



Potential Cause of Low Coverage of Labor by Health Personnel in Konawe North District Province South Sulawesi Indonesia

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Abstract

One of the causes of the high maternal mortality rate is that delivery assistance is not carried out by health workers, so this is still a health problem in Indonesia. In Southeast Sulawesi Province the coverage of childbirth assistance by health workers in 2015 reached 88.91%, not yet reaching the target of the Ministry of Health's Strategic Plan of 90%. There are still 6 districts below the provincial average, namely South Konawe 82.70%, Buton 80.07%, Bau-Bau City 76.76%, North Kolaka 74.26%, Konawe Kepulauan 60.96% and Konawe North 35.83%. The purpose of the study was to identify the low causal factors for childbirth coverage by health workers in North Konawe Regency, Southeast Sulawesi Province. This type of research is qualitative research, with a case study approach. Informants are Maternity and Health workers. Data collection using in-depth interviews, observation and document review. The results showed that the factors that caused the low coverage of childbirth were traditional or belief factors which were used generations of traditional birth attendants as birth attendants as a result of low knowledge, remote access, geographical conditions, transportation facilities and inability to pay transportation to visit health facilities, not the ownership of health insurance, the lack of health workers and the lack of health facilities that support the work of midwives. The strategies for increasing the coverage of labor include: trained midwife contract system policies with placement mechanisms based on the ratio of midwife staff to the number of people, health education by involving stakeholders, facilitating access to health services through the provision of ambulances, and providing infrastructure that supports midwife's work performance. Conclusion; the cause of the low coverage of childbirth by health workers is caused by the presence of health service factors and community characteristics. Suggestion; stakeholders should formulate a policy of increasing contracting in and contracting out capacity to overcome the shortage of limited midwives' labor, provide health facilities, and train traditional birth attendants.

Keywords: Low Coverage of Labor; Health Workers.

1. Introduction

Based on data from the Indonesian Health Profile [1] Childbirth assistance by health workers in Indonesia showed an increase between 2005 and 2015. There was a decrease from 90.88% in 2013 to 88.55% in 2015. Although delivery assistance by health personnel was not implemented in health facilities, this is one of the causes of the high maternal mortality rate. Thus, the Ministry of Health's Strategic Plan for 2015-2019 decided that childbirth in health care facilities as an indicator of maternal health efforts. National delivery assistance shows that there are 79.72% of pregnant women undergoing labor assisted by health workers and carried out in health care facilities. But there are still 18 provinces (52.9%) that have not met the 75% target, including the Southeast Sulawesi Province (52.30%).

In Southeast Sulawesi Province the coverage of childbirth assistance by health workers in 2015 reached 88.91%, not yet reaching the target of the Ministry of Health's Strategic Plan of 90%. When viewed from the district / city achievements, there are 7 districts / cities that have met or exceeded the Strategy Plan target, namely North Buton Regency 96.49%, Kendari City 92.84%, South Buton 91.58%, Wakatobi 89.87, Konawe 91, 22%, East Kolaka 91.22%, and Bombana 90.46%. Four (4) districts almost reached the target and were above the

provincial average (85%) namely West Muna 89.63%, Muna 88.91%, Kolaka 88.60%, Buton Tengah 85.66%, while 6 districts others are still below the provincial average, namely South Konawe 82.70%, Buton 80.07%, Bau-Bau City 76.76%, North Kolaka 74.26%, Konawe Kepulauan 60.96% and Konawe Utara 35, 83%. Thus, overall there are still 10 districts / cities whose coverage has not yet reached the target [2].

Based on data from the North Konawe District Health Office [3] Coverage of deliveries by health workers in Konawe Utara district in the past three years shows that coverage of delivery assistance has not increased from 2013 to 2014, namely (73.1), but in 2015 experienced The increase compared to the previous year was 76.2%). The coverage of delivery assistance by health workers according to the public Health centers (PHC) is; Lasolo (PHC Andeo) 57 (85.1%), andowia (PHC Andowia) 139 (81.3%), Asera (PHC Asera) 156 (99.4%), Wiwirano (PHC Hialu) 51 (72.9%), wiwirano (PHC Lamparinga) 4 (3.7%), Landawe (PHC Landawe) 49 (53.8%), Langgikima (PHC Langgikima) 66 (71.7%), Lasolo (PHC Lasolo) 112 (90.3%), Lembo (PHC Lembo) 124 (93.9%), Motui (PHC Matandahi) 69 (61.6%), Molawe (PHC Molawe) 99 (91, 7%), Oheo (PHC Paka Indah) 15 (68.2%), sawa (PHC Sawa) 94 (85.5%), Molawe (PHC Tapungaya) 66 (71.0%) and Lasolo (PHC Wawolesea) 73 (88.0%) with a total district of 1,274 (76.2%).

