Analysis of maternal health service problems in the maternal and child health (KIA) program of the Konawe District Health Office

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ABSTRAK

Latar Belakang: Salah satu bentuk pelayanan di Program KIA adalah pelayanan ibu hamil yang terdiri atas pelayanan kesehatan ibu hamil, kesehatan ibu bersalin, kesehatan ibu nifas, penanganan komplikasi kebidanan, serta pelayanan kontrasepsi yang secara keseluruhan bertujuan untuk menjamin perlindungan terhadap ibu hamil dan/ atau janin. Hal ini sangat berkaitan dengan upaya penurunan angka kematian ibu (AKI).

Tujuan: Untuk melakukan penentuan prioritas masalah kesehatan, mencari akar masalah kesehatan d a n memberikan alternatif solusi dari masalah pelayanan kesehatan ibu hamil.

Metode: Penelitian yang digunakan merupakan penelitian deskriptif dengan menggunakan sumber data sekunder, untuk menentukan prioritas masalah dilakukan cara Focus Group Discussion (FGD) yang melibatkan para pengambil keputusan di Dinas Kesehatan Kabupaten Konawe. Perumusan solusi alternatif dilakukan setelah akar penyebab diidentifikasi menggunakan diagram Ishikawa atau Fishbone. Prioritas dari akar penyebab masalah dilakukan dengan menggunakan metode Capability Accessibility Readiness Leverage (CARL).

Hasil: Diperoleh bahwa pelayanan kesehatan ibu hamil cakupan K1 dan K4 yang rendah merupakan prioritas utama masalah. Akar penyebab masalah yang harus diprioritaskan untuk diselesaikan adalah sosialisasi pada remaja/calon pengantin (catin) tentang pernikahan diusia muda masih kurang merupakan masalah utama yang harus ditindak lanjuti. Alternatif yang diberikan sebagai solusi adalah memberikan penyuluhan menggunakan media inovatif dan menarik agar lebih mudah dipahami

Kesimpulan: Prioritas masalah kesehatan di Program KIA Dinas Kesehatan Kabupaten Konawe adalah masalah pelayanan kesehatan ibu hamil cakupan K1 dan K4. Akar masalah sosialisasi pada remaja/catin tentang pernikahan diusia muda masih kurang adalah tingkat pendidikan, pengetahuan, pekerjaan, media penyuluhan kurang inovatif dan menarik, frekuensi penyuluhan dan luasnya wilayah tidak sebanding dengan sumber daya yang tersedia. Alternatif solusi adalah sosialisasi pada remaja/catin tentang pernikahan diusia muda masih kurang dengan menggunakan media penyuluhan inovatif dan menarik agar mudah dalam menerima dan memahami informasi yang disampaikan.

KATA KUNCI*: prioritas masalah; akar masalah; alternative solusi; pelayanan kesehatan; ibu hamil*

ABSTRACT

Background: One form of service in the MCH program is services for pregnant women which consist of health services for pregnant women, maternal health, postpartum health, handling of obstetric complications, and contraceptive services, all of which aim to ensure

protection for pregnant women and / or fetuses. This is closely related to efforts to reduce maternal mortality (MMR).

Objectives: *The research objective was to determine the priority of health problems, find the root of health problems and provide alternative solutions to problems in health care for pregnant women*

Methods: *The research method used is descriptive research using secondary data sources to determine the priority of the problem by means of a Focus Group Discussion (FGD) involving decision makers at the Konawe District Health Office. The formulation of alternative solutions is carried out after the root causes are identified using Ishikawa or Fishbone diagrams. The priority of the root cause of the problem is carried out using the Capability Accessibility Readiness Leverage (CARL) method.*

Results: *The results show that the low K1 and K4 coverage of pregnant women health services is the main priority problem. The root cause of the problem that must be prioritized to be resolved is that socialization to teenagers / prospective brides (catin) about marriage at a young age is still a major problem that must be followed up. The alternative that is given as a solution is to provide counseling using innovative and attractive media to make it easier to understand.*

Conclusions: *The priority of health problems in the MCH Program of the Konawe District Health Office is the problem of health services for pregnant women with K1 and K4 coverage. The root of the problem of socialization among adolescents / catin about marriage at a young age is still lacking is the level of education, knowledge, employment, counseling media are less innovative and interesting, the frequency of counseling and the size of the area are not proportional to the available resources. An alternative solution is socialization to teenagers/catin about marriage at a young age is still lacking by using innovative and interesting counseling media so that it is easy to receive and understand the information conveyed.*

KEYWORD: *priority issues; root of the problem; alternative solutions; health services; pregnant mother*

