

PERFORMANCE OF MIDWIFERY SERVICES ON THE ROLE AND CHARACTERISTICS OF VILLAGE MIDWIVES IN THE COMMUNITY

Lina Ratnasari¹, Dian Rizeki Finarti², Ika Lestiani³

¹²³AKBID BBH Banjarbaru, Indonesia

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*Corresponding author:

E-mail: Lina1213@yahoo.com

ABSTRACT

The Maternal Mortality rate (MMR) in Banjar Regency in 2018 was 320 per hundred live births (KH). One of the high MMR in Banjar Regency is the performance of midwives in midwifery offerings remains low. This form of research is an analytic survey that aims to analyze the impact of traits (age, years of carrier, vicinity of house, understanding, attitudes, motivation, loyalty, supervision) and the role of midwives (counseling, referral, and collaboration/cooperation) on the performance of village midwives in midwifery services. The research becomes finished in 5 (five) Health facilities in Banjar Regency with a population of 207 human beings and seventy-five human beings as a sample. Information evaluation becomes achieved by using Chi-square check and multivariate by using logistic regression test. The outcomes showed that the performance of village midwives turned into primarily terrible (53.3%), and the rest were exact (46.7%). The logistic regression test confirmed that the variables that had a significant impact on village performance were a house with an odds rate (OR) of 23,823(5,204-109,059), years of a carrier with an OR of 10,717(2,333-49,223), and collaboration/cooperation with an OR of 4,968 (1.186-20,804), variables that haven't any impact are age, know-how, mindset, motivation, loyalty, supervision, counseling, and referral. The residence variable with the greatest effect on the overall performance of village midwives in midwifery offerings is the residence variable, while collaboration is the least influential one is collaboration. It's far was hoped that the Banjar District fitness workplace will maintain continuous schooling and guides, place village midwives to remember the location of the beginning of midwives and midwives who attend internships for at least six months, and carry out more extensive supervision and evaluation activities which will improve the performance of midwives in enforcing midwifery provider standards.

Keywords: Services, Characteristics, Midwives

Introduction

The excessive maternal mortality rate indicates that maternal reproductive health is still difficult. The arena health employer (WHO) reports that almost 700 pregnant and maternity moms die yearly. In evolved nations, the maternal mortality rate according to most effective 27 per 100,000 live births, at the same time as in developing countries the maternal mortality rate averages 480 consistent with 100 live births (Astuti, 2021).

Maternal Mortality rate in association Of South East Asian kingdom (ASEAN) countries in 2005, in Malaysia 36 per 100,000 live births, Singapore 6 in line with 100,000 live births, and Vietnam 160 in line with 100 live births (Gusedy, 2007).

Maternal and newborn deaths mainly occur within the duration of childbirth. that is partly due to the fact the assistance turned into no longer achieved with the aid of professional medical examiners. within the last years, the coverage of shipping assistance by using medical examiners in Indonesia improved from 72.37% in 2005 to seventy 6.14% in 2006 (Depkes RI, 2007).

The excessive maternal and infant mortality costs result from many elements, one among which is the low performance of midwives, mainly in rural regions. facts from the central facts enterprise (BPS) in 2005 confirmed that most effective 30,236 out of 69 villages or less than 50% of villages in Indonesia had a village midwife. The wide variety of midwives at some

point in Indonesia, 67 human beings. Ministry of fitness is getting ready any other 30,000 midwives for disadvantaged and very disadvantaged regions. these midwives will be painted as cadres all through Indonesia and it is targeted that forty-eight,000 villages in 2007 will have village midwives initiated by using the Indonesian Midwives Association (IBI) (Depkes RI, 2007).

