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Performance of Midwives in Jayawijaya Papua

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Abstract

The maternal mortality ratio in Papua province is 396 / 100,000, this very high if compare with the national average based on the results of monitoring reports recaps Local Regional Maternal and Child Health (MCH PWS) in Jayawijaya 2015. In other words performance of midwives in the province of Papua, especially in Jayawijaya below minimum service standards (SPM). The purpose of this study was to assess the performance of midwives in health care programs in maternal and child Jayawijaya. This study uses a qualitative method phenomenology joint venture, which is supported by the quantitative data. To support the method referred to, in-depth interviews were also conducted on stakeholders ie those involved in maternal and child health services in Jayawijaya among others, Acting (Plt.) Head Healthy, Head of Family Welfare, Coordinator of midwives and midwives. Overall indicators of achievement of the performance of midwives in four of 13 health centers have been implemented properly observed. For example, it has been the implementation of services and programs for health care, welfare satisfaction levels are met midwife (incentive), regular visits work related agencies and personnel midwife training . Thus, if the terms of the standard of competency of midwives are almost half of the respondents (47%) have not attended training Normal Delivery care (APN). These results indicate that the performance of midwives in Jayawijaya still lacking and is still below the minimum standards of care that needs to be improved. Conclusion: Coverage of Maternal and Child Health Program in Jayawijaya namely: K1 = 63%. The results showed that the coverage performance of midwives is still below the national target achievement (95%).

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This means that the performance of midwives overall in Jayawijaya still lacking, facilities and infrastructure (midwife kits, water, electricity, security, transportation) are still less by midwives, Structural difficult geographical (mountains, valleys and rivers) make the regions far from service centers are hard to reach because they do not have access to good transportation, absence of security guarantees from the local government and local communities, which led to midwives often experience acts of violence such as threats, robbery, burglary tools midwife, even up to the action sexual harassment, incentives received based on interviews of informants (PJ) and (DD) felt good enough. The role of the relevant agencies based on interviews of informants (PJ) and (ML) said there was a visit from the relevant agencies, namely the Department of Health and health centers, training based on interviews of informants (OR) reveals some training and retraining is often done to improve the quality of services provided.

Keywords: Performance; Midwives; Maternal Mortality; Jayawijaya.

1. Introduction

Indonesia's population in 2010 was 237. 631. 326 souls that include those residing in urban soul as much as 118 320 256 (49.79%) lives in rural areas and as many as 119 321 070 inhabitants (50.21%) [1,2] with 19.1 CBR hence there are 4,287,198 live births. With AKI 228 / 100,000 KH mean there are 9774 women die per year or one woman dies every hour by causes related to pregnancy and postpartum. Magnitude Neonatal mortality, infant and toddler are much higher with AKN 19/1000 KIT, AKB 34/1000 KH and AKB 44/1000 KJ - 1 means that there are 9 Neonatal, 17 infants and 22 toddlers die every hour. By agreement MDGs, 2000 in 2015 is expected to decline in maternal mortality a-quarters in the period 1990-2015 and the number of deaths of infants and toddlers decreased by two-thirds in the period 1990-2015.

Based on that Indonesia has a commitment to decrease maternal mortality rate to 102 / 100,000 KH, and the number of deaths of infants 97 to 32 / 1,000 KIT in 2015. The direct causes of maternal mortality by 90% occur during birth (Household Health Survey, 2001). The direct causes of maternal death are hemorrhage (28%), eclampsia (24%) and infections (11%). The indirect causes of maternal death include a chronic lack of energy / KEK on pregnancy (37%) and anemia (40%). The incidence of anemia in pregnant women this would raise the risk of maternal death compared with women who are not anemic.

