

Conference Paper

Knowledge, Attitude and Coordination of Midwives in the Handling of Midwifery Complications at Labuha Health Center, 2016

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Abstract

Minimum Service Standard (SPM) is one of the community health center (CHC or *Puskesmas*) performance indicators for every CHC program. In terms of handling obstetrics complications, Labuha CHC reached only 74% out of 80% targeted coverage, determined by the health Department of South Halmahera District, in 2013. This research aims at knowing the picture of individual, psychological and organizational variables, that is, knowledge, skill, attitude and coordination of CHC midwives in handling obstetrics complications in accordance with SPM at Labuha CHC, Bacan Sub-district of South Halmahera District in 2016. The study was done through a qualitative method of in-depth interview. This research studied the following: (1) Individual variables, namely, midwife's knowledge and skill, (2) Psychological variables, that is, midwife's attitude, and (3) Organizational variables, which was the coordination of midwives in handling obstetrics cases at CHC level. This study suggested that the midwives were well-trained in handling obstetrics cases with complication. Better supervision and coordination by midwives coordinator were very important aspects to make sure that the midwives worked in accordance with their duties and responsibilities. It was expected that efforts could improve the attitudes, and the compliance, so as to achieve better performance and the achievement of SPM indicators. The study also suggested that in addition to the aforementioned individual, psychological and organizational variables, future study would be more focused on higher level of organizational variables, that have not been explored in this study, namely at district or provincial levels.

Keywords: midwife, Minimum Service Standard (SPM), knowledge, attitude, compliance

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1. Introduction

Health development is directed to increase awareness, willingness, and healthy living capability for every person to increase the level of public health as high as possible can be realized. Health development is organized on the basis of humanity, empowerment and independence, justice, and prioritizes and benefits with special attention to vulnerable populations, including mothers, children, elderly and poor families.

Improving maternal health in Indonesia is the fifth Millennium Development Goals (MDG's) development goal, running slowly in recent years. The maternal mortality ratio, estimated at 228 per 100,000 live births, but high above 200 over the last decade, despite efforts to improve maternal health services.

Demographic survey data (SDKI) in 2012 increased by 359 per live birth compared to 2007 (IDHS 2007) that is 228 per live birth due to According to health ministry there is a change in survey method in SDKI 2012 where sampling of SDKI 2012 shifted from married poisoner In 2007 to women of childbearing age (SDA) in SDKI 2012, Pressure of population aspect contributing to the increase of Maternal Mortality Rate (AKI), and High TFR (Total Fertility Rate) encourage the increasing number of deliveries in Indonesia high fertility in adolescence risks maternal death during childbirth.

Lowering the MMI that the midwife needs to do is through the Making Pregnancy Safer (MPS) strategy or making a safer pregnancy consisting of three key messages and four strategies. The three MPS key messages are:

1. Each delivery is assisted by trained health personnel
2. Any obstetric and neonatal complications receive adequate services
3. Every woman of childbearing age has access to unwanted pregnancy prevention and treatment of miscarriage complications.

The four MPS strategies are:

1. Improving the quality and access of maternal and infant and under-five health services at the primary and referral levels
2. Building an effective partnership
3. Encourage the empowerment of women, families and communities, and
4. Improve the MCH surveillance, funding, monitoring and information systems.

Knowledge is a science that is owned by midwife in doing various tasks in a job, skill is skill possessed by midwife in doing its job, attitude is an expression given by

individual about something that is known, while coordination is cooperation between midwife with other health worker.

The effort should be Conducted by the midwife to prevent obstetric complications, among others: the mother immediately seek help health personnel, health personnel perform appropriate handling procedures, including the use of partograph to monitor the development of labor, and the implementation of active management of the third stage to prevent postpartum hemorrhage, Implementing early identification of complications, when complications occur, health personnel can provide first aid and perform patient stabilization measures before referral, effective referral process and prompt and effective hospital services.

Minimum service standard of health sector is called SPM health is benchmark performance of health service which held by regency/city. Basic service to the community is a function of the government in providing and managing the basic needs of society to improve the people's welfare. One indicator of MSS is the handling of obstetric complications. In South Halmahera for obstetrics problems such as the handling of obstetric complications due to bleeding, old parts and eclampsia and others are still low.

