

RINGKASAN

Tingginya Angka Kematian Ibu dan Bayi di Indonesia merupakan tantangan yang cukup berat bagi tenaga kesehatan, khususnya bidan di desa. Untuk Repelita VI salah satu sasaran Pembangunan Kesehatan adalah menurunkan AKI (Angka Kematian Ibu) dari 425 per 100.000 kelahiran hidup menjadi 225 per 100.000 kelahiran hidup (Sensus Kesehatan Rumah Tangga, 1995). Akan tetapi kenyatannya dilapangan masih menunjukkan AKI sebesar 373 per 100.000 kelahiran hidup. Upaya yang telah dilakukan Pemerintah secara langsung kepada masyarakat adalah dengan menempatkan Bidan di desa sejak tahun 1990 dimana hingga akhir Pelita VI diperkirakan 54.270 Bidan telah ditempatkan di posisinya masing-masing. Berdasarkan PERMENKES No. 572/PER/MENKES/VI/1996 diberikan kewenangan dan perlindungan kepada Bidan dalam melaksanakan tindakan penyelamatan Ibu, Janin dan Bayi Baru Lahir.

AKI dan AKB dapat dikurangi dengan memberikan *Ante Natal Care* (ANC) atau pelayanan kebidanan dan pertolongan persalinan yang bersih dan aman. Tujuan memberikan pelayanan Antenatal adalah untuk mendapatkan hasil yang sehat dan positif bagi Ibu maupun Bayinya dengan jalan menegakkan hubungan kepercayaan jiwa, mempersiapkan kelahiran, dan memberikan pendidikan. Pemeriksaan yang dilakukan dalam tiap trimester kehamilan ini dianggap sebagai salah satu indikator kinerja Bidan. Hal ini dikarenakan pemeriksaan bertujuan untuk memperkirakan usia kehamilan, mengenal resiko tinggi berkaitan dengan pendekstrian anemia, kurang gizi, hipertensi, infeksi sebagai bagian dari pelayanan Antenatal, pemantauan pertumbuhan Janin,

penentuan letak, posisi dan bagian bawah janin (Pusdiknakes, WHO, JHPIEGO, 2001). Dari pernyataan tersebut dapat disimpulkan bahwa jika K1 dan K4 dibawah standar maka pelayanan Antenatal yang dilakukan oleh Bidan di Desa masih rendah. Harapan untuk mencapai target tersebut terletak pada Bidan di Desa yang merupakan ujung tombak dalam melakukan pelayanan Antenatal.

Tujuan dari penelitian ini adalah menyusun upaya untuk meningkatkan kinerja bidan di desa dalam melakukan pelayanan Antenatal berdasarkan pengukuran karakteristik bidan di desa (tingkat pengetahuan, keterampilan dan persepsi bidan terhadap beban kerja) dan karakteristik ibu hamil Tingkat pengetahuan, pengalaman, harapan ibu hamil terhadap pelayanan Antenatal) di Kabupaten Bangkalan. Selain itu juga mempelajari pelaksanaan pelayanan Antenatal baik yang bersifat medis maupun non medis oleh bidan di desa.

Penelitian ini merupakan penelitian observasional dengan pendekatan *Cross Sectional*. Mengingat kinerja Bidan di desa setiap wilayah berbeda maka unit analisis dalam penelitian ini adalah individu Bidan di desa. Prosedur pengambilan data dalam penelitian ini menggunakan teknik wawancara dengan panduan kuisioner dan teknik studi dokumentasi. Data yang telah ditabulasi, dianalisis secara deskriptif kemudian diuji secara statistic setelah melalui proses editing dan koding. Kemudian tingkat hubungan dari variabel yang diteliti dianalisis secara deskriptif yang kemudian diuji secara statistic.

Hasil penelitian ini menunjukkan bahwa pengetahuan bidan di desa tentang pelayanan Antenatal masih kurang terutama dalam hal menghitung denyut jantung janin dan pembinaan terhadap ibu hamil dalam persiapan persalinan. Untuk keterampilan yang kurang atau belum terampil adalah dalam hal menilai

perubahan fisik ibu hamil sebelum usia kandungan 3 bulan dan pengarahan kepada ibu hamil untuk persiapan persalinan. Persepsi bidan desa terhadap beban kerja baik, misalnya adalah walaupun tugas merka banyak yang harus dilakukan tetapi para bidan desa tidak merasakan adanya beban kerja yang berat.

