Determinants Affecting Performance of Village Midwife in Biak Numfor Regency

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Abstract

Maternal Mortality Rate (MMR) in Indonesia is still high, particularly in rural areas such as the area in Biak Numfor, so that the required performance from a health professional, the midwife who is the potential energy in the implementation of the program Maternal and Child Health (MCH) particularly care Pregnant women, postpartum mothers, newborns, delivery assistance and training TBAs. This study aims to determine the effect of working life, motivation, supervisors, compensation and age midwife on the performance of midwives in Biak Numfor and the determinant factors that affect the performance of midwife. This is a descriptive study with cross sectional design. Samples taken as many as 63 people as respondent. The data collection questionnaire from the interview. Data were analyzed through chi square test and prevalence ratio. The results showed that the No influence between midwives working life with the performance of midwives ($p = 0.080$; RP $= 6.250$ 95% CI; 0.774 to 50.467). There is no effect between midwife motivation with performance of midwives ($p = 0.166$ RP $= 2.938$; 0.658 to 13.117). Supervisor / Supervision affect the performance of midwives ($p = 0.001$; RP $= 17.50$; 95% CI 2.223 to 137.750). Compensation affect the performance of midwives ($p = 0.023$; RP $= $ RP $= 6.875$; 95% CI: 1.665 to 28.388). No effect of age on the performance of midwives ($p = 0.684$; RP $= 1.600$; 0.316 to 8.109). Supervisor / supervision is a determinant factor affecting the performance of midwives ($p = 0.004$; RP $= 26.667$).

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1. Introduction

According [1], experience and behavior are the two sides of the same coin. Behavior is a manifestation of one's experience. Based on these opinions can be argued that behavior and experience are two things that cannot be separated and influence each other. If the behavior is a performance of a midwife in the village in their duties, then the work experience will affect the performance. According to the [2] factors that affect the performance of the personnel consists of individual, organizational, and psychological. Individual factors consist of abilities and skills, background, and demographics. Factors organization composed of resources, leadership, rewards, structure, and design work. whereas psychological factor consists of perception, attitude, personality, learning, and motivation [3].

Similarly, the midwife in the village are more engaged in their duties with skill, so they need a lot of experience. Reference [4] argued that the experience can be used as guidance in solving problems. With experience, one can find out the problems that occurred and was able to finish Related to the theories mentioned above, the task of a midwife in the village that many require skills related to skills, need to have work experience. Work experience midwife in the village, in this case is the experiences related to the duties that include care for pregnant women and puerperal women, attending births, care for and nurture infants TBAs.

Individual morale is a value to him. Performance is the result of the work of both the quantity and quality of personnel in an organization. According [4], the performance is an abbreviation of the kinetics of energy work is defined as the output produced by the function - the function and indicator - an indicator of a job or profession within a certain time, the performance is the appearance of the works personnel and group / results of the specific job in a planned according to time and place. Gibson conducted an analysis of a number of variables that affect the behavior and performance of individuals, the first is the ability and skill is a factor direct influence on the performance then indirect factor is demographic, the second is a variable psychology consists of sub-variables of perception, attitude, personality, learning and motivation, This variable according to [2] heavily influenced by family, social level, work experience and the third is an indirect effect that affects a person performance namely; resources, leadership, rewards, structure and design work.

 Maternal mortality is still a major problem that must be addressed, the Human Development Index (HDI) is a composite indicator that includes three major indicators: education, health and economic status. The main cause of maternal death is composed of (1) The direct causes: hemorrhage 70%, preeclampsia / eclampsia 20%, infections 10% (2) Cause between: Family planning services and health is not optimal, the ability to provide emergency services, poor nutrition of pregnant women , ignorance and poverty, acceptance of family planning, problem sexual behaviors that lead to unwanted pregnancy (3) The indirect causes: the behavior of reproductive health, health and nutritional status of low - anemia 67% in pregnant women, heavy work even when pregnant, and culture which still needs the approval of the family despite the critical moment. According to the WHO in 2009 the maternal mortality estimated 500,000 deaths each year, and 99% of which occur in developing countries. Indonesia's maternal mortality rate has dropped from 307 per 100,000 live births in 2002 and to 228

per 100,000 live births in 2007. However the figure is still the highest in Asia. while the MDGs by 2015 is to reduce maternal mortality at 102 per 100,000 KH and infant mortality to 24 / 1,000 live births and the numbers increased ride where in 2012 the mortality rate be 359 / 100,000 live births (IDHS 2012), and infant mortality to 34 / 1,000 live births.

