their environment, men and women basically have the same cognitive capacity (Suryana, 2021). Some theories suggest that men tend to excel in mathematics and geography, while women usually do well in languages (Tukiran, 2021). However, overall, everyone gets the opportunity to develop and become the best in their respective disciplines.

Today, our health professionals are becoming more aware of the importance of considering gender issues when providing medical care, especially to reduce the possibility of injustice and unequal positions and obligations in the workplace. However, it takes more than turning the palm of the hand to understand gender injustice and inequality. The lack of gender knowledge among health practitioners

can be caused by at least three main problems (Nudin, 2020), including the concept of gender being a new idea, not being sure what to do and how to implement it.

After the UN Conference on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1979, which focused on eliminating all forms of discrimination against women, a number of countries have addressed the issue of gender equality (Sulaimah, 2022). A benchmark in fighting for women's human rights (HAP) was set by the results of the conference. After the Indonesian government gave its approval in 1984, the Convention on the Elimination of All Forms of Discrimination Against Women became Law Number 7 of 1984. In addition, the Beijing Platform for Action, developed at the 1995 World Conference on Women, included women's health as one of 12 sectors important matters outlined in the action plan. All participating countries, including Indonesia, are required by this conference to implement gender mainstreaming in their respective countries (Bidayati, 2021).

Promoting gender equality is the goal of the Beijing Declaration, which is closely linked to initiatives to equalize the rights and dignity of men and women (Niswah, 2021). The result of the agreement was the Beijing Declaration and Framework for Action, which outlined 12 key areas deemed critical to improving the equal rights of women and men. women and poverty, women's education and training, women's health, violence against women, women and armed conflict, women and the economy, women and decision making, women's human rights, media and women, women and the environment, and girls first of these important issues.

To gain knowledge about gender, it is necessary to understand the differences between men and women in terms of physical attributes, reproductive systems, mental processes, and problem-solving strategies (Aprilia et al., 2023). It is also important to recognize that the brain structure of men and women is different. Medical issues are still the main focus of healthcare, while social media content receives less attention. To be sure, socioeconomic inequality plays a major role in the gender gap, but it also impacts society as a whole.

Men and women clearly differ from each other in terms of health and disease trends. Women may live longer than men on average, but they also tend to be more stressed and uncomfortable in general, which may indicate that women are less healthy in general (Ratmanasari et al., 2020). The fact that women can become pregnant and give birth indicates that they need various types of medical care for both disease and general health. Humans have to make decisions because they have to deal with various problems to meet their diverse needs. Therefore, everyone must make the right decision (Hayani, 2021). Even though decisions are the most personal things, decisions are made through processes that occur within a system. People usually have to make decisions because they have to face various problems to move on with their lives. The ability to make decisions is very important for navigating life's challenges and ensuring one's survival (Mahardika & Ramadhan, 2021).

When choices are made, even though at first glance they seem unimportant, they have a big impact on a person's life (McGinnis, 2020). It considers various criteria to ensure that the selected action is correct. Teenagers usually base their decisions solely on what friends say, what parents say, what other people say, or what they decide themselves, without being aware of the facts they choose. Mature decision making is the ability to make alternative decisions and respond effectively in certain situations (Widodo, 2020). Making decisions while solving problems is an important skill for medical professionals, especially those who provide midwifery care. Increasing the capacity to adapt to change is very important, because this also has an impact on the midwifery care management process. As leaders and employees, clinical midwives must be able to solve problems and make good decisions (Paramitha et al., 2021).

Problem solving and decision making require critical thinking and analysis, which are skills that can be applied in midwifery practice. Decision making involves a rigorous process in an effort to achieve goals. Problem solving is integrated into the process phase as soon as possible. It is thought that critical thinking skills and self-development through mentorship and role modeling in the workplace are

necessary for effective problem solving and decision making (Tang et al., 2020). Women's development is currently being improved. The status of Indonesian women in relation to several functions and strategic positions is clearly visible. This diversity of roles shows that, with equal opportunities and improving quality, Indonesian women are a very potential resource. The maternal mortality rate in Indonesia is still quite high. This is partly caused by gender issues, especially because women cannot make decisions regarding their health, such as who will help with childbirth and other issues (Izzaturrahim, 2021).