North Maluku is a province split in 2003 consisting of 9 districts of West Halmahera, East Halmahera, Halmahera Tengah, Halmahera Utara, South Halmahera, Ternate City, Tidore Islands, Sula Islands District and Morotai Islands District.

South Halmahera Regency has 30 districts with 32 Puskesmas, consisting of 6 inpatient health centers and 26 outpatient health centers. Puskesmas Labuha is one of outpatient health center which is a main health center (cluster) or pilot community health center from 12 other health centers (satellite) located in district capital. The working area of Puskesmas Labuha consists of 14 villages including 9 villages can be reached by land transportation and 5 villages reach by sea transportation. The number of midwives at Labuha Public Health Center amounts to 20 people and based on data that there is a midwife who has been determined the area of the village built outside built the village assisted.

In maternal and child health services, especially in obstetrical obstetric subsidy at Labuha Public Health Center in 2011, the target is 70% achievement only 11%, in 2012 the target is 70% achievement only 11% and in 2013 the target is 80% achieved 74%. From the result of the aforementioned explanation that Puskesmas Labuha for coverage indicator of obstetric complication that handled has not reached target determined by Health Office of South Halmahera Regency. The achievement of these indicators compared with the Gandasuli Health Center is very different. Puskesmas Gandasuli

(Puskesmas Satellite/under the supervision of Puskesmas Induk/Labuha) is one of the urban Puskesmas (one land) where the achievement of Puskesmas Gandasuli for coverage of obstetric obstetrics handled in 2013 target determined 80% with 89% achievement where Puskesmas Gandasuli has reached the target (100%) from the specified.

From the aforementioned explanation it is expected that the knowledge, skills, attitude and coordination of the midwife need to be leveled to assist the government in reducing maternal mortality and reach the common goal and also the management in this case Puskesmas Labuha need to pay attention to program coverage that does not reach SPM target set by Health Department South Halmahera Regency, the scope of the program is a performance indicator for employees in Puskesmas if it is not noted that the SPM indicator will result in the occurrence of AKI and Child Mortality Rate (AKB) and the purpose of MGD's will be unsuccessful.

2. Research Problem

2.1. Research focus

SPM is an indicator of performance appraisal for each program in Puskesmas. Performance in a program is influenced by the knowledge, skills, attitude and coordination of health personnel. In the KIA program for obstetric care obstetric indicators is an indicator that greatly affects the success of a program in which the indicator can affect the reduction of MMR and IMR.

2.2. Scope of research

The authors limit the problem of this research to midwifery knowledge, skills, attitudes and coordination in the treatment of obstetric complications in MSS by seeking information or obtaining detailed information about midwife knowledge, skills, attitudes and coordination in the treatment of obstetric complications.

2.3. Problem formulation

"Will Midwife's knowledge, skills, attitudes and coordination improve the coverage of obstetric complications at Labuha Community Health Center?"

3. Theory

3.1. Knowledge, skills, attitudes and coordination

3.1.1. Knowledge

Knowledge is the result of tau derived from the process of sensing a human to a particular object. The sensory process takes place through the senses of the human is sense of sight, hearing, smell, taste and through the skin. Knowledge or cognitive is a very important domain in the formation of one's actions.

According to Gordon that knowledge is the organizational structure of knowledge which is usually a fact of procedure where if done will meet the possible performance. Another opinion according to Aider that knowledge is the process of learning human beings about the truth or the way that thru easily know what to do.

3.1.2. Skill

Skill is a technique that causes a person to do something well and almost without flaw. Produce something of value, so it's more technically scalable. Skills do not come just yet but thanks to practice, persistence and experience or talent.

Skill is one's ability to apply knowledge into action. A midwife's skills are acquired through education and training. According to Garry Dessier, that training can provide skills for the midwife in carrying out the work.

3.1.3. Attitude

Attitude is a closed reaction or response from a person toward a stimulus or an object. Attitude is a readiness to react to certain environmental objects as appreciation of the object.

