

RINGKASAN

UPAYA PENGEMBANGAN PROGRAM PELAYANAN ANTENATAL DI KABUPATEN LUMAJANG RATNA MUSLICHAH

Pelayanan *antenatal* adalah pelayanan kesehatan yang diberikan kepada ibu hamil selama masa kehamilannya sesuai dengan standar pelayanan yang ditetapkan. Kualitas pelayanan *antenatal* merupakan pintu masuk dan ujung tombak peningkatan kesehatan ibu serta merupakan daya ungkit yang besar terhadap penurunan angka kematian ibu. Saat ini cakupan pelayanan *antenatal* masih tergolong rendah dan kurang bagus baik dari segi kuantitas maupun kualitasnya. Hal tersebut disebabkan oleh karena terbatasnya pengetahuan, keterampilan, sarana yang tersedia serta masih rendahnya penggunaan sarana institusi oleh masyarakat. Cakupan pelayanan *antenatal* di Kabupaten Lumajang saat ini secara kuantitas sudah cukup bagus namun dari segi kualitas masih dirasa kurang bagus, sehingga diperlukan suatu upaya untuk meningkatkan kualitas pelayanan dengan harapan tingkat perlindungan ibu hamil semakin tinggi dan angka kematian ibu dapat ditekan seminimal mungkin.

Tujuan umum penelitian ini adalah untuk merumuskan upaya pengembangan program pelayanan *antenatal* di Kabupaten Lumajang sedangkan tujuan khususnya adalah : (1) Menganalisis karakteristik ibu hamil (pendidikan, pengetahuan, penghasilan keluarga dan sikap), (2) Menganalisis pemenuhan kebutuhan ibu hamil (informasi perawatan kehamilan, keterjangkauan layanan, pilihan layanan, layanan yang aman, kerahasiaan, perlakuan yang nyaman dan keberlanjutan layanan), (3) Menganalisis kepuasan pelanggan, (4) Menganalisis karakteristik bidan (pengetahuan, komitmen dan motivasi), (5) Menganalisis pemenuhan hak bidan (pembinaan dan supervisi, informasi yang *up to date*, pelatihan dan pengembangan, pemenuhan sarana dan prasarana), (6) Menganalisis dukungan lintas sektor dan masyarakat, (7) Menganalisis proses pelaksanaan pelayanan *antenatal*, pencatatan dan pelaporan, cakupan K1, K4 dan *drop out* K4, (8) Menganalisis pengelolaan program pelayanan *antenatal* oleh Dinas Kesehatan, Puskesmas dan Bidan.

Penelitian ini adalah merupakan penelitian yang bersifat observasional dengan pendekatan *cross sectional study*. Sampel dalam penelitian ini adalah ibu hamil (138 orang), bidan (22 orang), kepala puskesmas (2 orang) dan pengelola program KIA ditingkat Kabupaten (1 orang). Pengambilan sampel dilakukan dengan teknik *simple random sampling* (pengambilan sampel secara acak).

Hasil penelitian ini menunjukkan 77,27% ibu hamil di Puskesmas Randuagung berpendidikan sangat rendah (buta huruf dan SD), 50% di Puskesmas Yosowilangun, dengan penghasilan keluarga yang rendah yaitu 69,70% ibu hamil/keluarganya di Randuagung berpenghasilan <Rp 500.000/bulan dan di Yosowilangun 54,84% berpenghasilan Rp 500.000–Rp 1.000.000/bulan. Akan tetapi tingkat pengetahuan dan sikap ibu hamil terhadap kehamilan dan layanan *antenatal* baik di Puskesmas Randuagung maupun Yosowilangun adalah baik. Untuk pemenuhan kebutuhan ibu hamil berdasarkan penilaiannya terhadap pelayanan yang diberikan oleh bidan di Puskesmas Randuagung adalah baik (3,05) dan di Puskesmas Yosowilangun sangat