The low overall performance of village midwives if you want to lessen maternal mortality in important Banjar Regency is thought to be associated with the village midwife's internal factors (characteristics), particularly age, years of service, region of the house, information, attitudes, motivation, and organizational factors, specifically loyalty, and supervision. similarly, the shortage of the function of village midwives in wearing out responsibilities which include lack of ability, rare fitness schooling for pregnant/maternity mothers, lack of awareness and competencies in coping with emergency transport problems, causing delays in making referrals, and absence of collaboration/cooperation with clients, families, and conventional start attendants.

Material and Methods

The type of research used is an analytic survey using a cross-sectional approach, namely analysis that looks at the influence between the causal variables and the effect of collecting data simultaneously and explains the relationship of variables through hypothesis testing.

Tabel 1. Independent Variable Measurement Method (Characteristics of Village Midwives and Role of Village Midwives)

Variable	Indicator	Kategori	Value	Measure	Scale
Characteristics	1	a. ≤ Mean (≤28 years)	6-10	Interview/questionnaire	Interval
		b. > Mean (>28 years)			
Year of service	1	a. ≤ 10 Years b. >10 Years		Interview/questionnaire	Interval
Residence	1	a. Village b. Out of village		Interview/questionnaire	Nominal
Knowledge	10	a. Good b. Not good	6-10 0-5	Interview/questionnaire	Ordinal
Attitude	10	a. Positiv b. Negativ	21-30 10-20	Interview/questionnaire	Ordinal
Motivation	10	a. Good b. Not Good	6-10 0-5	Interview/questionnaire	Ordinal
Supervisor	10	a. Very Good b. Good c. Not Good	0-3 4-6 0-3	questionnaire	Ordinal
Variable	Indicator		Value	Measure	Scale
The Performance of village midwives in providing midwifery service	20	1. God	31-40	Questionnaire	Ordinal
		2. Not Good	20-30		
		b. Not Good	10-20		

Table 2. Aspects of Measurement of Bound Variables (Dependent)

Table 3. Number and educations qualifications of employees at Puskesmas Banjar

Study	Total (Person)
Medical specialist	0
General practitioners	30
Dental	3
Pharmacy	1
Pharmacy Assist	2
D-3 nutritionist	5
D-1 nutritionist	2
D-3 Nurse	93
School Of Nurse	94
D-3 Midwife	130
midwife	206
S-1 Public Health	4
D-3 Sanitations	6
D-1 Sanitations	1
Senior High School	8
Total	585

Table 4. Distribution of village midwives

Public Health Facilities	Total Midwife	Live in POLINDES	
		No	Yes
Aluh-aluh	13	5	4
Aranio	8	4	4
Astambul	18	11	3
Beruntung	16	8	3
Gambut	13	8	4
Karang intan 1	15	6	4
Karang intan 2	17	6	3
Kertak Hanyar	10	5	4
Martapura 1	17	5	12
Martapura 2	9	5	5
Mataraman	10	7	11
Paramasan	8	4	9
Pengaron	11	7	5
Sambung Makmur	7	4	8
Sumpang ampat	9	6	7
Sungai tabuk 1	7	3	4
Sungai tabuk 2	11	7	3
Total	207	114	93

Table 5. Distribution of respondent characteristics (age, years of service, place of residence, knowledge, attitudes, and motivation)

Age	Total	Percentage (%)
≤ 28 years	49	65,3
>28 years	26	34,7
Total	75	100
Years Of Service	Total	Percentage (%)
≤ 10 years	33	56,0
>10 years	42	44,0
Total	75	100
Residence	Total	Percentage (%)
Polindes	45	60,0
Out of Polindes	30	40,0
Total	75	100
Knowledge	Total	Percentage (%)
Good	32	42,7
Not Good	43	57,3
Total	75	100
attitude	Total	Percentage (%)
Positive	46	61,3
Negative	29	38,7
Total	75	100
Motivation	Total	Percentage (%)
good	37	49,3
Not Good	38	50,7
Total	75	100
Loyalty	Total	Percentage (%)
Good	48	64,0
Not Good	27	36,0
Total	75	100
Supervision	Total	Percentage (%)
Good	43	57,3
Not Good	32	42,7
Total	75	100

