

Analysis of Effect of Knowledge, Attitude, and Motivation on Performance of Village Midwives in Deli Serdang Regency

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Abstract

This study aims to analyze of effect of knowledge, attitude, and motivation on performance of village midwives in Deli Serdang Regency. This study uses quantitative research methods of analytic research using cross sectional research design. The population in this study is village midwives who served in 3 Public Health Centers in Deli Serdang Regency, Araskabu Public Health Center as many as 6 people, Pagar Merbau Public Health Center as many as 14 people, and Galang Public Health Center as many as 20 people, then the population totaling 40 people. This research sample uses a total sampling method of 40 people. Data analysis in this study uses bivariate analysis. The results show that there is effect knowledge on performance of village midwives in Deli Serdang Regency. There is effect attitude on performance of village midwives in Deli Serdang Regency. There is effect motivation on performance of village midwives in Deli Serdang Regency.

Keywords

knowledge, attitude,
motivation, performance



I. Introduction

The indicator of maternal mortality is a benchmark for a measure of the success of maternal health efforts. The maternal mortality rate is the total death of pregnant women, childbirth and childbirth per 100 thousand live births. The maternal mortality rate is one of the goals set in the Sustainable Development Goals (SDGs) the third goal, which is to guarantee a healthy life and support the welfare of all ages, where one of its goals is to reduce maternal mortality, infant mortality, and numbers neonatal death.

World Bank data shows that Indonesia is the third highest maternal mortality rate with the case of 177 deaths per 100 thousand live births in 2017. The worst results are recorded in Myanmar with the case of 250 deaths, then in Laos with the case of 185 deaths per 100 thousand live births, while Malaysia is a case of 29 deaths per 100 thousand and Singapore 8 deaths per 100 thousand live births.

Parameters that play a role in the success of health services are maternal mortality, as seen from the SDG indicator 2030, which is to reduce mother's mortality to 70/100,000 live births.

The reason for the maternal mortality rate remains a priority that must be completed in SDGs in 2030 with the achievement of a reduction of 70/100,000 live births is due to the mortality of mothers in Indonesia in 2012 amounting to 359/100,000 live births and 2015 decreased to 305/100,000 live births.

The Millennium Development Goals (MDG) target is 102/100,000 live births. The overall maternal mortality rate reported by North Sumatra Province in 2019 was 202 people, with the distribution of 53 pregnant women died, 87 maternity died, and 62 postpartum mothers died. The age group contributing to the high maternal mortality rate is the age group of 20 to 34 years.

According to the 2019 North Sumatra Provincial Health Profile data, the highest number of maternal deaths are found in Asahan Regency (15 people), Deli Serdang Regency (14 people), and Batu Bara and Langkat (13 people each). It is known that most of the maternal deaths are caused by other causes that are unknown exact causes (63 people), bleeding (67 people), high blood pressure (51 people), infection (8 people), due to blood circulation disorders (8 people), and due to metabolic disorders (5 people).

In 2020, the number of maternal deaths in Deli Serdang Regency was 12 people per 44,298 live births. The causes of death include 6 cases of bleeding, due to infection as many as 1 case, and as many as 5 cases such as congenital disease, amniotic water embolism, placenta previa, and suspect COVID-19. Sihombing (2020) state that Covid-19 pandemic caused everyone to behave beyond normal limits as usual. The outbreak of this virus has an impact especially on the economy of a nation and Globally (Ningrum, 2020). The problems posed by the Covid-19 pandemic which have become a global problem have the potential to trigger a new social order or reconstruction (Bara, 2021).

Various efforts have been made by the government including the Safe Motherhood program, referring to the making pregnancy safer strategy, the placement of midwives in the village, the midwife partnership program with shaman Birth/Birth (Abdul et al., 2018).

One of the programs to reduce maternal mortality in Deli Serdang Regency is U.S. Agency for International Development (USAID) momentum, this program is a collaboration between the Ministry of Health and USAID to improve access and quality of health services for mothers and newborns in Indonesia. With the aim of reducing new maternal and born mortality rates because of the causes that can be prevented in 6 provinces including North Sumatra. In North Sumatra Province, USAID momentum works in Deli Serdang, Asahan, Langkat, and Karo Regency.

Previously in 2017 Deli Serdang Regency was also part of the USAID Jalin program, a program for saving maternal and infant deaths. This program is expected to focus on being carried out in one region, so that the results will be felt directly. The aim is to anticipate and reduce maternal and child mortality in North Sumatra Province. The main purpose of this program is to help the government reduce maternal and infant mortality.