Given that maternal mortality is a significant problem in many locations in Indonesia, comprehensive and superior change is still needed to be able to provide health services (Mahmood et al., 2021). Because prevention, community empowerment, and partnership-based promotion are key components of midwifery services, midwives must consistently provide complete midwifery services. In order to always be ready to help anyone who needs it, anytime, anywhere, they must also work together with other professional medical personnel. In the input, process and output components of professional services to individuals, families and community groups, professional standards must be the benchmark for all actions and care provided (Heruc et al., 2020). This will guarantee the quality of service.

One important element in efforts to reduce this mortality rate is the availability of high-quality maternal and newborn health services in the community which are focused on the three main themes of "making pregnancy safer", namely every birth attended by qualified health personnel, every obstetric complication and Newborn babies receive adequate care, and every fertile woman has access to services to prevent unwanted pregnancy complications and miscarriage (Julianti, 2020). Women face the greatest barriers when trying to receive health services because of their informal position with their husbands and decision makers – who helps a wife give birth is still largely decided by the husband. This causes women to be subordinated and have limited ability to make decisions in their own interests (Suarayasa, 2020).

Everyone, regardless of gender, has an equal responsibility to make a morally sound decision to have children without compromising their social, cultural, religious or other positions. This is mainly related to the reproductive process. In a more pragmatic sense, it can be said that women have the freedom to choose how to get the health services they need. However, in reality, there are always opinions that prioritize the status and role of men over women. There are many examples where women are viewed as inferior to men due to customs, religious interpretations, and administrative regulations. Facts show that there are still social norms that limit women's freedom to move, especially in their diverse lives (Azizah, 2020). Data on the number of pregnant women in the work area of Midwife Fenny Astari's Independent Practice from June to October 2023 shows 78 people, 60 of whom are in their third trimester of pregnancy. In a preliminary study conducted by interviewing ten pregnant women, eight of them stated that the husband was the head of the household who made all decisions regarding family matters.

To get detailed results, the researcher tried research from previous researchers using almost the same theme. The aim is of course to present novelty. The following is some research that is used as library material, including:

First, an article written by Atikah Putri Wulandari in 2015 with the title "An overview of decision making at the Sumedang Regional General Hospital in the primary to secondary level referral process." A cross-sectional strategy was used along with descriptive methodology. A random sampling approach was used for sampling. Ninety mothers who were referred from primary to secondary level at the Sumedang Regional General Hospital between September and December 2015 were given questionnaires, from which data were then collected. Based on the findings, families who have decision-making responsibility tend to make decisions slowly (16.1%) and experience referral delays of up to 17.2%. Quick decisions were taken regarding maternal complications (57.6%) and fetal complications

(42.4%). The study concluded that although couples made more decisions, families made decisions more slowly, which led to referrals being delayed. Then, decision making in dealing with fetal and maternal problems occurs more quickly. The research variables and research methodology currently differ from each other.

Second, an article written by Nurhayati in 2011 with the title "The Role of Gender in Decision Making for Midwifery Services at the Sari Simpang Limun Medan Maternity Home during Multigravida Birth." This research is descriptive in nature and uses primary data from questionnaires filled out by respondents. A total of 50 husband and wife couples who gave birth at RB Sari with multigravida births were sampled. Findings from this study showed that, of the seven statements made during pre-labor, women played the most dominant role in four statements: worrying about giving birth (22-44%), remembering to prepare for delivery (35-70%), remembering the day of delivery (27-54%), and completing household tasks (26-52%). The partner has the most dominant role in terms of gender roles during childbirth. The research methodology used in this research is different from previous research.

Gender and gender difficulties are almost always related to health problems. Health professionals can offer services that are appropriate and suitable for men and women by having a thorough awareness of the differences in health care needs and outcomes for the two sexes. As a result, health services will run more smoothly and effectively. The aim of this research is to find out how gender roles influence the choices made by midwives when a pregnant patient in the third trimester is about to give birth. Based on the description above, researchers are interested in conducting research with the title "The Relationship between Gender Roles and Decision Making for Midwifery Services for Childbirth in Third Trimester Pregnant Women at the Independent Practice of Midwife Fenny Astari".