baik (3,29). Dengan rata-rata ibu hamil tidak puas terhadap layanan bidan di Puskesmas Randuagung (0,96) dan di Puskesmas Yosowilangun dirasakan puas (rata-rata 1,01). Berdasarkan hasil analisis dengan diagram kartesius maka di Puskesmas Randuagung didapatkan 2 (dua) faktor yang berada pada posisi di kuadran I yaitu faktor kemudahan layanan dan faktor keberlanjutan layanan, dimana kedua faktor tersebut merupakan masalah yang harus mendapatkan prioritas utama dalam pemecahannya. Mengenai pengetahuan bidan di Puskesmas Randuagung 48% cukup baik dan 55% bidan di Puskesmas Yosowilangun berpengetahuan baik sedangkan komitmen bidan dalam melaksanakan program pelayanan *antenatal* di Puskesmas Randuagung 42% baik dan 60% bidan di Puskesmas Yosowilangun yang komitmennya baik. Motivasi yang menunjukkan bahwa semua bidan di Puskesmas Randuagung motivasinya kurang dan di Puskesmas Yosowilangun 70% motivasinya tinggi. Mengenai pemenuhan hak bidan terhadap supervisi yang dilakukan oleh Dinas Kesehatan berlangsung kurang baik yaitu di Randuagung 91,67% bidan merasa pemenuhan haknya kurang baik dan di Yosowilangun sebesar 80%. Sedangkan pemenuhan hak bidan oleh Kepala puskesmas pada kedua puskesmas tersebut berlangsung baik. Dari kedua puskesmas tersebut pelaksanaan pemenuhan hak bidan berlangsung kurang baik yaitu 69,45% bidan di Puskesmas Randuagung menyatakan haknya kurang terpenuhi sedangkan di Puskesmas Yosowilangun 53,33%. Demikian juga dengan dukungan lintas sektor dan masyarakat yang masih kurang baik dan hanya mencapai 40,28% di Puskesmas Randuagung dan 41% di Puskesmas Yosowilangun. Proses pelaksanaan pelayanan *antenatal* di Puskesmas Randuagung maupun Yosowilangun berlangsung cukup baik demikian juga dengan kegiatan pencatatan dan pelaporannya, sedangkan untuk cakupan K1 masih terdapat ibu hamil yang berkunjung lebih dari 12 minggu baik di Puskesmas Randuagung maupun Yosowilangun. Pengelolaan program *antenatal* oleh Dinas Kesehatan berlangsung cukup baik (77,78%) akan tetapi dalam penyediaan sistem dan penilaian pelaksanaan program masih kurang baik (50%). Demikian juga dengan pengelolaan program oleh Kepala Puskesmas berlangsung cukup baik (66,67%). Sedangkan pengelolaan program oleh bidan di Puskesmas Randuagung dilaksanakan dengan cukup baik (63,10%) dan di Puskesmas Yosowilangun berlangsung baik (80,71%).

Upaya pengembangan program pelayanan *antenatal* perlu dilaksanakan oleh Dinas Kesehatan dan Puskesmas, terutama di Puskesmas yang cakupan K4-nya rendah. Upaya tersebut adalah : melakukan inovasi program, upaya terobosan, meningkatkan kerja sama dan dukungan lintas sektor dan masyarakat, penilaian terhadap pelaksanaan petunjuk teknis dan SOP, memberikan *reward* dan *punishment*, melakukan pembahasan terhadap temuan masalah serta melakukan penilaian terhadap pelaksanaan pencatatan dan pelaporan yang dilakukan oleh bidan.

SUMMARY

Effort to develop Ante Natal Care Program In Lumajang Regency

Ante Natal Care (ANC) is provided to pregnant mothers during pregnancy complying with the fixed service standard. The quality of ANC is the opening door and spearhead of the improvement of mother's health and it has a big leverage to decrease of MMR (Maternal Mortality Rate). To-date, ANC coverage is low and still less than satisfactory from the quality as well as the quantity. This is caused by limited knowledge, skill, means, and low utilization of mother's health institutions. At present, ANC coverage in Lumajang Regency, is quite satisfactory quantity-wise, yet quality-wise it is less than satisfactory. Efforts should be made to improve ANC service quality with the hopes of increasing protection for pregnant mothers and lowering MMR.

The general purpose of this research is to formulate efforts to develop the ANC program in Lumajang Regency. The specific purposes are: 1) analyzing pregnant mother characteristics (education, knowledge, family income and attitude); 2) analyzing pregnant mother's need fulfillment (information on maternity care, service accessibility, choice of service, safe service, privacy, comfort, comfortable treatment, continuous service); 3) analyzing customer satisfaction; 4) analyzing midwives' characteristic (knowledge, commitment, motivation); 5) analyzing midwives' right fulfillment (cultivating and supervising, up-to-date information, training and development, updating means and infrastructure); 6) analyzing the inter sector and community support; 7) analyzing ANC execution process, recording and reporting; K1 coverage, K4 and K4 drop-outs; and 8) analyzing ANC service program by the Health Office, Public Health Center and midwives.

This was an observational research conducted by cross-sectional method. The sample was pregnant mothers (138 people), midwives (22 people), Head of the Public Health Center (2 people) and the Regency Mothers and Child Health program executor (1 person). The sample was taken by a random sampling method.

