

**ANALISIS IMPLEMENTASI UPAYA PENURUNAN KASUS KEMATIAN IBU  
DALAM PROGRAM  
DESA BEBAS 4 MASALAH KESEHATAN  
DI KABUPATEN BANTUL  
(Study Kasus di 4 Desa Tahun 2008)**



**TESIS**

Untuk memenuhi persyaratan  
mencapai derajat Sarjana S2

**Program Studi  
Magister Ilmu Kesehatan Masyarakat  
Konsentrasi  
Administrasi dan Kebijakan Kesehatan  
Minat  
Manajemen Kesehatan Ibu dan Anak**

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Program Pascasarjana  
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Konsentrasi Administrasi dan Kebijakan Kesehatan  
Minat Manajemen Kesehatan Ibu dan Anak  
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## ABSTRAK

**Karjiyem**

**Analisis Implementasi Upaya Penurunan Kasus Kematian Ibu dalam Inovasi Kebijakan Desa Bebas 4 Masalah Kesehatan di Kabupaten Bantul DIY**

**xvi + 121 halaman + 108 tabel + 4 gambar + 14 lampiran**

Latar belakang penelitian ini adalah inovasi kebijakan DB4MK dilaksanakan mulai tahun 2007 dengan memberikan *reward* kepada pihak desa yang dapat mengupayakan sampai tidak ada kasus Kematian Ibu, Kematian Bayi, Gizi Buruk dan DBD. Kematian ibu di Kabupaten Bantul menduduki posisi tertinggi di Propinsi DIY. Tujuan mengetahui sejauh mana implementasi upaya penurunan kematian ibu yang dilakukan oleh masyarakat.

Penelitian dilakukan pada bulan Desember 2008 sampai bulan Juni 2009, dilakukan di Kabupaten Bantul. Jenis penelitian ini *diskriptif kualitatif, cross sectional*. Menggunakan data primer melalui FGD, wawancara mendalam, data sekunder melalui penelusuran dokumen resmi dan tidak resmi. Analisis menggunakan metode pengolahan diskripsi isi (*content analysis*)

Dari hasil penelitian didapatkan bahwa kader telah melakukan pendataan, pemantauan dan pengawasan pemeriksaan kehamilan dan Kader telah memberikan pertimbangan perencanaan persalinan. Kegiatan GSI belum bisa optimal walaupun telah dibentuk kader Gemas maupun kelompok donor darah. Kader mengenali sebatas tanda bahaya umum. Kader telah mengupayakan sarana dan prasarana rujukan dan memberikan bantuan pengambilan keputusan rujukan. Pelaporan kegiatan DB4MK ke sekretariat pencapaian baru 50 %.

Kesimpulan implementasi upaya penurunan kasus kematian ibu telah dilaksanakan oleh kader, namun belum optimal dan kader belum ada pembekalan secara matang. Tidak ada modul untuk pelaksanaan DB4MK. Pelaksanaan DB4MK belum ada pendampingan dari tim Kecamatan.

Saran yang diajukan bahwa DB4MK yang sekarang aturan yang mendukung baru SK Bupati perlu dukungan kebijakan Perda. Perlu modul mengenai kesehatan ibu hamil, kegawad darurat dan apa yang bisa dipelajari dan dikerjakan oleh masyarakat awam. Perlu dibentuk tim pendamping DB4MK di tingkat kecamatan. Perlu diusulkan anggaran desa khusus kesehatan melalui ADD. Desa mengharapkan ada bidan yang mampu memfasilitasi upaya promotif dan preventif di masyarakat.

Kata kunci : Kematian ibu, Implementasi Inovasi DB4MK  
Kepustakaan : 39. Tahun 1997 -2008

## **ABSTRACT**

**Karjiyem**

**Analysis of the Implementation of Efforts to Decrease Maternal Mortality Cases in the Policy Innovation of Villages Free From Four Health Problems in Bantul District, DIY**

**xvi + 121 pages + 108 tables + 4 figures + 14 enclosures**

Policy innovation of village free from 4 health problems (DB4MK) had been implemented since 2007 by giving rewards to villages that were able to attain zero case of maternal and infant mortality, severe malnutrition and dengue hemorrhagic fever (DBD). The number of maternal mortality in Bantul district was on the top rank in the province of DIY. Objective of this study was to evaluate implementation of efforts to decrease maternal mortality performed by community.

This study was started in December 2008 and ended in June 2009, took place in Bantul district. This was a descriptive, qualitative and cross sectional study. Primary data were collected by focus group discussion and in-depth interview. Secondary data were collected by tracing official and unofficial documents. Content analysis was performed to analyze the data.

Results of the study showed that cadres had done data collection, monitoring and pregnancy examination supervision, giving delivery planning consideration. GSI activities had not optimally performed although *Gemas* cadre group and blood donor group had been established. Cadres only identified the general warning signs. Cadres had provided referral facilities and helped in giving referral decision making. Coverage of DB4MK activities report was only 50%.

In conclusion, implementation of decreasing maternal mortality efforts had been done by cadres but it was not optimum and empowerment was insufficient. No modules for DB4MK were found. There was no assistance from subdistrict team in implementing DB4MK.

It was suggested to create new local regulation to support head of district decree. Modules on pregnant women health, emergency and what community can participate in needed to be created. Sub district DB4MK assistance team had to be established. Special budget for health was important to be proposed via ADD. Midwives who could facilitate promotive and preventive actions in the community were needed.

**Key words** : Maternal mortality, implementation of DB4MK innovation

**Bibliography** : 39 (1997-2008)

Sumber : [www.mikm.undip.ac.id](http://www.mikm.undip.ac.id)