Table 6. Distribution Of The Role of midwives

Counseling	Total	Persentase
Good	48	64,0
Not Good	27	36,0
Total	75	100
Reference	Total	Persentase
Good	58	77,3
Not Good	17	22,7
Total	75	100
Kolaborasi	Total	Persentase
Good	45	60,0
Not Good	30	40,0
Total	75	100

Table 8. Performance Distribution

No.	Performance	Total	Percentage
1.	Good	35	46,7
2.	Not Good	40	53,3
	Total	75	100

Table 9. The effect of the characteristics of the village midwife (age, years of service, place of residence, knowledge, attitudes, and motivation) on the performance of the village midwife

Characteristics of midwives	Criteria Midwife				Total (%)		p value
	Good		Not good		Total	%	
	Total	%	Total	%	Total	%	
Age							
≤ 28 Years	27	55,1	22	44,9	49	100	0,024
> 28 Years	8	30,8	18	69,2	26	100	
Total	35	46,7	40	53,3	75	100	
Years Of Service							
>10 years	27	64,3	15	35,7	42	100	0,001
≤ 10 years	8	24,2	25	75,8	33	100	
Total	35	46,7	40	53,3	75	100	
Residence							
village (Polindes)	30	66,7	15	33,3	45	100	0,000
Out of Village (Polindes)	5	16,7	25	83,3	30	100	
Jumlah	35	46,7	40	53,3	75	100	
Knowledge							
Good	19	59,4	13	40,6	32	100	0,000
No Good	16	37,2	27	62,8	43	100	
Total	35	46,7	40	53,3	75	100	
Characteristics of midwives	Criteria Midwife				Total (%)		p
	Good		Not Good		Total	%	
	Total	%	Total	%	Total	%	
Attitude							
Positiv	27	58,7	19	41,3	46	100	0,010
Negativ	8	27,6	21	72,4	29	100	
Total	35	46,7	40	53,3	75	100	
Motivation							
Good	20	54,1	17	45,9	37	100	0,001
Not Good	15	39,5	23	60,5	38	100	
Total	35	46,7	40	53,3	75	100	
Loyalty							
Good	27	57,4	20	42,6	47	100	0,018
Not Good	8	28,6	20	71,4	28	100	
Total	35	46,7	40	53,3	75	100	
Supervision							
Good	31	72,1	12	27,9	43	100	0,000
Not Good	4	12,5	28	87,5	32	100	
Total	35	46,7	40	53,3	75	100	

Table 10. The effect of the characteristics of the village midwife (instruction, referral, collaboration) on the performance of the village midwife

Village midwife	Midwife Performance				Total (%)		p
	Baik		Kurang Baik		Total	%	
	total	%	Total	%	Total	%	
Counseling							
Good	29	60,4	19	39,6	48	100	0,000
Not Good	6	22,2	21	77,8	27	100	
Total	35	46,7	40	53,3	75	100	
Reference							
Good	30	51,7	28	48,3	58	100	0,100
Not Good	5	29,4	12	70,6	17	100	
Total	35	46,7	40	53,3	75	100	
Collaboration							
Good	31	75,6	10	24,4	41	100	0,000
Not Good	4	11,8	30	88,2	34	100	
Jumlah	35	46,7	40	53,3	75	100	

Table 11. the results of the first stage of logistic regression test the effect of Characteristics

Independent Variable	Sig.	Exp(β)
Age	0,687*	0,549
Years Of Service	0,038	2,737
Residence	0,014	2,825
Knowledge	0,623*	0,452
Attitude	0,436*	0,838
Loyalty	0,149*	-2,178
Supervision	0,247*	1,673
Counseling	0,067*	1,910
Reference	0,572*	1,068
Collaboration	0,017	3,330

Table 12. Logistics Regression Test Results

Independent Variable	Sig.	OR(95% CI)
Years of Service	0,002	10,717(2,333-49,223)
Residence	0,000	23,823(5,204-109,059)
Collaboration	0,000	4,968(1,186-20,804)

Discussion

Performance of Village Midwives in Midwifery Services

The study results showed that most of the performance of village midwives were in the poor category (53.3%), and the rest were in a good variety (46.7%). The results of this study show that the performance of village midwives plays a role in increased maternal and infant morbidity rates.