The maternal mortality rate in Papua is 396 / 100,000 live births [3], a number of very high when compared with the national figure is only 228 / 100,000 live births. Based on the results of the report recaps PWS - KIA in Jayawijaya coverage in 2015, K1 = 38.7%; K4 = 17.8%, T1 = 46.6%; T2 = 31.2%; FE1 = 69.5%, Fe3 = 13.8%; Nakes = 18.3%; KN1 = 17.4%; KN2 = 16.3%; KN3 = 15.9%; KF1 = 17.6%, and 16.1% KF3 = .. Unknown target set by each MCH service coverage such as: K1, 100%, K4 100%, 100% PN, KF 100%, and 100% KN. [3]. The general objective of this research was to understand the factors that affect the performance of midwives in the implementation of maternal and child health (MCH) in Jayawijaya with the specific purpose of reviewing the performance of midwives based on the scope of mothers and children, assess infrastructure health care, transportation, security, incentives, the role of agencies involved in health care, training and retraining of midwives in Jayawijaya [4].

2. Materials and methods

This type of research is mixed method (mixed methods) with major research qualitative and quantitative data. Phenomenology is a part of qualitative methods are studying the phenomenon, a systematic overview or provide information about the conditions of life of a community and the ongoing situation [5]. This research was conducted with a selected location in the district of Jayawijaya with research time during the month of May-June 2015. The informant in this study who responds or answer the questions of researchers, both written and oral questions. Informants in this study are: coordinator of the midwife, the midwife head of the health office, Head Kesga Jayawijaya health office. Instruments in this study using questionnaires depth interviews and tape recorders and cameras (documentation). Processing techniques and data analysis interactive analysis model (reduction, presentation, drawing conclusions data).

3. Results

Results of research Data Scope Jayawijaya 2015 below shows the performance of the midwife visits of key indicators: K1, K4, PN, KN, Fe, TT is as follows: Scope Jayawijaya K1 only 3025 (63.4%), while coverage K4 851 (17.85%) means it is still below the national indicator for K1 80% .But there are some puskesmas above 80%, ie Ilekma, Wamena, Wollo, Yalengga (96%), but all of them do not reach the target K4 (0%). For K1 coverage above 80% in health centers and Ilekma Wamena town clerk who is always in the health centers and the health centre location that the city while in Wollo although much but because the officers are also often located in places so that the data K1 coverage is above 80%. Immunization (TT) TT 1 and TT2 are in some health centers in Jayawijaya only reached 46% and 31% means it is still far from the national expectations of 80%. FE1 and Fe3 coverage is still below the national rate is 69.5% and 13.8%. But the only health centers FE1 Wollo and Yalengga reached above 80%. Maternity coverage by health workers is very low at only 18.3% which is supposed to be 100% .All health centers do not reach the indicator. Neonates visit either KN1, KN2 and KN3 masih further than expectation that the indicators of achievement of 100%. 1 KF, KF2 and KF3 everything was still far from achievement indicator is 100%. Statement informant interviews about how long the charge and how the ministry cited the interview as follows:

"Yes thank you, if I was on duty at the health center as a midwife from 2005 to the present, but to serve as midwife coordinator from 2014 precisely in nine so less rather almost two years so, health posyandu service example, from 2015 until now all posyandu run well, although there are constraints experienced by example as sometimes we fall posyandu but the community and the children have not been together so we are waiting for is waiting longer so, it is in some posyandu but there posyandu others too but when our officers arrived that toddlers already collected by cadres site posyandu. To posyandu activities outside this building we can all be traveled by the vehicle wheel 2 so, no impediment to posyandu activities outside the building (RH) "I first served as a midwife PTT already from 1997's first duty in Yahukimo time they join in Kurima Jayawijaya that time until 2000. Then in 2005 the appointment of duty in Asolegema over 10 years ago I moved to a new town of Wamena want the road 2 years as bikor, of the volume of patients in Wamena town patients at most so in Wamena town people are very active. We clerk here there are only about 5 and even then not every day in so sometimes if checks are pregnant as it is now when our patients many times served only two people so

we sometimes cannot serve all . thus, our officers there anyway but there is no pain, there are license active so we just sometimes two people so we had to serve from KB, pregnancy check, not injected yet all so we have to serve so (SU).

"Yes thank you , Walelagama of duty in the month of September 2014 as a staff KIA then until the month of Feb 2015 served as bikor because bikor new long-hom hom moved to the end I served as bikor in health centre Walelagama of feb 2015 until Nov 2015 .As long as we run these services in accordance with the POA that we are in love from the head of the health center so that we run here is service visit pregnant women, ANC inspection, installation of stickers, deliveries, postpartum visits 1 2 and 3 (LS).