According to Newcomb a social psychologist stated that attitude is the readiness or willingness to act, and not the implementation of certain motives. Attitude is not yet an action or activity, but is a predisposition to the action of a behavior. That attitude is still a closed-door teaser, not an open reaction or an open behavior. Attitude is the readiness to react to the object in a certain environment as an appreciation of the object.

3.1.4. Coordination

Coordination can be defined as a collective bargaining process that binds different activities or elements in such a way that on the one hand, all activities or elements are directed toward achieving a predetermined objective and on the other hand the success that one does not undermine the success of the other.

3.1.5. Factors that influence individual behavior in work

According to Gibson that there are three variables that affect individual behavior in work or performance are: individual variables, psychological variables and organizational variables. Individual variable consists of ability and skill both physical and mental, family background, social experience and demography that is age, ethnicity and gender. Sub-variables ability and skill are the main factors influencing individual behavior. Psychological variables consist of perception, attitude, personality, learning and motivation. Organizational variables consist of resources, leadership, structure and job design.

3.1.6. Midwife

According to the World Health Organization (WHO), the International Confederation of Midwives (ICM), and the International Federation of Gynecology and Obstetrics (FIGO), midwives are regularly admitted to the midwife education program, recognized juridical, placed and qualified and registered and Obtain permission to practice midwifery practice.

According to the Indonesian Midwives Association (IBI), the midwife is a woman who has attended and completed the education of a midwife who has been recognized by the government and has passed the examination in accordance with the applicable requirements, registered, and licensed legally to practice. Meanwhile, according to the Regulation of the Minister of Health Republic Indonesia that the midwife is a woman who graduated from the education of midwives who have been registered in accordance with the provisions of the legislation.

3.1.7. Midwifery complications

Midwifery complications are complications that are handled including complications that occur in pregnant women, maternal mothers, postpartum mothers who can be life-threatening mother and or baby.

Midwifery complications handled by MSS are mothers with obstetric complications in one work area over a certain period of time who receive definitive treatment according to standard by trained health personnel at baseline and referral level (Polindes, Puskesmas, PONEP Puskesmas, Maternity Hospital, RSIA/RSB, RSU, RSU PONEK). What is meant by definitive treatment is handling or giving The final action to solve the problem of each case of obstetric complications

Complications in pregnancy that are handled at the health center are abortion, hyperemesis gravidarum, vaginal bleeding, hypertension in pregnancy (Preeclampsia, eclampsia), pregnancy over time, and premature rupture of membranes (KPD). Complications in delivery include fetal abnormalities or fetal presentation, drowsiness or dystocia, hypertension in pregnancy (pre-eclampsia, eclampsia), postpartum hemorrhage, severe infection or early contraction sepsis or preterm labor, and multiple pregnancies.

Postpartum complications include hypertension in pregnancy (preeclampsia and eclampsia) postpartum and postpartum hemorrhage. Pregnant women, maternal and postpartum women with complications that are handled are pregnant women, maternity and childbirth with complications that get services in accordance with the standard at the level of basic services and referral

3.1.8. Puskesmas

Puskemas is the technical implementing unit of the District Health Office responsible for conducting health development in a working area. As a technical implementation unit (UPT) from the District Health Office (UPTD), the Puskesmas plays a part of the operational technical tasks of the District Health. Regencies/municipalities and is the first level implementing unit and the spearhead of health development in Indonesia.

3.1.9. Puskesmas PONEP

PONEP Puskesmas is Puskesmas that perform basic obstetric and neonatal emergency services.

4. Concept Framework

Based on the theoretical framework proposed by Gibson (1990), researchers have limited the focus of research in relation to environmental and information situations. The research concept framework.