However, the results of several programs to reduce the morbidity and mortality rates of maternal and child in Deli Serdang Regency are still not implemented properly, seen from the high maternal mortality rate in Deli Serdang Regency. The high maternal mortality rate in Indonesia is one of the reasons to occur in pregnant women who are at risk of not detected early on, for that midwives must be able and skilled at providing services in accordance with the standard set, especially the village midwife as the spearhead, with the proactive participation of supervision officers. For this reason, village midwives are expected to accelerate the reduction in maternal and infant mortality rates in Indonesia and increase the scope of the latest visits that have been revised by the Ministry of Health in 2020, namely the first visit of pregnant women (K1) to sixth visit (K6), and all labor must be helped by Trained health workers and all obstetric complications get adequate referral services.

Strategies to reduce the morbidity and mortality rates of maternal and child need good cooperation from the Public Health Center with various health system units in the community. The effort includes prevention efforts by early detecting pregnancy

complications with antenatal care early, clean and safe parturition processes, as well as adequate referral facilities for maternal and child health services.

Health services for pregnant women in Deli Serdang Regency has decreased from 93.04% in 2019 to 90.92% in 2020. Problems still faced in the implementation of health services for pregnant women include: 1)The target of pregnant women is not in accordance with the conditions in The field is due to the very high level of mobility of the population of Deli Serdang, especially residents who are in areas near the border with districts/cities around Deli Serdang Regency so that the data collection becomes inaccurate; 2) There is still a lack of reports from the Public Health Center network so that pregnant women who get health services in other health service facilities are not recorded in the Public Health Center report; 3)Still not yet maximized the provision of facilities and infrastructure supporting antenatal care checks in health service facilities; 4)There is still a lack of public awareness regarding the importance of examination during pregnancy; 5)There is still a lack of midwife competencies in the village regarding the management of antenatal care according to the standard or 14T; 6)Still not yet maximum coordination of Public Health Center Coordinator Midwives with private midwives in the Public Health Center working area; 7)The occurrence of a budget refocusing that causes so that it causes reduced provision of supporting facilities for health services for pregnant women; and 8) COVID-19 pandemi resulted in a reduction in the visit of pregnant women to health service facilities.

Pregnancy care services are health services based on pregnancy standards and are set in midwifery standards provided for pregnant women by competent health workers. The purpose of antenatal service is to directly minimize the mortality and morbidity of the mother and baby by identifying and treating pregnancy complications.

Antenatal care services continue to be developed to maximize the reduction in maternal and infant mortality rates, with an integrated antenatal care program. Coverage of K1 visits and K6 visits is explained in the minimum service standard in 2020, namely compliance to provide services must be achieved from each type of primary service in health facilities must reach 100%. Services provided to pregnant women must get antenatal care services according to standards and reach 100 % coverage for pregnant women.

According to Deli Serdang Regency Health Profile data in 2020, K1 coverage in Deli Serdang Regency decreased compared to 2019, from 98.58 % in 2019 to 97.84 % in 2020. In addition, K4 coverage in 2020 also decreased namely from 93.04 % in 2019 to 90.92 % in 2020. The gap was caused by pregnant women who had done K1 but did not continue until K4 visits in accordance with the standards. Analysis of the decline in the scope of the first and fourth visit in 2019 is as follows:

1. The lowness of the mother's participation in antenatal care.
2. Before the maximum data collection due to high level of community mobility.
3. Not yet the maximum of the competence of the village midwife regarding the management of antenatal care according to standards.

Decreased coverage of K1 and K4 can be overcome with efforts such as selection of pregnant women through home visits; special improvement in the class of pregnant women; greater implementation of birth planning programs and prevention of complications; and improve coordination with the Public Health Center network in the context of recording and reporting health services to mothers.

This study aims to analyze of effect of knowledge, attitude, and motivation on performance of village midwives in Deli Serdang Regency.

II. Research Method

This study uses quantitative research methods of analytic research using cross sectional research design. Quantitative research seeing predicted human character or actions, where the independent variable and the dependent variable are examined directly at the same time (Octiva et al., 2018; Pandiangan, 2018). Cross sectional research design is a type of observational research that analyzes variable data collected at a certain time point in the entire sample population or subset that has been determined (Asyraini et al., 2022; Octiva, 2018; Pandiangan, 2015). With a cross-sectional research design the data collection process is carried out at the same time.

Poulation means the total number of people or residents in an area. Through this explanation it can be interpreted by the population is a term for people or residents who are in a particular area (Jibril et al., 2022; Pandiangan et al., 2018; Pandiangan, 2022). The population in this study is village midwives who served in 3 Public Health Centers in Deli Serdang Regency, Araskabu Public Health Center as many as 6 people, Pagar Merbau Public Health Center as many as 14 people, and Galang Public Health Center as many as 20 people, then the population totaling 40 people. This research sample uses a total sampling method of 40 people. The method used is total sampling because it takes the entire population into a research sample (Octiva et al., 2021; Pandiangan et al., 2021; Pandia et al., 2018).