Based on the results of these interviews about the long-serving and how the ministry showed that two informants (RH) and (LS) state services provided running well while the informant (SU) said sometimes when checking pregnant if the patient many times we charge only two people so we sometimes overwhelmed because our officers are there but there is no pain, no license. Informants statements from interviews about the tools used to obstructed labor and already quite full ANC quoted the interview as follows:

"All the tools are complete (PJ) "Yes, medical tools especially parturition was ineligible because most especially the civil servants that I still remember very well from the PTT era that we can that we can that until now there has never been the division 97 98, there is absolutely no updates division of the Department. What I know yesterday was there for particular midwives are now so for officers PNS was not so with their BPJS there right there is a budget for the purchase of medical equipment that we propose to the head of the health center to spend parturition set, partus set long was that I still use (DD) "The room and the tool yet, it was the day we sent KIA kit but it has been collated in a cupboard but did not know if ANC, which aid delivery tool that new ride that brought shelf above it later carpet which we shared was lost (DS) Based on the interview informants (PJ) said the equipment used for the confinement and the ANC are all complete, while two other informants that the informant (DD) and (DS) said they wear long parturition set and tools used to parturition there but stolen.

Statement informant interviews about how long the charge and what are the constraints cited the results of the interview follows: "It's been 3 years" barriers such as Posyandu we come to the society we were driven to the village head, people do not want to accept. In fact we use machetes chased length. So we never did posyandu there because cannot guarantee our safety when performing tasks. The obstacles we are here there is no electricity, no clean water so when attending births improvise, to sterilize equipment because there is no electricity we wear clean new alcohol eventually burned quickly rusty tools and broken "(BM) "Less is more is already 1 year 5 months of entry 6 months. Barrier of transport, if we go posyandu we searched taxis to and from mama or we walk about 2 hours if you walk from Bolakme bandua to be approximately 4 hours. Security constraints, Electricity (DS). "No one once we have constraints on two wheels we use home visits for pregnant women, childbirth and postpartum visits for when family or cadre came calling late in the child during the trip please (LS) "My first PTT 97 years in Kurulu appointment in 2005 until now. Wants down to field because unsafe situation, many cases of events so so-so just stay in town so if there are new friends we want roads, .. even though we often complain and always asks to enter into dialogue not only the Security settings in the service of good but needs local health centre, health center or neighborhood health center, the facility and they

are limited to only promises them only every existing funds cannot remember. Have not got a meeting, but there is no links to health centre heads never talked about our needs in the field to the chiefs of the district so only limited purposes in the clinic only. not just limited to the minimum fund mobilize the community to create a well k how k, we do not need funds but the attention of the public is the property of the public not private if we work feel Suit we are also happy to serve, we need water just no childbirth course we want to take the water where (DD). Based on the interview informants (BM), (DS), (LS) and (DD) states that there is no water, electricity, transportation and unsafe situations.

Statement informant interviews about the programs that run on the interview quoted below: "The program has been running as Posyandu every month, home visits, the data of new pregnant women" (AN) "The programs of activities outside the building, posyandu there are 12 villages, but there are six villages that can be reached so the six villages that can be run and even then there is the village most distant reached by walking for three hours, another program Posyandu toddler baby, giving PMT there is also a risk pregnant women we immediately refer (DY) "During this time the programs that we run in accordance with the POA that we are in love from the head of the health center so that we run here is service visit pregnant women, ANC inspection, installation of stickers, deliveries, postpartum visits 1 2 and 3 (LS) Based on the interview informants (DD) and (PJ) said adequate funds while the informant (RH) said it was not enough at first process was too slow. Statement informant interviews about the visit of the relevant agencies quoted the results of the interview follows: "There (PJ). "Once a month visits every program. Usually their turns to come visit (ML) "Nowadays there is no (DY).