INTRODUCTION

Maternal health services consist of maternal health services, maternal health, postpartum health, management of obstetric complications, and contraceptive services. Meanwhile, child health services consist of birth weight for infants, handling neonatal complications, neonatal health services, health services for infants / toddlers, coverage of exclusive breastfeeding, coverage of vitamin A capsules for toddlers, immunization, health services for children under five, as well as health services for elementary school students. and the same level (1). Based on data from the Republic of Indonesia Health Profile 2017, it is known that the target of K4 pregnant women health service coverage as stated in the Ministry of Health's Strategic Plan is 76%. Southeast Sulawesi Province is in 24th place out of 34 provinces with a target coverage of health services for pregnant women K4 of 73.20%. This shows that Southeast Sulawesi Province has not met the target of health service coverage for pregnant women K4 (2). Southeast Sulawesi Province has a target of K4 pregnant women health service coverage, namely 74%. Of the 17 districts / cities that exist, there are seven districts that have not met the target of health service coverage for pregnant women. One of the districts that has not met the target of

health service coverage for pregnant women K4 is Konawe, which is 67.43% (1). Data from the Annual MCH Program Annual Report from the Profile of the Southeast Sulawesi Provincial Health Office in 2018, states that the coverage of health services for pregnant women K1 and K4 in the last three years has decreased continuously (1,3,4).

There is still a lack of coverage of pure K1 and K4, so that ANC is not optimal, community socio-cultural factors, factors of limited infrastructure in health service facilities, the recording process of pure K1 and inadequate K1 access. This indicates the need for an evaluation to find the root of the problem in maternal health services so that it can provide alternative solutions to these problems.

MATERIALS AND METHODS

This research is a descriptive study using secondary data sources to determine the priority of the problem which is carried out by means of a Focus Group Discussion (FGD) involving decision makers at the Konawe District Health Office. The formulation of alternative solutions is carried out after the root causes are identified using Ishikawa or Fishbone diagrams. The research was conducted in August-September 2020 at the KIA Program of the Konawe District Health Office. The informants of this study involved health workers who were selected purposively based on the duties and responsibilities of the officers in the MCH program at the Konawe District Health Office. Primary data obtained through in-depth interviews when looking for the root of the problem using forms. The in-depth interview refers to the aspects contained in the Ishikawa diagram which consists of aspects of man, money, material, methods, machine, and measurement. as well as secondary data obtained from the Profile of the Southeast Sulawesi Provincial Health Office from 2016-2018, Profile of the Konawe District Health Office (2016-2018). The data obtained were then processed and analyzed descriptively and displayed in tables and narrative forms.

RESULTS AND DISCUSSION

Priority Issues

After obtaining a list of problems, an FGD (Focus Group Discussion) was conducted to determine the priority of the problem. After the FGD was carried out jointly between the Head of Section, the Head of the KIA Program Section of the Health Office and the Coordinating Midwife of Konawe District, it was agreed that the following issues should be prioritized:

Table 1. List of problems based on fgds in the KIA Program of the Konawe District Health Office

Problems Of Health Service In Kia Program	Trends Of Health Problems			
	2016	2017	2018	2019
Maternal health services (include K1 and K4)	73,7 / 66,3	74 / 62,4	70,3 / 61,5	69 / 60,32
Maternal coverage by health workers	72,8	77	66,8	71,91
Maternal coverage at the health facilities	69,1	77	61,1	69,17
Postpartum coverage (provision of Vit A) in health care facilities	72,69	74	66,5	63,06

The results of the FGD were based on the completeness of the case report data and the tendency to determine one priority problem. Based on the results of the analysis conducted by the researcher, it was found that the main priority problem was maternal health services (K1 and K4 coverage).