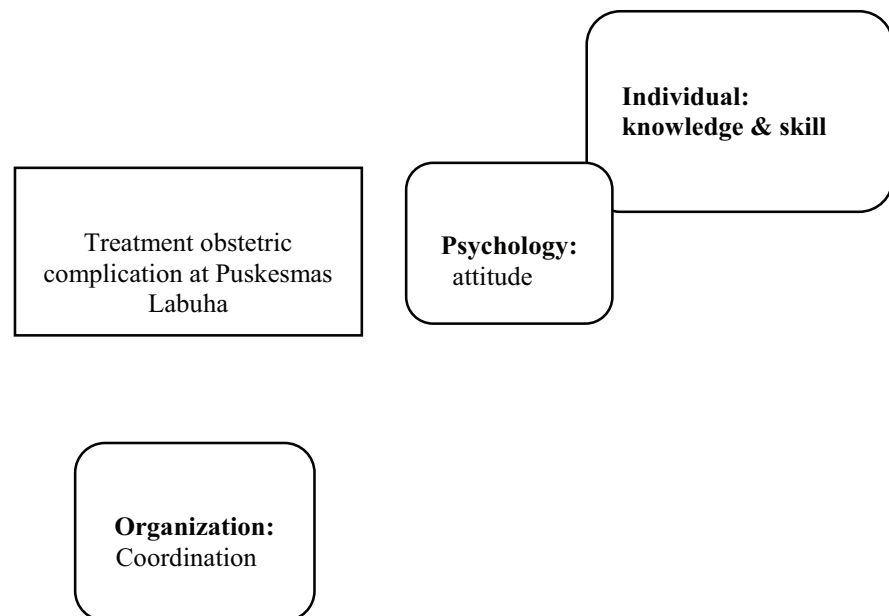


Figure 1: Conceptual framework on midwife's knowledge, skills, attitude and coordination in the handling of midwifery complications in Minimum Service Standards (SPM) at Labuha Health Center. Source: Framework Theories of individual behavior in work from Gibson (1990).

5. Research Methodology

5.1. Purpose of the study

Knowledgeable knowledge of midwives' knowledge, skills, attitudes and coordination on the handling of obstetric complications in Minimum Service Standards (SPM) at Labuha Health Center Bacan Subdistrict, South Halmahera District, 2016.

5.2. Place and time of study

This research was conducted at Puskesmas Labuha Bacan Sub-district, South Halmahera Regency, North Maluku. The research was conducted from April to June 2016.

5.3. Research methods

The type of research to be carried out is qualitative to seek more in-depth information or to obtain detailed information about the problems of good and bad that affect the knowledge, skills, attitude and coordination of midwives in the handling of obstetric complications in MSS in Labuha Health Center Bacan Sub-district, South Halmahera Regency

5.4. Data type

The data in this research consists of two types of data, namely:

1. Primary data is data obtained directly through in-depth interview, observation result, and focus group discussion
2. Secondary data from this research were obtained from South Halmahera District Health Office (Health Operational Assistance Report/BOK and KIA Report) and Labuha Public Health Center Profile of SPM Puskesmas achievement of Labuha year 2011–2013.

3. Processing Technique and Data Analysis

Processing techniques and data analysis in this study based on miles and Huberman. The following is the stage of the process of data analysis during the field: Reduce data, data presentation, conclusions and verification of data

4. Data Validity Inspection Technique

In this research, the main source of informant is midwife so that triangulation is done and added other source of informant that is head of maternal and child health (KIA), head of puskesmas, midwife coordinator of KIA and mother with complication test reliability by auditing data or documenting data that has been obtained from detailed in-depth interviews and grouped according to the research topic. Any data obtained Then analyzed to find out the meaning and related to the research problem.

6. Research Result and Discussion

Based on the results of research on midwives' knowledge, skills, attitudes and coordination on the handling of obstetric complications in Minimum Service Standards

(SPM) at Labuha Health Center, Bacan Subdistrict, South Halmahera Regency in 2015, information is obtained through knowledge, skill, attitude and coordination variables.