The results of data retrieval and preliminary information obtained that the potential causes of low coverage of childbirth were assisted by health workers because of the community's choice of birth attendants who were still quite high, health facilities that were relatively difficult to reach, limited midwives and doctors, difficult geographical conditions, transportation facilities inadequate, not optimal advocacy for local government, and health workers (village midwives) are not in place when needed so that people turn to traditional healers.

The purpose of the study was to identify the low causal factors for childbirth coverage by health workers in North Konawe Regency, Southeast Sulawesi Province

2. Materials and Methods

This type of research is qualitative research, with a case study approach. Informants are Maternity and Health workers. Data collection using in-depth interviews, observation and document review. Data analysis by analyzing the problem is done descriptively, which emphasizes more on the analysis of the process of inferring the dynamics between observed phenomena, using logic and formal and argumentative ways of thinking [4].

3. Results

Coverage of Childbirth

The findings of in-depth interviews found that the percentage of coverage of deliveries carried out by health workers in health facilities can be seen from the explanation of the following informants;

... yes, it is true, especially for the Landawe Health Center, Oheo sub-district, the rate of childbirth by health workers is only around 50% of the total birth ... (*KIA PHC Landawe*)

... Yes, in 2015 for the delivery of health facilities we are indeed low. We are mostly at home ... "" ... Yeah, patients are visited at home ... "(KIA PHC Paka Indah)

Based on the interview results, it can be concluded that the coverage of deliveries carried out by health workers reaches 50%, when compared to the target, the coverage of childbirth has not reached the Provincial target above 75%. This was confirmed by health workers that the majority of deliveries were carried out at home. Likewise, the condition of the availability of midwives' labor for delivery activities is still lacking, even in some PHC there are no midwives available. This condition is related to the Status of the Government of North Konawe Regency as a new autonomous area of division as a definitive Regency so that it is very influential in meeting the availability of health workers. The expansion of North Konawe Regency has a major impact on a part of the PHC work area in fulfilling health workers, especially midwives, which has implications for the achievement of delivery targets by health workers in health facilities, as explained by the following informant;

... clearly before standing this district to its core. That was before there was a district that clearly still joined the union, so the lack of this was due to the lack of midwives, first of all the 2000s from 2015 that 2015 was good ... (PHC Andowia Midwife)

... it's good, maybe 20 or 10 years ago because of lack of health workers ... (PHC Andowia Midwife)

The findings of in-depth interviews found that the problem of coverage of labor is a systematic problem that is interrelated with each other so that the problem solving that is taken must also involve many parties, as explained by the following informants;

... We have 5 villages while we only have 3 midwives so sharing only if to want the pain is rather difficult because there is no vehicle also then if you want the night birth or how we don't have lights here Past village only limits until 10 or 11 o'clock even if it turns on if the engine is broken, then we don't use anything ... (Paka Indah PHC Midwife)

... They were more in contact with the shaman because the health workers might still be limited to a very large working area ... (PHC Landawe Midwife)

... Because of that ... In general, the community still uses shamans ... (PHC Andowia Midwife)

Based on the interview above, it can be concluded that the low coverage of childbirth is caused by a comparison of the ratio of the number of midwives with an unbalanced number of people, plus infrastructure that supports the performance of officers such as the unavailability of transportation facilities and geographical conditions. Therefore, maternity women prefer traditional birth attendants as birth attendants because they are considered easy to access and stay in the community. So that there is no significant increase in the number of deliveries in health facilities.

Causes of Low Coverage of Labor

Community Tradition / Trust

Tradition is a habit handed down from a group of people based on the cultural values of the community concerned. Some beliefs related to pregnancy to labor are still mostly carried out by most people with various kinds of considerations and specific reasons, as explained by the following informants;

... because it has become a hereditary tradition as a legacy from their ancestors. Where, their parents can be rescued from childbirth only with the help of a traditional birth attendant without any significant health problems ... (PHC Landawe Midwife)

... if I am a Pak, my parents gave me birth to a shaman, so we still believe in shamans, here the shaman has often helped and been touched ... (SYT)

From the results of the study, informants revealed that birth attendants performed by traditional birth attendants were inherited from their ancestors and they felt there were no health hazards caused and the delivery process went smoothly and safely. That is, according to their experience and knowledge, there is no reason to reject the existence of a shaman who plays an important role in giving birth assistance. Because, it has been proven by their predecessors that shaman workers are very safe to assist the labor process.