Method

This research design uses a descriptive research design with a cross-sectional quantitative approach where the variable data is studied simultaneously. Quantitative descriptive is a type of research used to analyze data by technically describing or describing the data that has been collected as before. The population of this study consisted of 78 third trimester pregnant women who were clients of Fenny Astari's independent practice. The research sample, consisting of 78 people, consisted of third trimester pregnant women who were clients of Fenny Astari's independent practice. In this research, the sampling method used was complete sampling. Univariate analysis, which aims to explain the characteristics of each research variable, is one of the two data analyzes used in this research. According to Rochman and Priyanto (2022), this kind of analysis mainly produces the distribution and presentation of variables, and in the case of bivariate analysis, this analysis requires observing two variables that are said to be related or interconnected. In bivariate analysis, the Chi-Square correlative hypothesis test is applied to primary data.

Nivariate

1. Frequency Distribution of Respondent Characteristics

Respondent characteristics are characteristics that are inherent in the research topic, differentiate it from other subjects, and provide a general description of the attributes of the subject that is the focus of the research.

Table 1 Frequency Distribution of Respondent Characteristics

No	Karakteristik	F	%
1	Usia		
	> 20 tahun	22	28.2
	20 - 35 tahun	51	65.3
	> 35 tahun	5	6.5
	TOTAL	78	100
2	Pekerjaan		
	IRT	63	80.8
	Karyawan	15	19.2
	TOTAL	78	100
3	Pendidikan		
	SD	5	4.4
	SMP	13	16.7
	SMA	60	78.9
	TOTAL	78	100

Source: Respondent data at PMB Fenny Astari

Table 1 shows that of the 78 respondents, those aged < 20 years were 22 respondents (28.2%), those aged 20 – 35 years were 51 respondents (65.3%), and those aged > 35 years were 5 respondents (6.5%). The majority of respondents are housewives (housewives) with 63 respondents (80.8%) and the minority are employees with 15 respondents (19.2%). For elementary education, there were 5 respondents (4.4%), middle school, there were 13 respondents (16.7%), and the majority were high school with 60 respondents (78.9%).

2. Frequency Distribution of Decision Making

Table 2 Frequency Distribution of Decision Making

Pengambilan Keputusan	F	%
Tepat	46	58.9
Kurang Tepat	32	41.1
TOTAL	78	100

Table 2, it shows that of the 78 respondents who made the right decision, there were 46 respondents (58.9%), and 32 respondents (41.1%) made the wrong decision.

3. Frequency Distribution of Gender Roles

Table 3 Gender Role Frequency Distribution

Peran Gender	F	%
Baik	52	33.3
Kurang Baik	26	66.7
TOTAL	78	100

Table 3 shows that of the 78 respondents, 52 respondents (33.3%) had good gender roles and 26 respondents (66.7%) had poor gender roles.

Bivariate Analysis

Table 4 The Relationship between Gender Roles and Service Decision Making

Peran Gender	Pengambilan Keputusan				TOTAL	P Value	
	Tepat		Kurang Tepat				
	F	%	F	%	F	%	
Baik	32	61.5	20	37.5	52	100	0,01
Kurang Baik	14	53.8	12	46.2	26	100	
TOTAL	46	58.9	32	41.1	78	100	

Table 4 shows that those with good gender roles were 32 respondents (61.5%) who made the right decisions and 20 respondents (37.5%) who were not right in making decisions. Those whose gender roles were not good were 14 respondents (53.8%) who made the right decision and 12 respondents (46.2%) who did not make the right decision. Considering the findings of the chi square statistical test showing a p value of 0.01 - that is, a p value smaller than the alpha value of 0.05 - H_0 is rejected and H_a is accepted. The conclusion is "there is a significant relationship between gender roles and midwifery service decision making".

Labor Characteristics of Third Trimester Pregnant Women

Interesting results regarding the third trimester birth experiences of women who visited the Independent Practice of Midwife Fenny Astari were obtained from this research. Research findings show that 78 respondents, covering a wide range of attributes, were selected to participate as research subjects. Three age groups—less than 20 years, 20-35 years, and more than 35 years—were formed based on the age distribution of respondents. Sixty-five percent of respondents were over 35 years old, compared with 28.2% under 20 years old, 65.3% between 20 and 35 years old, and 6.5% over 20 years old. From here it can be seen that pregnant women of various ages are served by Independent Practice Midwife Fenny Astari. In terms of work, the majority of respondents are housewives (IRT) at 80.8%, while the minority are employees at 19.2%. This reflects that the majority of pregnant women who choose this practice are those who act as housekeepers. The education levels of respondents also varied greatly. As many as 4.4% had elementary school education, 16.7% had junior high school education, and the majority, namely 78.9%, had high school education. This indicates that Midwife Fenny Astari's Independent Practice is able to provide services to pregnant women with various levels of education. Overall, the results of this study show how inclusive maternal health services are offered to various levels of society, as well as how diverse the birth experiences of third trimester pregnant women are at the Independent Practice Midwife Fenny Astari. Therefore, this research makes a positive contribution to the depiction of the reality of the birthing process and further research needs to be carried out in the future to improve the standard of maternal and child health services.