Here are the findings of his research:

1. Knowledge of midwife in handling obstetric complication: Based on the results of FGD interviews conducted on 5 midwives who are in Labuha Puskesmas obtained the result that knowing the understanding of obstetric complications is the handling of cases in obstetric complications or handle pregnant women with obstetric complications with cases of complications in pregnancy and all the actions given in accordance with Standard operational procedures (SOP) in Labuha Puskesmas but based on field observation was not found any SOP of obstetric complication handling. Midwives have never attended training on handling of obstetric complications because the public health center Labuha is not PONEC PHC.
2. Midwife skills in handling obstetric complications: Based on FGD and observation of the result that know about skill in handling obstetric complication where every case got handled according to skill possessed by midwife. This is different from the observation result: treatment of obstetric complication, in handling case obstetric complication (bleeding case) not yet in accordance with procedure where action should be given like checking the general condition of patient, infuse pairs, oxygen pairs, give injection to stop bleeding not done because midwife preferably referring to the hospital rather than handling it first and the results of the SOP observations not found in the public health center. Complications in pregnancy are cases that occur in pregnancy such as bleeding, abortion, hypertension in pregnancy (HDK) and those cases that often occur in the work area of public health center Labuha.

While the results of in-depth interviews on one mother with obstetric complications explained that the midwife did not explain about her pregnancy but the results of interviews with mothers with other complications said that the services provided to him quite well.

From the aforementioned explanation it is related to the equipment owned by public health center Labuha for handling obstetric obstetrical complications where the existing equipment.

3. Midwife attitude in handling obstetric complication: FGD results with midwife achievement of obstetric complication at public health center Labuha did not reach the target is not a problem while for the achievement of obstetric complication handling, for every public health center must reach target which have been

determined by Public health office and center. While the results of in-depth interviews conducted on head of public health center and Bikor obtained the results that the Head of public health center cannot guarantee for the achievement of SPM, especially handling obstetric complications Year 2015 on the grounds that midwives in public health center Labuha not maximize its performance and opinion from Bikor that midwives in public health center Labuha. Less active in his work and work is not in accordance with the main task and function as a midwife.

4. Midwife coordination in the handling of obstetric complications: Coordination system that has been done so far in the work area of public health center Labuha is good enough where the handling of obstetric complication case so far by the midwife contacted by patient or family of patient by contacting phone number which have been included in check book of pregnant mother or also called book of mother and child health (MCH books). The midwife takes full responsibility for her assisted village.

7. Discussion

7.1. Knowledge of midwife in handling obstetric complication

From result of research can be concluded that some informant know about understanding of obstetric complication, SOP handling obstetric complication, training about obstetric complication and status of public health center. The midwives of public health center Labuha handled cases of obstetric complications in accordance with the science they possessed by handling cases such as abortion, bleeding or other cases with SOPs in the public health center but the results of the observations found in the field that not the discovery of SOP draft at Puskesmas Labuha. While the results of interviews with KIA Section that Labuha Puskesmas is not PHC so that the training for handling obstetric complication has not been done but if the training is implemented it will be included.

Knowledge is one of the most important domains in shaping a person's behavior, a person will take action or task if they understand the intent and purpose and are reinforced by the intention to carry it out. Based on research conducted that midwife is well understood about handling of obstetric complication, implement handling of obstetrical complication as requested by SPM, even though they have not attended training on handling of obstetric complication.

7.2. Midwife skills in dealing with obstetric complications

The results of qualitative research found that some informants said that midwife skill in handling midwifery complication is good enough because midwife work in accordance with SOP (SOP not seen in Puskesmas) and midwife know about pregnancy complication that happened to pregnant mother for example handle bleeding case, abortions, hypertension In pregnancy or other cases even if the equipment available at the public health center is incomplete.

Handling of obstetric complications is often handled at home with equipment owned by a midwife (midwife KIT). Examples of cases such as bleeding, which is handled by the midwife is to examine the general state of the patient, stop the bleeding by giving anti-bleeding drugs and provide intravenous fluids after that patients are referred to the hospital. Meanwhile, based on the results of direct observation to the midwife in the handling of obstetric complication found that midwife in handling one case of obstetric complication (bleeding) has not executed the action in accordance with procedure where action given only referring without seeing patient condition or handle first this is different from statement midwife.