Data analysis in this study uses bivariate analysis. Bivariate analysis aims to determine the effect between two variables, namely independent variables with dependent variables using the chi-square statistical test (Pandiangan et al., 2022; Tobing et al., 2018).

III. Discussion

3.1 General Description of the Research Location

Deli Serdang Regency geographically is at 2° 57' North Latitude to 3° 16' North Latitude and 98° 33' East Longitude to 99° 27' East Longitude with a height of 0-500 meter above sea level. The north from Deli Serdang Regency is bordered by Langkat Regency and the Malacca Strait, in the south with Karo and Simalungun Regencies, the west is bordered by Langkat and Karo Regencies, and the east is bordered by Serdang Bedagai Regency.

The area of Deli Serdang Regency is 2,497.72 km² with the largest sub-district, namely Sinembah Tanjung Muda Hulu District (223.38 km²) and the smallest district area is Deli Tua District (9.36 km²). Deli Serdang Regency consists of 22 sub-districts 394 villages. The districts include Mount Meriah, Sinembah Tanjung Muda Hulu, Sibolangit, Kutalimbaru, Pancur Batu, Namorambe, Biru-Biru, Sinembah Tanjung Muda Hilir, Bangun Purba, Galang, Tanjung Morawa, Patumbak, Deli Tua, Sunggal, Hamparan Perak, Labuhan Deli, Percut Sei Tuan, Batang Kuis, Labu Beach, Beringin, Lubuk Pakam, and Pagar Merbau.

3.2 Population Distribution in the Deli Serdang Regency Public Health Center Work Area

The Central Statistics Agency of Deli Serdang Regency projects that the population of Deli Serdang Regency in 2020 is 2,195,709 people with a male population of 1,104,894 people (50.32%) and women of 1,090,815 people (49.68%).

The most population is found in Percut Sei Tuan District with a population of a sex ratio of more than 100 which has the meaning that the male population is more than the female population. The gender ratio of Deli Serdang Regency in 2020 amounted to 101.29 which means that in every 100 female population there are 101 male residents. The following is a graph of the number and composition of the population of Deli Serdang Regency in 2020.

3.3 The Amount of Health Human Resources in Deli Serdang Regency

Health service facilities are a tool and/or place used to carry out health service efforts, both promotive, preventive, curative, and rehabilitatively carried out by the government, local governments, and/or the community. This health service facility greatly affects the degree of public health. Therefore, to achieve optimal health degrees, affordable health service facilities are needed for all levels of society in order to improve health, health care, disease treatment, and health recovery.

Public Health Center is a health service facility that carries out public health efforts and first-level individual health efforts, prioritizing promotive and preventive efforts, to achieve the level of public health that has a high level in its working area. In 2019 the number of public health centers in Serdang Regency was 34 units in the Public Health Center category of 27 units and 7 units. Standard Public Health Center ratio to the population according to the Ministry of Health is 1:30,000. If the population of Deli Serdang Regency in 2019 was 2,195,709 people, the public health center ratio to the population in Deli Serdang Regency was 0.46 which means 1 Public Health Center served more than 30,000 residents.

3.4 Bivariate Analysis Results

Table 1. Bivariate Analysis Results

Variable	P Value
Knowledge	0.005
Attitude	0.024
Motivation	0.028

This research sample uses a total sampling method of 40 people. Data analysis in this study uses bivariate analysis. The results show that there is effect knowledge on performance of village midwives in Deli Serdang Regency. There is effect attitude on performance of village midwives in Deli Serdang Regency. There is effect motivation on performance of village midwives in Deli Serdang Regency.

IV. Conclusion

This research sample uses a total sampling method of 40 people. Data analysis in this study uses bivariate analysis. The results show that there is effect knowledge on performance of village midwives in Deli Serdang Regency. There is effect attitude on performance of village midwives in Deli Serdang Regency. There is effect motivation on performance of village midwives in Deli Serdang Regency.

The suggestions based on research that have been done are:

1. For the Research Place

It is expected that the Public Health Center leadership can improve the performance of midwives in providing services to pregnant women by increasing knowledge by attending seminars related to maternal and child health.

2. For Educational Institutions

It is expected to be an additional literature reading to add insight and knowledge for students and to institutional lecturers to participate in research with the aim of the study can be used as a journal that has grades and used as reference material for further researchers.

3. For Further Researchers

It is hoped that the researcher will then be able to conduct further research with different variables and can complete the results of this study for the better.

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