Access

The access that was made possible in the study was the distance from the mother's home to a health facility. Access is influenced by price, transportation time and ability to reach from a geographical aspect, as explained by the following informant;

... Some mothers are afraid of giving birth at the PHC because the location is far from the settlement and looks haunted because the location of the PHC is close to the forest / cemetery in Laroona Village ... (WTY)

... Maternity at the PHC needs assistance from the family that is not small and must be picked up using a four-wheeled vehicle, while if at home this does not need to be done ... (PHC Landawe Midwife)

From the results of interviews, it can be concluded that the cause of maternity not giving birth in health facilities is the problem of remote access, geographical barriers so that people prefer to deliver at home using shaman workers so that this is the cause of low birth attendance in health facilities especially FKTP.

Availability of HR and Health Facilities

The availability of human resources and health facilities is the availability of health workers and health facilities both the adequacy of the number, quality and readiness of health resources owned by regional governments to be used in the provision of health services at both basic and advanced health services related to delivery services. Availability of human resources and facilities will determine the continuity of delivery services, as stated by the following informants;

"... For trained midwife staff it can still be said to be lacking, this is because the selected staff is not from the sub-district Oheo, so that within a period of 1-2 years, the midwife submits to move to the area, usually by reason of following her husband and so on and because it is not from the sub-district Oheo the officer / midwife usually leaves the assignment to go home to his hometown ... (PHC KIA Landawe)

... The problem is the Medical Supplies and Health Workers who are still lacking ... (PHC Matandahi Midwife)

.. The real facilities ... besides the facilities, the location was too far away, the officers were few. Midwife staff here are only 3 midwives. For the puskesmas area we are far away because for the area in the area, the Sambabete area is a long bridge to the end that is still our territory. It's too far ... (Paka Indah PHC Midwife)

Based on the results of the interview above, it can be concluded that the low coverage of childbirth by health workers is caused by the lack of skilled trained midwives in their working area. This is due to the recruitment of midwife staff not from local sons / daughters so that the problems that arise they always ask for a change of duty or for reasons to follow the husband. As a result, the number of midwives in addition to the number is also less implicated in the process of delivery services so that the mother gives birth to the shaman because she is in a place and from the comfort aspect.

Health Insurance Ownership

The ownership of health insurance greatly determines the community to utilize health facilities, moreover the condition of the poor who experience financial constraints when carrying out treatment or labor carried out by health professionals, as the following informants stated;

... To come to the PHC, some of the main communities in the poor category do not have a NHI card. While for the management of NHI Membership the community is constrained in the administration of the National Identity Card and Family Card as the main requirements for entry into NHI members ... (PHC KIA Landawe)

... The problem is not entirely that the community has a NHI card, so the community cannot afford to go to the shaman rather than the midwife, moreover if the community is far away, the community will think of going to health facilities ... (PHC Andowia Midwife)

Based on the interview above, it can be concluded that in terms of community health insurance ownership, the constraints obtained in the form of constraints in terms of management become members of the NHI, especially the problem of obtaining a National Identity Card and Family Card as a registration requirement for a NHI member

4. Discussion

Tradition / Trust

The results of the study show that one of the factors in the low coverage of childbirth assistance by health

workers is due to culture and has become a tradition when the labor process is assisted by traditional birth attendants. One of the factors of the high MMR in Indonesia is due to the relatively low coverage of childbirth assistance by health workers. the low level of education in society, culture and economy makes the majority of people choose to give birth to non-health workers (traditional healers). The results of Regional Health Research show that deliveries by health workers have only reached 55.4%. This shows that 43.2% of births are still assisted by traditional birth attendants [5]

Childbirth assistance by traditional birth attendants causes problems because they work not based on science, their knowledge of physiology and pathology in labor is still very limited so they do not recognize antiseptic actions that can result in high maternal and infant mortality. Childbirth assistance by traditional birth attendants raises various problems and causes of high maternal and newborn morbidity and mortality [6]

The research also shows that the comfort feeling felt by pregnant women assisted by traditional birth attendants, the preparedness of traditional birth attendants has made some pregnant women feel happy because shaman are always there when needed, so most mothers have a tendency to plan to be helped by shaman when labor [7].

According to [8] cognitive influence Related with confidence or confidence in behaving someone. Confidence in carrying out a behavior will provide guidance in carrying out certain actions. In social cognitive theory, internal and external factors are considered important. Events in the environment, personal factors, and behavior seen interact with each other in the learning process. Personal factors (beliefs, expectations, attitudes, comfort and knowledge), physical and social environment (resources, consequences of actions, other people, and physical settings) all influence and influence each other [9].

From the aspect of the level of public trust in traditional healers, the attraction is because so far when they experience health problems or specifically deliver, the role of the shaman in helping to overcome health problems is very satisfying among them. The community thinks that traditional birth attendants are able to solve their health problems, so that the tendency of people to choose shamans as an alternative treatment is very high.