Gender Roles in Facing Childbirth

From research findings collected by Independent Practicing Midwife Fenny Astari, the participants' perspectives provide an interesting picture of gender roles in the third trimester birth process. Around 33.3% of the 78 participants, or 52 pregnant women in their third trimester, believed that gender norms had a positive impact on the way they faced the birthing process. The importance of gender roles in this context is illustrated by the positive experiences and views felt by respondents. Pregnant women admit that specific support or involvement from parties of a certain gender has a positive impact and helps in facing the challenges of childbirth considering that the process is a very important moment in a woman's life, and gender roles have a significant impact on this entire process (Kurz et al ., 2022). Wahyuni (2020) revealed that for women, physical and mental preparation is the key to facing the birth process well. They need to have the knowledge and skills to care for the baby after birth. As mothers who give birth, women play a major role in bringing about new life.

No less important, men also have a crucial role in the birthing process as companions. The emotional and physical support provided by men to pregnant women can help reduce stress and anxiety during the birthing process. Apart from that, husbands can also play an active role in helping pregnant women prepare, creating an environment that is conducive to a smooth birth. A positive view of gender roles in the birthing process is that both women and men complement and support each other. The success of the birthing process depends greatly on the synergy between these roles. The emotional and physical support provided by the husband makes his wife better prepared to face the birthing process, creating a positive atmosphere that supports the health of the mother and baby (Amaliah & Destiwati, 2023).

The birthing process is not only an important moment, but also a fun and happy moment for pregnant women and their families. The synergy between women and men in preparation and support makes the birth experience more collaborative, strengthens family bonds, and creates a strong foundation for the next journey in life (Huda & Sos, 2023). However, 26 other respondents or around 66.7% of the total respondents felt that gender roles did not have a positive impact. This is a new perception where there are expectations attached to certain gender roles that do not always match the individual's needs or expectations in facing critical moments such as childbirth. According to research findings, third trimester pregnant women have different opinions about gender roles in the birthing process. The complexity and individuality of each person in experiencing significant life events such as childbirth is demonstrated by the results of this study.

Decision Making for Midwifery Services Facing Childbirth

According to survey data, 58.9% of pregnant women in the third trimester at the Fenny Astari Independent Practice Midwife were able to make the right choice during delivery. It is thought that the safety and comfort of pregnant women and their fetuses can be improved by making the right choices during delivery. Gobel (2021) states that the following are several examples of various circumstances that can influence pregnant women's decision making when approaching childbirth: (1) Knowledge and understanding about pregnancy and childbirth among pregnant women. It will be easier for pregnant women to make the best choices if they have a solid understanding of pregnancy and childbirth; (2) Assistance from family and medical personnel. Preparation of pregnant women both mentally and physically; (3) The ability of families and medical personnel to support pregnant women to be more confident in making decisions. The ability to make decisions will increase in pregnant women who have good physical and mental condition.

Based on the results of this research, it can be concluded that pregnant women in the third trimester at the Independent Practice of Midwife Fenny Astari have good knowledge and understanding about pregnancy and childbirth. However, there are still some pregnant women who are inappropriate in making decisions (41.1%). Quoting Gobel's statement (2021), there are several potential causes for

this, such as: (1) Inadequate awareness and understanding of pregnant women; (2) Lack of assistance from family members and health workers; and (3) The physical and emotional health of pregnant women is less than optimal.