Based on the interview informants (PJ) and (ML) said there was a visit from the service as much as 2 informant while the informant (DY) said that recently is nothing much one informant Statement informant interviews about the interview cited the attention of the health office as follows: " associated with midwives did we give full attention sizeable first when I was in the Department of Health we take inventory of actually midwife we number how much, whether it is civil servants, PTT central and PTT area, because I realized that the midwife's role is very important he had to do some SPM tasks and coverage conducted by the Department of Health, but from all that we also ask of all the sub-fields there is to be responsible in terms of attendance and assignments because we understand that to achieve coverage midwifery services it is necessary how the midwife is always there in the task of coaching, In the coaching we've done a couple of times and we also had checked the program to what .. field of mother and child in the program is also ... there are some programs that support how in particular the interest it can be done well, just problem in the field very stand is with the competence of midwives itself a lot of midwives we do not skilled frankly not skilled for large apart of our skilled midwives while another school but I've pointed to head of how this plan to apprentice midwives are at least in the hospital, so in terms of their ability as well as from day to day will also be getting better (TL).

Based on the interview informants (TL) state Health Department in terms of providing considerable attention related to the competence of midwives ; Informants statement of interviews about the training / refresher cited the interview as follows: "Yes some training, among other things as we do refresher training on normal delivery care because it is an indicator of how to help childbirth proper, correct and in accordance with the standards of proper procedure in order to save the mother and child, ah it's an example of care normal delivery then there are

more bleak how to improve family nutrition, we conduct training feeding to infants and children, then there are also training classes pregnant women toddlers where we want that mothers since pregnant should already be in the learner so that he knows when to check pregnant then his health during pregnancy what should be kept, then KB training and in communities like how when serving in posyandu, how to teach a partnership between midwives, herbalists and cadres or religious leaders and the public, then how do we also teach about the prevention of HIV transmission / AIDS from mother to child, they have to understand a lot of refreshment actual . we have done to them to improve the quality of the service itself in Department of Health (OR). Based on the interview informants (OR) states that some of the training, among other things as we do refresher training on normal delivery care because it is an indicator of how to help childbirth proper, correct and in accordance with the standards of proper procedure.

4. Discussion

External factors

a. Services provided.

Services provided running well while the informant (SU) said sometimes when pregnant examination if the patient many times we served just two people, so we are sometimes overwhelmed because our officers are there but there is no pain, no license. According to the research [6]. The better the relationship with colleagues personally in working together so the service can run well and Services performed by a midwife as a member of the team that the activity conducted jointly or as one of a process of health care.

b. Infrastructure

Based on the interview informants (PJ) said the equipment used for the confinement and the ANC are all complete, while two other informants that the informant (DD) and (DS) said they wear long parturition set and tools used to parturition there but felt. Mainly midwifery kit still less by the officer.

c. Barriers / constraints

Based on the interview informants (BM), (DS), (LS) and (DD) states that there is no water, electricity, transportation and unsafe situations. Security issues of concern such as news interview published by the newspaper in the past year there were 37 cases of violence against midwives (15 April 2016, a demo video to the regents).

d. Run health care program

Based on the interview informants (AN) and (LS) state program running while the informant (DY) states that any program runs the village's most distance. In the real, Papua Healthy accordance with the Law on Special Autonomy for Papua Province, article 59 of 2001 on health mentioned that the government is obliged to carry out the service for the health community with costs as low as possible and the widest access. The logical

consequence that the government must bring comprehensive health services to the community up to the village level. But in reality this has not been fully carried out by the district Jayawijaya. When viewed from a variety of reasons and the reasons why the health care plan is not fully implemented successfully, then the answer needs to be explained is not meet the requirement of elements in the health service delivery system. Health without service based on the principles of management so health service efforts made by the government will only result in service less effective and efficient as it has done over the years. Midwives as competent personnel to spearhead the service in the village in Jayawijaya has yet to fully get maximum attention from the local government Jayawijaya as envisaged in the interview below:

"So count so one can claim direct liquid funds he did not, so the claim that in January can be paid in November in October so sometimes we think there is enough in the beginning because we did save first (RH) "Concerning their facilities and limited only promises them only every existing funds cannot remember anymore. Have not got a meeting, but there is no link to health centre heads never talked about our needs in the field to the chiefs of the district so only limited purposes in the clinic alone. not just limited to the minimum fund mobilize the community to create a well k how k, we do not need funds but the attention of the public is the property of the public not private if we work feel Suit we are also happy to serve, we need water just is not there to give birth alone we want get water where (DD) "No one once we have constraints on two wheels we use home visits for pregnant women, childbirth and postpartum visits for when family or cadre came calling late in the child during the trip please (LS) "So we never did posyandu there because no can guarantee our safety while doing task. The barrier we are here there is no electricity, no clean water so when attending births improvise, to sterilize equipment because there is no electricity we use alcohol wipe and then torched the end tools quickly rusted and broken "(BM). Of the above components in Jayawijaya has not fully provided for health workers, through observation no / lack of availability of facilities and equipment and means of supporting services. Jayawijaya District has land transportation, the transportation becomes a major requirement in implementing services to the community. Moreover, nearly all security officers are women who are in service to the community is something that is very important to note.

e. Incentive

Based on the interview informants (DD) and (PJ) said adequate funds while the informant (RH) said it was not enough at the beginning process was too slow. The incentive or prize money, holiday allowances, rewards beyond the basic salary midwife [6].

The results are consistent with research by [6] at regency health centre of Gowa demonstrated an association between incentives with the performance of the service given. The incentive midwife is one way to motivate midwifery to provide best performance, then the incentive is now expected to be improve the performance of midwife in the village. Non-financial incentives such as increased employment status of not remain a civil servants is one form of stimulus / motivation of midwives' work in improving the performance of individuals and groups or organizations in the health services provided [7].

f. Supervision agencies

Visits / supervision aims to provide assistance to the midwife that the deficiencies found can be addressed immediately so it can be served with good. For improve one's work performance or skill, much needed training. Training interpreted as an attempt to develop human resources, particularly for developing capabilities intellectual and personality. Health Department and district supervisors as coaches and health in the region should be able to implement development patterns that are tailored to local capabilities. One of them is in coaching activities include training and development of employees ability.

g. Training and retraining of midwives

Based on the interview informants (OR) states that some of the training, among others, such conduct refresher training on normal delivery care, because it is an indicator of how attending births accurately, correctly and in accordance with the standard procedures of human resources is correct. Development one term of one employee in an effort to increase ability handling vary types of tasks and the required apply ability accordingly. The effort to develop type of work that is beneficial for organization and individual employees [8]. According [9] human resource development can be done in various ways, namely education and training, non-training activities, learning assignments and promotions. Training and retraining of midwives is based on interviews with informants (OR) showed that training and refresher actually been done for midwives with the aim to improve the quality of service in the Health Department. Education and training is an effort to develop human resources, especially to develop intellectual abilities and the human personality. This applies also for marginalized groups on all informants, informants that all have the same opportunity in the development of human resources in the institution where the work. According to research [10], show that one of the efforts made in improving the performance of employees is by providing opportunities for career development. Typically, career development efforts by management to look beyond the current work and to prepare themselves for the jobs in the future within the organization. But the development for all employees is very important for organizations to have a human resource capabilities. Based on data coverage K1 2015, the average percentage of performance of 13 health centers and 1 General Hospital located in Jayawijaya still below the national indicators. Judging from the location of health centers and urban areas, there are 10 health centers that are far away from the city center and three health centers located close to the center of the town of Wamena. Based on data Coverage K1, 3 health centers are located near the center of town two clinics have a percentage above the national indicators which Ilekma health centers (87.7%) and health centers Wamena (91.9%), while health centers-Hom Hom still has a percentage which was lower by 42.2% .This is caused due to several reasons such as:

1. Inconsistent against posyandu scheduled visits have been made resulting in Posyandu services are not implemented properly.
2. Lack of midwives meeting.
3. Lack of cooperation between midwives have.
4. Do not make home visits regularly.

5. Not to collect data on pregnant women.
6. Information submitted to the public late.

Wollo Yalengga Puskesmas and health centers are the two primary care clinics located far from downtown, yet have a percentage above the national achievement expectations. PHC Yallenga itself has a percentage of 96.0% and puskesmas Wollo has a percentage of 91.2%. Meanwhile, eight other health centers still have a low percentage. Based on interviews with midwives at health centers Yalengga success achieved Wollo and is supported by several reasons, namely:

1. The midwife home visits are routine.
2. Documenting pregnant women.
3. The existence of the midwife in posyandu conducted every month.
4. Information to the public through the church at every service.
5. The existence of good cooperation between health center personnel.
6. The presence of medical personnel in place (midwife stayed in the village).