Pelaksanaan pelayanan Antenatal yang bersifat medis oleh bidan desa belum sepenuhnya dilakukan misalnya dalam hal test protein dan glukosa urine, memeriksa penyakit menular seksual dan memeriksa kadar Hb. Sedangkan yang pelaksanaannya kurang memuaskan yaitu membicarakan persiapan persalinan, mendengarkan denyut jantung janin, cara minum tablet besi dan penyuluhan gizi, memeriksa perut atau bekas luka pada abdomen, pemeriksaan fisik secara lengkap dan mengukur tinggi dalam cm serta mengukur berat badan dan lingkar lengan atas atau LILA. Pelaksanaan pelayanan Antenatal yang bersifat non medis oleh bidan juga tidak dilakukan sepenuhnya misalnya dalam hal mengisi perkiraan kantong persalinan, membuat peta sasaran dan membuat rencana kerja bulanan.

Terdapat hubungan yang signifikan antara pengetahuan dan keterampilan bidan di desa dengan kinerja bidan di desa. Terdapat hubungan yang signifikan antara persepsi bidan didesa, pelaksanaan pelayanan Antenatal, pengetahuan ibu hamil tentang manfaat pelayanan Antenatal, pengalaman ibu hamil tentang pelayanan Antenatal, dan harapan ibu hamil terhadap pelayanan Antenatal dengan kinerja bidan di desa.

Agar kinerja bidan di desa dapat meningkat maka perlu dilakukan upaya-upaya peningkatan mutu dari bidan itu sendiri. Upaya tersebut dapat dilakukan dengan cara meningkatkan pendidikan bagi bidan misalnya bidan melanjutkan pendidikan ke tingkat DIII, DIV, atau S1 Kebidanan. Selain itu diperlukan adanya

pengawasan Tingkat II dalam pelaksanaan pelayanan Antenatal di desa, adanya pembentukan kader sehingga frekwensi kunjungan rumah dapat ditingkatkan, perlu diadakan penyuluhan kepada ibu hamil tentang manfaat pemeriksaan kehamilan. Polindes yang ada di desa harus ditempati oleh bidan desa sehingga pelayanan Antenatal bisa dilakukan secara maksimal. Sedangkan untuk bidan yang baru diangkat, sebelum melakukan tugasnya harus magang terlebih dahulu di KIA atau bidan praktik swasta.



SUMMARY

High mortality rate of mothers and babies in Indonesia is the big challenge for health care providers, especially midwives in the village. Based on Five-Year Development Plan VI (Repelita), one of the objectives of Health Development was decreasing Mothers' Mortality Rate (AKI) from 425 per 100.000 living birth to 225 per 100.000 living birth (Household Health Census, 1995). However, the fact showed that Mothers' Mortality Rate was 373 per 100.000 living birth. The government tried to help people by assigning midwives in the village since 1990 who were estimated around 54.270 midwives in different areas to the end of Five-Year Development Plan VI. Based on Health Ministry Regulation No. 572/PER/MENKES/VI/1996 Nurses were given authority and protection in saving mothers, fetus and newly born infants.

Mothers and Babies' Mortality Rate can be decreased by giving Ante Natal Care (ANC) or midwifery service and save and clean childbirth treatment. The purpose of giving Ante Natal care is to gain positive and healthy condition for mothers and their babies by building trust, preparing the childbirth, and giving education. Health check every trimester of the pregnancy was considered as one of midwives work indicators. This is due to the purpose of examination was to estimate pregnancy age, know high risks concerning with anemia identification, less nutrient, hypertension, infection as a part of Antenatal care, fetus growth observation, positioning, position and down part of the fetus (Pusdiknakes, WHO, JHPIEGO. 2001). It can be concluded from the statement above that when K1 and K4 was under standard meant that Antenatal care conducted by midwives in the

village was low. To achieve the target depends on the midwives in the village as the does of Antenatal care.

The objective of this research is to find ways to increase midwives' work in the village in giving Ante Natal care by measuring midwives' characteristic in the village (midwives' knowledge, skill, and perspective toward the work burden) and pregnant women characteristics (their knowledge, experience, and hope toward Antenatal care) in Bangkalan Regency. Besides, this is to study the practice of either medical or non-medical Ante Natal care conducted by the midwives in the village.