Formulating Alternative Solutions
Finding the Root Problems

Based on the results of the priority problems that have been compiled, the researcher conducts an analysis to identify the root of the problem. To find the root of the problem of maternal health services in the KIA Program of the Konawe District Health Office, a fishbone diagram technique was used, in figure 1.
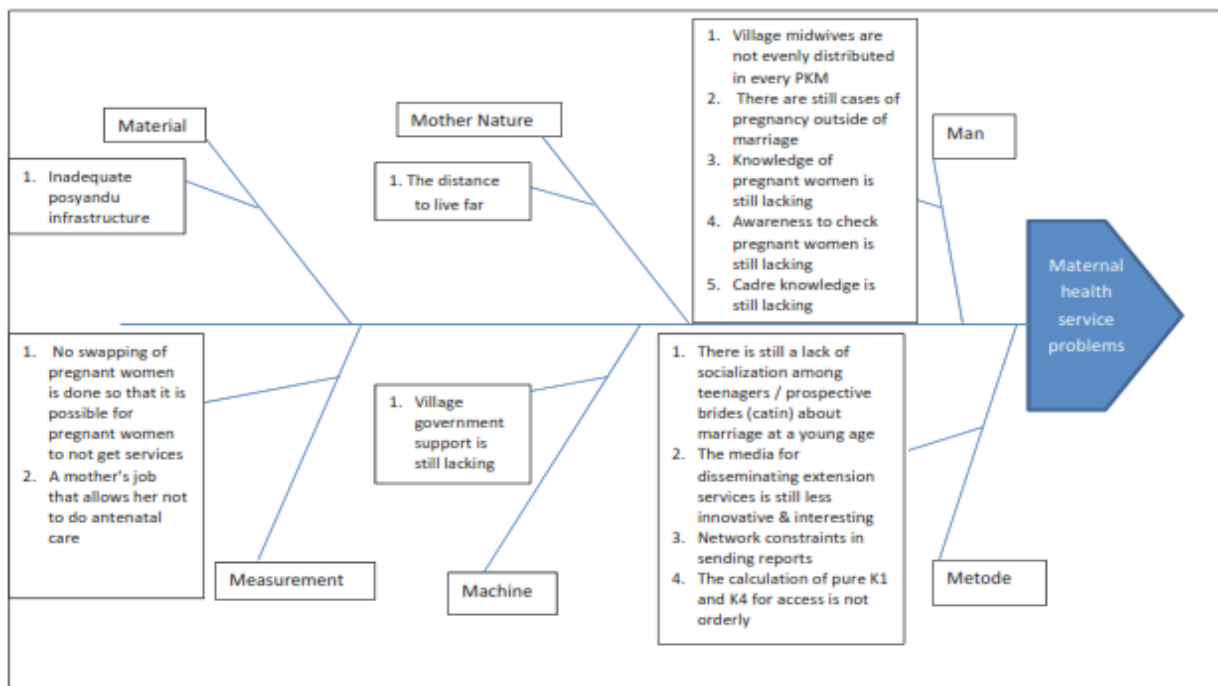
Figure 1. Ischikawa Diagram/Fishbone Diagram

Determination of Priority Root Problems

After knowing the root of the problem, a score is then carried out to determine the priority of health care problems for pregnant women based on predetermined aspects. The method used to determine priority problems is the CARL method. The following is the result of determining the priority of maternal health service problems in the MCH Program at the Konawe District Health Office:

Based on the results of priority problems, socialization to adolescents / catin about marriage at a young age is still not a major problem that must be followed up. The following is the root of the problem of socialization among adolescents / catin about marriage at a young age is still lacking in the KIA Program at the Konawe District Health Office:

After it is known that the root cause of the socialization to adolescents / catin about marriage at a young age is still lacking in the KIA Program at the Konawe District Health Office as many as 6 root problems, then determining the priority root of the problem. Determining the priority of the root of the problem is carried out by the researcher by considering the ability, the ease with which the problem can be solved or not, and how much

influence this problem will have if it is solved (leverage). Based on the priority results, it was found that the media for disseminating information was less innovative and attractive to be a priority root of the problem to find alternative solutions.

Prioritization of Problems

In this study, the method used to determine priority problems apart from the results of secondary data analysis was carried out by FGD (Focus Group Discussion). FGDs can provide more in-depth, informative and valuable data, are very practical and cost-effective, and can collect more data in less time (5). FGD is a process of collecting qualitative data and information in a systematic way on a problem which is carried out through group discussions. FGD contains three key words, namely discussion, group, and focused / directed (Siregar, 2019 in Waluyati, M (2020) (6).

From the results of the FGD, 4 identified problems were identified, namely health services for pregnant women (including K1 and K4), coverage of mothers giving birth by health workers, coverage of mothers giving birth at health facilities and coverage for post-partum mothers (giving

Table 2. The results of determining the priority of problems based on the aspects of problems in the health services of pregnant women in the KIA Program at the Konawe District Health Office using the CARL method

Problem	Total value	Rank
Socialization among adolescents / catin about marriage at a young age is still lacking	320	1
Inadequate / incomplete posyandu facilities and infrastructure for antenatal care	256	2
There was no sweeping of pregnant women in every village so that there might still be pregnant women who did not get health services due to geographic or socio-cultural factors	192	3
Knowledge of pregnant women about antenatal care is still lacking (young pregnant women)	144	4
Low awareness of pregnant women so they do not prioritize antenatal care (young pregnant women)	144	5
Support from the village government in empowering cadres is still lacking	108	6
The media for disseminating information is less innovative and attractive	54	7
Recording of pure K1 and K1 access calculations is not orderly	54	8
The factor of the distance from the residence that is far from the health facilities / health workers	48	9
Jobs that allow pregnant women not to do posyandu examinations	36	10
There are still cases of pregnancy outside of marriage	24	11
Knowledge and activeness of cadres about pregnancy is still lacking	16	12
The distribution of midwives in each health center is still uneven	8	13
Network constraints in sending reports	8	14