The result showed that 77.27% of pregnant mothers at Randuagung Public Health Center (PHC) had very low education (illiterate and primary school) and 50% at Yosowilangun PHC had the same low education, 69.7% of Randuagung pregnant mothers had very low family income of < Rp. 500,000.00 per month, while 54.84% in Yosowilangun had family income of < Rp. 500,000.00 – Rp. 1000,000.00 per month. But their level of knowledge and their attitude toward pregnancy and ANC in the PHC were both good. To fulfill pregnant mother's needs based on their assessment of midwives' service at Randuagung PHC was good (3.05) and at Yosowilangun PHC was very good (3.29). The average of unsatisfied at Randuagung PHC was 0.96, but the average of satisfied mothers at Yosowilangun PHC was 1.01. Grouped on Cartesius Diagram, the analysis result showed that at the Randuagung PHC there were 2 (two) factors be positioned at the 1 quadrant i.e. service easy access and continuous service factors, stating that these 2 factors were main priority problems to be solved. Midwives' knowledge at Randuagung PHC was 48% moderate and at the Yosowilangun PHC was 55% good. Midwives'

commitment to perform ANC service at the Randuagung PHC was 42% good, while 60% of Yosowilangun midwives has good commitment. From the motivation factor, all midwives at the Randuagung PHC had less motivation compared to 70% of Yosowilangun midwives who had high motivation. Midwives' need fulfillment by the Health Office, at Randuagung 91.67% felt they did not receive their rights, and at Yosowilangun 80% felt the same way. Midwives' need fulfillment by the Head of PHC was good according to both midwives. The execution of midwives' right was insufficient (53.33%). Inter-sector support was 40.28% less than satisfactory at Randuagung PHC and 41% at Yosowilangun PHC. The process of ANC service at Randuagung and Yosowilangun PHCs were good, the reporting and recording were also good. For K1 coverage, there were pregnant mothers who visited the PHC of Randuagung as well as Yosowilangun with more than 12 weeks pregnancy. ANC program management by midwives at the Randuagung PHC was moderate (63.10) and at the Yosowilangun was good (80.71%).

The effort to develop ANC program was necessary to be conducted by the Health Office and the PHC, in particular in PHC with low K4 coverage. These efforts were innovative program; short-cuts; improvement the cooperation, inter-sector and community support; assessment on technical guidelines and SOP; socializing the basis of law for ANC program; reward and punishment, discussion of new problems and evaluation on the reporting and recording by midwives.



ABSTRACT
Efforts to Develop Ante Natal Care Program
In Lumajang Regency

The quality of Ante Natal Care (ANC) is an indicator of mother's protection and it has a big leverage to the decrease of Maternal Mortality Rate (MMR). Efforts should be made to improve ANC service quality with the hopes of increasing protection for pregnant mothers and lowering MMR. The general purpose of this research is to formulate efforts to develop the ANC program in Lumajang Regency.

This was an observational research conducted by cross-sectional method. The sampel was pregnant mothers (138 people), midwives (22 people), Head of the Public Health Center (2 people) and Lumajang Regency Mother an Child Health program executor (1 person). The sampel awas taken randomly.

The result showed that pregnant mothers had very low education and very low family income. But their level of knowledge and their attitude towards pregnancy and ANC in the PHC were both good. Pregnant mother's needs fulfillment based on their assessment of midwives' service was good. At Randuagung PHC they felt unsatisfied. Grounded on Cartesius Diagram, the analysis result showed that at Randuagung PHC there were 2 (two) factors be positioned at the 1 quadrant stating that these 2 factors were main priority problems to be solved. Midwives' knowledge was sufficient, midwives' commitment was good, while midwives' motivation at Randuagung was less motivated compared to Yosowilangun. Midwives' need fulfillment by the Health Office was not good and by the Head of PHC was good. The process of ANC service was good, the reporting and recording were also good. There was high K4 dropped-out at Randuagung PHC in 2005 (17.39%).

The effort to develop ANC program was necessary to be conducted by the Health Office and the PHC, in particular in PHC with low K4 coverage. These efforts were innovative programs; short-cuts; improvement of cooperation, inter-sector and community support, assessment on technical guidelines and SOP; socializing the basis of low for ANC program; reward and punishment, discussion of new problems and evaluation on midwives' reporting to achieve a better quality of ANC service and to minimize K4 dropped-outs in Lumajang Regency.

Key words : Ante Natal Care (ANC), COPE concept, Service Quality, Public Health Center.