Target deliveries by health workers in order to achieve Healthy Indonesia 2010 is at 90% [5,6] , recorded deliveries by skilled health personnel has reached 82.3%, and as much as 43.2% of mothers giving birth in her own home where only 2.1% who got help by physicians, 5.9% by midwives, 1.4 % by other health personnel, 4% and 40.2% helped families helped TBA. It is recorded delivery by health personnel 90.88%, the province with the highest coverage is the central Java that is 99.98% and the lowest coverage of health workers labor is only 33.31% of Papua province. Reports delivery by midwife 68.6%, 18.5% by doctors, by other health professionals 0.3%, by 11.8% non-health workers helped themselves on 0.8%. [5,6] . Delivery by non-health personnel is still very high, from 3,529 births, (20.87%) helped by non-medical personnel or shaman and occurs 26 neonatal deaths and maternal mortality 4, then 727 the incidence of complications in both mother's pregnancy, childbirth and postpartum, and 1,262 neonatal complications occur [6]. Performance in Biak Numfor midwife generally quite high, but when viewed from the achievement of sub-district and village level, there are those who have not reached the target. Number of maternal deaths in 2013 at 223 / 100,000 live births and in 2014 amounted to 171 / 100,000 live births, when seen declining, but should be alert so as not to rise again.

2. Materials and Methods

This research is analytical design, with cross sectional approach (cross-sectional) that observed and measured the variables (both independent and dependent variables) done at the same time and the time of observation. The location of the research was conducted in Biak district Noemfoor the time the study started September 17 until October 23, 2015 date. The population in this study were all midwives in 18 health centre (Puskesmas) Biak Numfor amounted to 189 people, both civil servants and PTT, the sample size used in this study were 63 respondents.

Instrument Data Collectors

Instruments in this study is a structured questionnaire consisting of statements about each of the variables studied. Respondents were asked to express its approval of statement of the variables studied.

Collecting and Processing Data

Collecting data in this study were obtained from:

Primary data obtained through interviews with respondents using a questionnaire that had been prepared previously by objective research conducted. Secondary data in this study are the data obtained from the Department of Health, community health centers and village health post and polindes in Biak Numfor where midwives work.

Data analysis

Data analysis was performed to facilitate interpretation and test the hypothesis of the study, with 21:00 SPSS for Windows as follows:

Univariate analysis

Univariate analysis aims to look at the picture of the frequency distribution with a single percentage for each variable related research with the purpose of the study and presented in the form of a frequency distribution table.

Bivariate analysis

Bivariate analysis aims to look at the great risk of the dependent variable to the independent variables. Given the design of this study was a cross sectional study, the correlation analysis carried out by using cross sectional calculations were done using cross-tabulation between vadabel. Knowledgeable value prevalence ratio (RP), makes it possible to predict the relationship of the fact that investigated the performance of midwife.

Anallislis, multivariate (logistic regression analysis).

Multivariate analysis was conducted to see the relationship and the relationship of independent variables together on the dependent variable. The analysis used is multiple linear regression analysis logistics. The purpose of this analysis is to determine the independent variables which are greater influence on the dependent variable. It is also to determine whether the independent variables associated with the dependent variable influenced by other variables were considered as confounding or interaction between variables.

Presentation of Data

The data has been processed and analyzed and then presented in tables and graphs accompanied by an explanation / narration. Presentation of research data is intended to facilitate the exposure of the results found in the field.

3. Research Result

3.1 Univariate analysis

Based on univariate analysis showed that the majority of the 63 respondents with years of tenure> 5 years as many as 35 (55.6%), good motivation as much as 47 (74.6%) of respondents, respondent which feel the good performance of the supervisor as much as 49 (77 , 8%) and no compensation given or received as many as 55 (87.3%) of respondents. By age midwife mostly aged > 35 years were 38 (44.4%) of respondents. As for the performance of a midwife of 63 respondents, 57 (90.5%) had a good performance.

3.2 Bivariate analysis

Bivariate analysis is useful to know the significance of influence between risk factors (independent variables) with a performance of midwife (the dependent variable) in Biak Numfor performed by Chi-Square test with a value of $\alpha = 0.05$.

3.3 Work Period for Performance

Based on bivariate analysis showed that the number of respondents with tenure <5 years with less performance by 5 (17.9%) of respondents and a good performance by 23 (82.1%) of respondents. Test results obtained by Fisher exact test p = 0.080> = 0.05, so theα hypothesis is rejected, which revealed no effect of working life with the performance of midwife in Biak Numfor. Judging from the value of RP = 6,250; 0.774 to 50.467 which does not include the value 1, so that the period of employment is not a factor that affects the performance of the midwife.