According to [10] belief is the tendency to do or not do certain things to respond either in the form of positive or negative responses to people, objects or situations also proven that attitude is a certain feeling, predisposition or a certain amount of trust recommended to human objects or situation. Without a positive attitude from patients to take advantage of health services, then the possibility to use a health service is very difficult to occur. Because without a positive attitude, it is possible to be afraid to take advantage of the health services provided.

Access

One of the causes of the community's potential to use traditional birth attendants as birth attendants and the consequent low coverage of deliveries by health workers is the problem of access to health facilities. According to [11], access can affect the frequency of visits at health services, the closer the distance of residence to the health service center the greater the number of visits at the health service center, and vice versa, the farther the distance of residence with the health service center visit at the health service center.

Health services that are located too far from their homes, both physically and financially, are certainly not easily

reached. Thus access both in the form of distance and the transportation needed from the place of residence to the service center so as to influence the demand for health services and if access and the difficulty of transportation from the residence far from the health service unit, the greater the use of health services.

The results of the study [12] in terms of access, the reason for mothers choosing health facilities as a place of delivery is the length of travel time, ease of transportation and distance traveled between mother's house with midwives and or traditional birth attendants and health services. There is a relationship between access and utilization of health services.

The results of the study [13] showed that there was a significant relationship between respondents' perceptions of National health insurance (NHI), access to services and respondents' perceptions of the actions of officers with the use of health services at the PHC.

Availability of HR and Health Facilities

The overall presence of health workers can reflect the availability of health workers to serve the community. Availability of resources in the utilization of delivery assistance related to the availability of health workers who are always ready when needed, the availability of health facilities and the availability of costs to pay for delivery assistance.

The results of the study [14] that there is a significant relationship between the availability of health facilities, the distance of health services, age, education level, area of residence and the availability of health facilities to the utilization of traditional / complementary health services.

Health workers who are always ready whenever needed encourage mothers to choose health workers as birth attendants even though near the mother's house there is a shaman. This is also supported by the availability of facilities owned by health workers where supporting facilities make mothers feel safe and reduce the risk of childbirth if giving birth to health workers compared to giving birth in traditional birth attendants.

The results of the interview above also found that the ratio of health workers, especially midwives with unbalanced numbers of people, resulted in the coverage of delivery services by midwives to maternity mothers unable to be overcome as a whole. Besides that, the constraints of access and means of transportation used by health workers to carry out the process of midwifery services. As a result, mothers who want to deliver no longer wait for midwives or take them to health facilities but prefer traditional birth attendants who are close to their homes to assist in the delivery process. The problem above is a problem of uneven distribution of health personnel policies. The uneven distribution of health human resources needed by FKTP is also a problem that must be addressed immediately.

According to [15] assessing the adequacy of health workers is not an easy matter. The difference between village and city areas in terms of sociology, geography, population, infrastructure provides difficulties in establishing a standard for the need for health workers in FKTP and FKTL.

According to the study conducted [8] it shows that the quality of health services depends on the availability, type and number of health workers, which in turn are influenced by public policies regarding the distribution of health workers. The limited number of health resources and the limited availability of health services can certainly affect the motivation of the community not to use health services in prenatal care and childbirth assistance.

Health Insurance Ownership

The absence of public health insurance resulted in the use of health services by maternity mothers not experiencing a significant increase, because they would consider the cost aspect and choose traditional birth attendants for alternative labor costs that require low costs. If this is then allowed, the coverage by the health personnel remains low.

The results of the study [13] showed that there was a significant relationship between respondents' perceptions of NHI, access to services and respondents' perceptions of the actions of officers with the use of health services at the PHC. One of the obstacles faced by the community to access health services is the unavailability of labor costs. Health insurance in the utilization of health services is one of the supporting factors. For people who have health insurance in any form, they will certainly have more ability to utilize health services.

Limitations of this study are some of the respondents and informants have a limited time to provide detailed information at the time of the interview.

5. Conclusions and Recommendation

Conclusion; Factors that cause low coverage of childbirth are traditional factors or beliefs that are passed down through the use of traditional birth attendants as birth attendants as a result of low knowledge, remote access, unresponsive geographical conditions, transportation facilities and inability to pay for access to health facilities health insurance, the lack of trained health workers and the unavailability of health facilities that support the work of health workers, especially midwives. Suggestion; Stakeholders should improve policies to increase contracting in and contracting out capacity to overcome the lack of limited resources of health workers and ensure the availability of health facilities to support the performance of health workers and provide continuous assistance and supervision to improve the skills of traditional birth attendants to improve maternal safety.

Conflict of Interest

Authors declare no conflict interest.

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