From the aforementioned explanation is associated with the theory that skills are a technique that causes a person to do something well and almost without defects. Produce something of value, so it's more technically scalable. Skills do not come just yet but thanks to practice, persistence and experience or talent and skill is one's ability to apply knowledge into action. A midwife's skills are acquired through education and training. According to Garry Dessier, that training can provide skills for the midwife in carrying out the work.

Skill is a science that is owned by midwife in doing an action, especially in handling obstetric complication. If the midwife is not skilled in doing so, the activities do not work well and should be supported by the availability of SOP for the handling of obstetric complications, the training and the provision of tools for handling obstetric complications and obliged to the midwife to record every action taken Can help midwives in future promotion.

7.3. Midwife attitude in handling obstetric complication

Based on the results of research show that midwife attitude in handling of obstetric complication less good in achievement SPM Puskesmas Labuha. This is due to the fact that midwives are less cooperative in assisting the program for the achievement of

MSS, especially the handling of obstetric complications can be seen in the achievement of the previous year has not reached the target and in 2016 in January–April only reached 19% of the determined target is 80% for indicators handling obstetric complications.

And there is also a midwife's statement that the attainment of obstetric complications not reaching the target is unnecessary to be questioned while the midwife must work in accordance with the SPM that has been determined by the Health Office of South Halmahera Regency especially in the handling of obstetric complications. Seen in the results of in-depth interviews conducted on five midwives found that two of them stated that midwives were not working in accordance with their basic task and function supported by the opinion of the Head of Puskesmas and midwife coordinator that the midwife is less active in Puskesmas or in the field it shows that the work culture is not good at Puskesmas Labuha.

Attitude is a response, where the response will arise if the individual is faced with a stimulus that requires a reaction, while the reaction arises because there is encouragement from self and others, so arises sense to do something in this case midwife handling obstetric complications for The achievement of SPM KIA program.

7.4. Midwife coordination in the handling of obstetric complications

The results showed that most informants said that the coordination system in the field in the handling of obstetric complications during this run well. Where every case in handling midwife complications midwives are always contacted to serve the patient or to accompany the patient to be referred to the hospital.

Interviews conducted on the midwife found that midwives were always in contact with patients if the patient was a patient with special surveillance. This is supported by the opinion of the coordinator midwife that every pregnant mother's service book has been put down the phone number of midwife to coordinate at the time of complication can be done easily.

Based on the aforementioned explanation that the coordination is a good activity in the field where with good cooperation between patients, midwives and people who are in the environment then it can improve the performance of Puskesmas Labuha.

8. Conclusions

Based on the results of qualitative research and discussion of midwives knowledge, skills, attitudes and coordination on the handling of obstetric complications in Minimum Service Standards (SPM) at Labuha Health Center, it can be drawn conclusions according to the concept framework as follows:

1. Based on individual variable that is on midwives knowledge and skill in handling midwifery complication it is found that midwife knowledge in handling obstetric complication is midwife has good understanding about handling of obstetric complication, carry out handling of complication as requested by SPM, even though all midwives have not attended training about Handling of midwifery complication while midwife skill in handling midwifery complication based on direct observation to midwife in the field found that midwife has not carried out the action according to procedure in handling obstetric complication where performed by midwife is direct to hospital without checking the mother's condition thereby skill midwife in Examination cannot be assessed.
2. Based on Psychology variable, midwife attitudes in handling obstetric complication found that midwives are less active in Puskesmas program and do not work in accordance with their main duty and function and make a statement that no problem if handling obstetric complication does not reach the target. Here is one quote from a midwife related to midwife attitudes
3. Based on organizational variable that is in midwife coordination in handling obstetric complication it is found that midwife coordination system is good enough in handling midwifery complication this because midwife put phone number in mother and child health book (KIA) so that coordination at the time of complication happened can be done with Easy by midwife.
4. From the aforementioned explanation related to problem formulation from this research is knowledge, skill, attitude and coordination of midwife in handling obstetric complication must be interrelated where knowledge possessed by midwife can assist midwife in doing field action (skill possessed by midwife based on midwives competence) and Good midwife attitudes can help the achievement of program performance and good coordination in launching work system at Puskesmas Labuha.

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