3.4 Motivation to Performance

Based on bivariate analysis showed that the number of respondents with less motivation to performance midwife less by 5 (17.9%) of respondents and a good performance by 13 (81.3%) of respondents. Test results obtained by Fisher exact test p = 0.166> = 0.05, so theα hypothesis is rejected, which expressed no motivation to influence the performance of midwife in Biak Numfor. Judging from the value of RP = 2,938; 95% CI (0.658 to 13.117) which does not include the value of 1, so the motivation is not a factor that affects the performance of the midwife.

3.5 Supervisor on Performance

Based on bivariate analysis showed that the number of respondents with less supervisor support with the performance of midwife less by 5 (35.7%) of respondents and a good performance as much as 9 (64.3%) of respondents. Test results obtained by Fisher exact test p = 0.001 < = 0.05, so theα hypothesis is accepted that revealed no influence supervisor with the performance of midwife in Biak Numfor. Judging from the value of RP = 17.50; 95% CI: 2.223 to 137.750, which states that the supervisor of midwives less impact performance less at 17.50 times greater than the supervisor either [7, 8].

3.6 Compensation to Performance

Based on bivariate analysis showed that the number of respondents in the absence of compensation received by the performance of midwives less 3 (37.5%) of respondents and a good performance by 5 (62.5%) of respondents. Test results obtained by Fisher exact test p = 0.023 < = 0.05, so theα hypothesis is accepted that stated there was an effect of compensation with the performance of midwives in Biak Numfor. Judging from the value of RP = 6.875; 95% CI: 1.665 to 28.388, which stated that the compensation that is less affecting the performance of midwives approximately 6.875 times greater in comparison with the compensation given to the midwife.

3.7 Age of the performance

Based on bivariate analysis showed that the number of respondents were aged <35 years with less performance as much as four (11.4%) of respondents and a good performance as much as 31 (88.6%) of respondents. Test results obtained by Fisher exact test p = 0.684> = 0.05, so theα hypothesis is rejected, which revealed no effect of compensation with the performance of midwives in Biak Numfor. Judging from the value of RP = 1,600; 0.316 to 8.109, which does not include the value of 1, so the age is not a factor that affects the performance of the midwife.

Multivariate Analysis

Multivariate analysis aims to look at some of the variables are jointly associated with the performance of midwife. In this study used logistic regression analysis to find the most dominant determinant factors affect the performance of midwives. In this study there were two (2) variables are supposed to influence the performance of midwife with p <0.25 are supervisors and compensation. Results of multiple logistic regression test between independent variables with the dependent turns out there is one (1) variable, the supervisor / supervision [9].

Multivariate analysis showed there is one variable that is pure determinant of the performance of midwives in Biak Numfor 2015, these variables are variables supervisor (P = 0.004; RP = 26.667) [10]. Multivariate analysis showed there is only one variable that statistically is the supervisor / supervision is a determinant factor affecting the performance of midwife in Biak Numfor with logistic regression equation in the following forms:

Ln Y = -2.696 + 3.283 (supervisor / supervision)

To predict the determinant factors that affects the performance of midwife in Biak Numfor by using multiple logistic regression equation, the obtained values:

$p = 1 / (1 + e \wedge (- (\alpha + \beta 1 x1)))$

$p = 1 / (1 + 2.7182818 \ \llbracket \rrbracket \ \wedge (- (- 2.696 + 3.283)))$

P = 38.5%

Probability supervisor factors that affect the performance of midwife in Biak Numfor with a probability of 38.5%

4. Conclusion

There is no effect between midwives working life with the performance of midwives (p = 0.080; RP = 6.250 95% CI; 0.774 to 50.467).

There is no effect between midwife motivation with performance of midwives (p = 0.166 RP = 2.938; 0.658 to

13.117).

Supervisor / Supervision affect the performance of midwives (p = 0.001; RP = 17.50; 95% CI 2.223 to 137.750) Compensation affect the performance of midwives (p = 0.023; RP = RP = 6.875; 95% CI: 1.665 to 28.388). No effect of age on the performance of midwives (p = 0.684; RP = 1.600; 0.316 to 8.109).

5. Suggestion

Conduct assessments in improving the performance of midwives, so it can be proved to kelimuan practitioner health workers. To improve the performance of midwives needed efforts among them, by supervisor / supervision either integrated or on a regular basis, so that midwives can improve performance. This study uses a quantitative research, so that further research can continue with this type of qualitative research, so as to address issues that are more complex.

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