This research is observational using Cross Sectional approach. Considering that the work of midwives in the village differs in every area, the analysis unit of this research is individual. Data collection procedures of this research used interview with questionnaire guidance and documentation study technique. Tabulated data were analyzed descriptively then examined statistically that passed editing and coding process in advance.

The result of this research showed that the midwives in the village had less knowledge about Antenatal care especially in counting the baby's pulse and guiding pregnant women preparing for the childbirth. Midwives' less skill could be seen from how they were not good at knowing pregnant women's physical changes before it aged 3 months and guiding them to prepare the child-birth. The midwives in the village had good perceptions toward the work burden. One of the indications is that the midwives in the village were not burdened although they had many works to do.

Medical Antenatal care was not done completely by nurses in the village such as urine protein and glucose test, sexual epidemic disease examination, and haemoglobine (Hb) degree examination. While unsatisfactory implementations were the discussion on childbirth preparation, hearing babies' heartbeat, ways to drink ferrous tablet and nutrient guidance, examination on stomach or scar on abdomen, thorough physical examination and measuring height in cm, weighing and measuring upper arm (LILA). Non-medical Antenatal care was not done completely such as filling childbirth bags, making target map and making monthly programs.

There was significant relation on nurses' perception in the village, the use of Antenatal care, pregnant women knowledge about the benefit of Antenatal care, pregnant women experience on Antenatal care, and their hope toward Antenatal care and midwives' work in the village.

To increase midwives' work in the village there should be steps taken to increase their quality. The ways can be improving the midwives' knowledge by taking undergraduate (Diploma III/IV) degree, or graduate (S1) for midwifery. Besides, there should be Level II observation on the practice of Antenatal care in the village, midwives' guidance should be done so that home visit frequency can be increased, guidance on the importance of pregnancy check for pregnant women. Midwives must stay in the village clinic to maximize Antenatal care. For recently assigned midwives, they should follow apprentice program in KIA or private midwife practice.

ABSTRACT

THE EFFORTS OF INCREASING MIDWIVE'S WORK IN THE VILLAGE ON ANTE NATAL CARE BASED ON MIDWIVE AND PREGNANT WOMEN'S CHARACTERISTIC PERSPECTIVES IN THE VILLAGE IN BANGKALAN REGENCY

High mortality rate of mother and baby in Indonesia is a challenge for health care providers, especially midwives in the village. The fact is that the number of Mothers' Mortality Rate (AKI = Angka Kematian Ibu) showed 373 per 100.000 living birth. Mothers and Babies' Mortality Rate can be reduced by giving Antenatal Care (ANC) or midwifery services and save and clean childbirth. Achieving that goal depends on the midwives in the village as the ones giving the Antenatal care. The objective of this research is to find ways to increase midwives' work in the village in giving Antenatal care by measuring midwives' characteristic in the village (midwives' knowledge, skill, and perspective toward the work burden) and pregnant women characteristics (their knowledge, experience, and hope toward Antenatal care) in Bangkalan Regency. This research is observational using Cross Sectional approach. Data collection procedures used in this research was interview with questionnaire guidance and documentation study technique.

The research showed that the midwives in the village had less knowledge about Antenatal care especially in counting the baby's pulse and guidance for pregnant women preparing for the childbirth. Midwives' less skill could be seen from how they were not good at knowing pregnant women's physical changes before it aged 3 months and guiding them to prepare the child-birth. Midwives' perspective on the work burden was good. Medical Antenatal care was not conducted completely. Non-medical Antenatal care was not done completely either such as filling childbirth bags, making target map and making monthly programs. There was significant relation between midwives' knowledge and skill in the village and their work. There was significant relation on midwives' perception in the village, the use of Antenatal care, pregnant women knowledge about the benefit of Antenatal care, pregnant women experience on Antenatal care, and their hope toward Antenatal care and midwives' work in the village.

To increase midwives' work in the village, midwives' guidance should be done so that home visit frequency can be increased. Besides, there should be guidance for pregnant women about the benefit of checking their pregnancy. Midwives must stay in the village clinic to maximize Antenatal care. For recently assigned midwives, they should follow apprentice program in KIA or private midwife practice.

Key word: Antenatal care, work, midwives in the village