The results of research by Riyanto (2006) who conducted research on the effect of the UNICEF Safe Motherhood program on the performance of village midwives in Sorong Regency by researching 30 midwives in the treatment group and 32 midwives in the control group showed that most of the village midwives had a moderate performance as many as 45 midwives (72,6%). The mean (mean) performance of the village midwives in the treatment group was higher than the control group.

Imsaruddin's research (2002), which conducted a study on factors related to the performance of village midwives in Region VI, Deli Serdang Regency, found that the performance of village midwives with good criteria was 33.6%, sufficient 53.6%, less than 12.8%.

Yunalis (2009) conducted a study on the effect of work commitment and motivation on the performance of village midwives in South Aceh Regency which measured the performance of village midwives based on service programs that were the responsibility of village midwives, namely antenatal care (pregnancy check-ups), delivery assistance, early detection of risks. High rates of obstetric complications, referral for obstetric complications, as well as neonatal and postpartum services indicate that most of the village midwives did not reach the service target of 83 people (51.6%), with village

midwives who achieved the target set as many as 78 people (48.4 %).

Mangkunegara (2005) says that performance is an achievement or ability achieved by a person in carrying out his duties following the responsibilities given to him and following the work standards set to achieve a goal within the organization.

The main task and function of the village midwife are to provide maternal and child health services and family planning to reduce maternal and infant mortality and birth rates. However, in reality, village midwives are burdened with various other health care programs. In this condition the midwife Villages are faced with limited capabilities and community conditions with various characteristics.

A midwife must use her abilities in various aspects of life, especially in providing services to patients, so that they can have a positive impact following their field of knowledge. For this reason, we need midwives with professional quality who can provide effective, efficient, and quality midwifery services that can ultimately help improve and improve public health by being oriented toward prevention efforts, both primary, secondary, and tertiary prevention.

The Influence of the Characteristics of the Village Midwife on the Performance of the Village Midwife in Midwifery Services

Years of service

Village midwives who worked >10 years had a good performance, while village midwives who worked <10 years had poor performance. Statistical tests with the Chi-Square test show a significant effect between tenure and the implementation of village midwives with a probability value (p) = 0.001<0.05. Logistic regression test that the development of assignment on the performance of village midwives with an OR (odds rate) value of 10.717 (95% CI: 2.333-49.223) means that village midwives with a working period of > 10 years have the opportunity to have a good performance 10.7 times compared to village midwives who worked 10 years. The longer the village midwife works, the better the performance.

Zulfansyah's research (2008) showed that village midwives who stated that they had worked >10 years had a good performance, on the contrary, village midwives who worked <10 years, had poor performance as well. This means that the longer the midwife works, the better the performance of the village midwife (increases).

The results of this study are different from that of Palluturi (2007), which shows that of the 21 respondents (65.6%) who said that they worked >10

years, 15 respondents (71.4%) had a good performance and 6 respondents (28.6%) had a good performance. less, while from 11 respondents who worked <10 years there were 7 respondents (63.6%) who had a good performance and 4 respondents (36.4%) had poor performance. Statistical test results with Yate's Correction obtained p value = 0.652 (p> 0.05) then Ho is accepted.

According to the Indonesian Ministry of Health (1996), the length of time a village midwife has worked can be identified with the amount of experience she already has. With the more experience a person gains while working, the knowledge of the midwife also increases, with this knowledge the midwife can adapt to the work she is carrying out. Meanwhile, according to Notoatmodjo (2002), experience is a good teacher, therefore experience is a source of knowledge or experience is a way to obtain the truth of knowledge and improve service quality. Personal experience can be used as an effort to gain.