One indicator to see where the performance of midwife The midwife should have the competence as a midwife, and Normal Delivery Care (APN) is a condition that must be followed by the midwife to have the competence. On this study, of the 21 midwives interviewed, 11 midwives have APN training or by 52%, while 10 others have not been training midwives APN or by 47%. The number is still far short of expectations because it is expected of all midwives must have training APN or 100% of all midwives are trained APN so that it can support its performance as a midwife. Based on the description, the performance of midwives in Jayawijaya can be said is still not good, although some clinics have had a great percentage in achieving K1 but most have not reached expectations / targets to be achieved nationally. This situation is also more difficult because not all midwives already have high competency to run the service as a midwife. In addition to these indicators, there are also constraints experienced by midwives such as the lack of adequate facilities and infrastructure, transportation access is still difficult, and the security situation is not yet assured. These factors resulted in midwives services are not in place, so that the services provided are also not maximized.

5. Conclusion

Coverage of Maternal and Child Health Program in Jayawijaya namely: K1 = 63%. The results showed that the coverage performance of midwives is still below the national target achievement (95%). This means that the performance of midwives overall in Jayawijaya still lacking, facilities and infrastructure (midwife kits, water, electricity, security, transportation) are still less by midwives, Structural difficult geographical (mountains, valleys and rivers) make the regions far from service centers are hard to reach because they do not have access

to good transportation, absence of security guarantees from the local government and local communities, which led to midwives often experience acts of violence such as threats, robbery, burglary tools midwife, even up to the action sexual harassment, incentives received based on interviews of informants (PJ) and (DD) felt good enough. The role of the relevant agencies based on interviews of informants (PJ) and (ML) said there was a visit from the relevant agencies, namely the Department of Health and health centers, training based on interviews of informants (OR) reveals some training and retraining is often done to improve the quality of services provided.

References

- [1] Badan Pusat Statistik Jakarta Pusat , 2010. Statistik Indonesia Tahun 2010. Jakarta Pusat : Badan Pusat Statistik diakses dari www.sp2010.bps.go.id pada tanggal 29 Juli 2016.
- [2] Badan Kesatuan Bangsa Provinsi Papua, 2005. Undang-Undang RI No. 2 Tahun 2001 Tentang Otonomi Khusus Bagi Provinsi Papua.
- [3] Kusriyanto Bambang, 1999, Evaluasi Kinerja, Aditama Jakarta.
- [4] Darmanto, Bambang, 1999, Pengaruh Motivasi dan Lingkungan Kerjater hadap Produktivitas Kerja Karyawan PT. Danaremen Muka Semarang, Tesis, Universitas Diponegoro, Semarang.
- [5] Notoatmodjo, S. 2005. Kesehatan Masyarakat :Ilmu dan Seni, Jakarta: PT. Rineka Cipta.
- [6] Lamere, L., dkk. 2007. Analisis Kinerja Bidan Pada Pelayanan Antenatal Care di Puskesmas Sekabupaten Gowa. FKM, Unhas, Makassar, diakses dari <http://repository.unhas.ac.id/bitstream/handle/123456789/6765/Lusiarut%20Lamere%20K11109576.pdf?sequence=1> pada tanggal 29 Juli 2016.
- [7] Famadania. 2012. Pelayanan Kebidanan Yang Berkualitas, diakses dari. <https://fatmanadia.wordpress.com/2012/09/02/pelayanan-kebidanan-yang-berkualitas/> pada tanggal 29 Juli 2016.
- [8] Simanjuntak, Payaman J. 2005. Manajemen dan Evaluasi Kerja. Lembaga Penerbit FEUI, Jakarta.
- [9] Salim A, 2006. Teori & Paradigma Penelitian Sosial, Edisikedua, Tiara Wacana, Jakarta.
- [10] Reio,T. G., and Sutton,F.C, 2006. Employer assessment of work-related competencies & workplace adaptation, Human Resources Development Quarterly, 17 3,305-324.