The Relationship between Gender Roles and Decision Making for Midwifery Services Facing Childbirth

Based on the results of the chi square statistical test, H_0 was rejected and H_a was accepted because the p value of 0.01 was smaller than the alpha value of 0.05. Thus, there is a relationship between gender roles and the process by which third trimester pregnant women at the Independent Practice Midwife Fenny Astari decide to receive midwifery services. Based on statistical analysis, there is no relationship indicating gender equality in the decision-making process when accessing health services ($\text{sig}=0.328$), which was used by Damayanti et al. (2023) to support this research. Further support for the results of the Fisher's Exact test ($p\text{-value} < 0.05$) which shows the influence of gender roles on decision making in primigravida delivery services at the Kassi-Kassi Health Center, Makassar City comes from Subriah (2023). According to Subriah et al. (2023), gender difficulties are more than simple differences between men and women. Gender difficulties also involve power dynamics that impact women's decision making in their environment, especially those related to husbands and family. Preparation for childbirth, which is the main focus of midwifery services, is considered an essential need for pregnant women to ensure that childbirth can occur with adequate preparation. Fauziah & Rahmawati (2021) added that a mother's lack of readiness for childbirth can be caused by factors such as the number of children she has (parity). Meanwhile, it shows that as gestational age increases, significant changes occur in the physical, emotional and social status of pregnant women (Yanti & Wirastri, 2022).

Apart from the pregnant woman herself, family members are also affected by the situation they are experiencing. To give pregnant women the strength they need to face childbirth, family decisions and support are very important. Gender roles in the family structure are very important in terms of family decision making, as noted by Subriah et al. (2023). Rusmini's research in Subriah et al. (2023) shows that there is a relationship between gender roles and decisions regarding obstetric services in third trimester pregnant women. In this context, it was found that the readiness of pregnant women in the third trimester to face childbirth is not only influenced by internal factors, but also by the dynamics of gender relations in the family. Interestingly, Mandey (2020) reported that as many as 92.5% of third trimester pregnant women were well prepared for childbirth, while 7.5% were in the less prepared category.

In a separate study by Limbong et al. (2021), it was found that some pregnant women who actually have the right to decide still choose to give birth at home for various reasons, including assistance from community health center midwives, village midwives, or joint preparation. This emphasizes the importance of strengthening women's roles through increasing knowledge and practice of birth planning, as well as family support in choosing to give birth in a health facility (Nurdin, 2021). Regarding decision making, Subriah et al. (2023) noted that most pregnant women have the right to decide, but there is also a tendency for their choices, especially those determined by men, such as husbands, to still occur. Mandey et al. (2020) highlighted the role of husbands in the readiness of pregnant women in the third trimester, where the majority of respondents indicated that husbands played a good role. Based on the description above, the researcher assumes that decision making is very important, especially the mother's decision regarding care and delivery. Because the mother's comfort in pregnancy and delivery services affects the fetus that will be born. For this reason, there must be understanding for the father to understand and convey this decision to the mother.

Research and discussion in the previous chapter, it can be concluded several things as follows:

1. Of the 78 respondents, those aged < 20 years were 22 respondents (28.2%), those aged 20 – 35 years were 51 respondents (65.3%), and those aged > 35 years were 5 respondents (6.5%). The majority of respondents are housewives (housewives) with 63 respondents (80.8%) and the minority are employees with 15 respondents (19.2%). For elementary education, there were 5 respondents (4.4%), middle school, there were 13 respondents (16.7%), and the majority were high school with 60 respondents (78.9%).
2. Of the 78 respondents who made the right decision, there were 46 respondents (58.9%), and 32 respondents (41.1%) made the wrong decision. Those with good gender roles were 52 respondents (33.3%) and those with poor gender roles were 26 respondents (66.7%).
3. Of the 78 respondents, it showed that gender roles were good, 32 respondents (61.5%) made the right decisions and 20 respondents (37.5%) made the wrong decisions. Among the respondents, 14 (53.8%) had poor gender roles and made the right decisions, while 12 (46.2%) were less precise in making decisions. By using the results of the chi square statistical test, the choice made was to reject H_0 and accept H_a because the p value was smaller than the alpha value of 0.05. The conclusion is "there is a significant relationship between gender roles and midwifery service decision making".

Based on the results of the research conducted, researchers can provide the following suggestions:

1. For TPMB Midwife Fenny Astari
Can improve services so that pregnant women feel comfortable so they decide to have an examination and give birth at TPMB Midwife Fenny Astari.
2. For Further Researchers
 - a. Further investigation into other variables not covered in this study is expected to be carried out to investigate other causal elements of this incident.
 - b. To further investigate information about the role of gender in midwifery service decision making, it is hoped that future researchers will use a qualitative approach in addition to the quantitative methods used in this research design.

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