Residence

Respondents who live in the policies have good performance, while those who live outside the polindes mostly have poor performance. The logistic regression test showed that place of residence was the most influential factor compared to other studied variables with an OR (odd rate) of 23,823 (95%CI:5,204-109.059) meaning that village midwives who resided in the polindes had the opportunity to have good performance. ,8 times compared to village midwives who live outside the polindes. The results of this study show that by occupying a polindes or village midwife residing in their place of duty, health services to the community, especially mothers and children, will improve their health status. This result is in line with the initial survey of this study that the reason for the mother not having an examination and delivery at the village midwife is because the village midwife does not live in the village/polindes so that if she wants to get examination or delivery services for 24 hours it is not fulfilled.

This study's results align with the research of Winarni (2007), who researched village midwives in North Aceh Regency, which found that the performance of village midwives was not good because 62.4% did not live in a predetermined place (polindes). Zulfansyah's research (2008) shows that village midwives who claim to live in the village have good performance, while village midwives who live outside the town have poor performance with a significant value (p<0.05). This means that there is an effect of the village midwife's residence on the village midwife's performance.

The Influence of the Role of the Village Midwife on the Performance of the Village Midwife in Midwifery Services

The logistic regression test on the village midwife's role variable showed that collaboration/cooperation was the variable that had a significant effect was collaboration/cooperation. In contrast, the extension and referral variables did not affect the logistic regression test.

Collaboration / Cooperation

The role of village midwives in collaborating/cooperating with clients, families, and traditional birth attendants shows that most respondents who collaborate in good categories have good performance. In contrast, respondents who collaborate in poor classes mostly have good performance.

The magnitude of the influence of the role of village midwives in collaboration/cooperation on the performance of village midwives in midwifery services, namely the OR of 4.968 (95% CI: 1.186-20.804) meaning that village midwives who collaborate/collaborate well have the opportunity to have good performance 4.9 times compared to village midwives who are not good at collaboration/collaboration, the better the partnership carried out midwife, the better the performance.

Winarni's research (2007) found that 51.8% of village midwives in North Aceh District performed ANC services in the good category. This shows that ANC services by village midwives are still low because they are still far from the target set by the government, which is 90%. This study also found that 51.8% of village midwives did training for traditional birth attendants in the wrong category. This shows that the collaboration/collaboration of midwives with traditional birth attendants in providing training still needs to be improved and requires special attention from the local government and the health office.

The results of the study by Palluturi (2007) showed that with the role of midwives in collaboration/cooperation in the good category, 20 midwives (83.3%) had good performance while the role of midwives in collaboration was not good as many as 4 midwives (16.7%) had a good performance. not good. The results of statistical tests show that there is a relationship between the role of midwives in

collaboration with the performance of midwives at the Public health facility.

Conclusions

Based on the outcomes of information evaluation and discussion in the previous bankruptcy, it may be concluded from this study as follows:

1. The performance of village midwives in 5 Puskesmas 53.3% in the bad class, the rest within the precise type, specifically 46.7% that's stimulated via years of carrier, administrative center live, and collaboration/cooperation.
2. traits of village midwives that have a good-sized impact on the logistic regression test are years of the carrier with a good-sized value of 0.002 <0.05 and OR 10.717 (2.333-59.223), and residence with a great price of 0.000 <0.05 and OR 23.823 (5.204- 109.059), at the same time as the variables that don't have any effect are age, know-how, mindset, motivation, management, and supervision.
3. The position of village midwives that has a considerable effect on the logistic regression check is collaboration/cooperation with a huge cost of 0.000 <0.05 and an OR of 4.968 (1.186-20.804), whilst people who have no effect are counseling and referrals.
4. Of the three statistically influential variables, the maximum dominant effect on the performance of village midwives is crucial in the area of residence, even though the variable that has the least affects the performance of village midwives.

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