Table 3.The root cause of the socialization among adolescents / catin about marriage at a young age is still lacking in the KIA Program at the Konawe District Health Office

Root of the problem
The level of education of the local community
Local community knowledge
Local community work
The media for disseminating information is less innovative and attractive
Extension frequency
The size of the area is not proportional to the available resources

CAKUPAN PELAYANAN K4 IBU HAMIL MENURUT KABUPATEN/KOTA
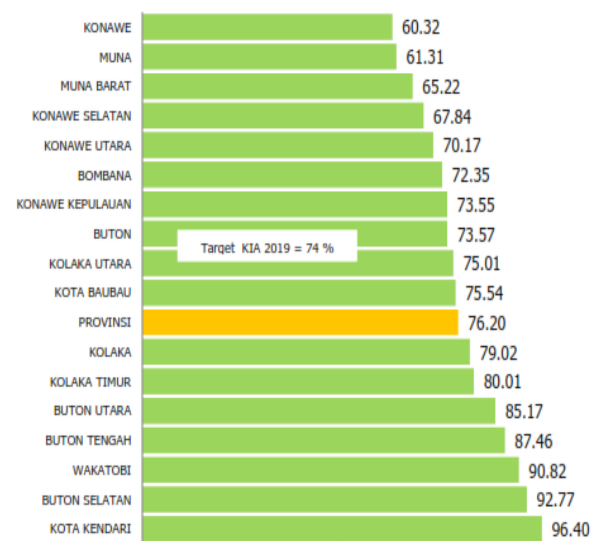PROVINSI SULAWESI TENGGARA
TAHUN 2019

KONAWE	60.32
MUNA	61.31
MUNA BARAT	65.22
KONAWE SELATAN	67.84
KONAWE UTARA	70.17
BOMBANA	72.35
KONAWE KEPULAUAN	73.55
BUTON	73.57
KOLAKA UTARA	75.01
KOTA BAUBAU	75.54
PROVINSI	76.20
KOLAKA	79.02
KOLAKA TIMUR	80.01
BUTON UTARA	85.17
BUTON TENGAH	87.46
WAKATOBI	90.82
BUTON SELATAN	92.77
KOTA KENDARI	96.40

Target KIA 2019 = 74 %

Figure 2: Coverage of K4 Services for Pregnant Women by Regencies / Cities in Southeast Sulawesi Province in 2019

Vit A) at health facilities, then one necessary problem will be formulated. studied further. Based on the results of the analysis conducted by the researcher, it was found that the main priority problem was maternal health services (K1 and K4 coverage). Maternal health services are realized through the provision of antenatal services at least 4 times during pregnancy, with a minimum of 1 time in the first trimester (range 0-12 weeks of gestation), at least 1 time in the second trimester (range of gestation 12-24 weeks), and at least 2 times in the third trimester (range 24 weeks-birth), all of which are to ensure protection for pregnant women and the fetus, so that risk factors can be detected early, prevention and early treatment of pregnancy complications (7).

When referring to the target of the Cooperation Agreement (MoU) of the Southeast Sulawesi Provincial Health Office and the Indonesian Ministry of Health in 2019 (74%), the K4 Coverage of Southeast Sulawesi Province has reached the target. There are 7 districts / cities that have achieved and even exceeded the target. However, there are still 10 regencies / cities that have not reached the target, namely Konawe, Muna, West Muna, South Konawe, North Konawe, Bombana, Konawe Islands, Buton, North

Kolaka and Bau-Bau. The highest K4 coverage was Kendari City, which was 96.40%, while the lowest was in Konawe Regency which only reached 60.32%.

The following is a comparison of the achievement of K4 service coverage by Regency / City in Southeast Sulawesi:

DISCUSSION

For Konawe District, the obstacle to achieving the K4 indicator is influenced by several factors, including the lack of orderly calculation of K1 access, which means that K1 is calculated at every pregnant woman's first service regardless of gestational age so that many pregnant women are registered in K1 but cannot meet the operational definition of K4, namely at least 1 time in the first trimester, 1 time in the second trimester and 2 times in the third trimester. In addition, reporting can be done in stages from the village midwife to the public health center then to the District / City Health Office and to the Provincial Health Office so that pregnant women who get services at health service facilities other than the public health center are not reported. Another cause is the absence of sweeping pregnant women in each village so that there are still pregnant women who do not receive health services, this could be due to geographic or socio-cultural factors. Socialization to adolescents about marriage at a young age is still lacking, in some work areas the rate of early marriage is still high, as a result the low education of pregnant women has an impact on the knowledge of pregnant women and lack of awareness for antenatal care (8).

Based on the description above, the priority of the problem will then be to look for the root of the problem by considering the results of the FGD and data analysis related to the problems formulated.

Root of the Problem

The results obtained by the CARL method, is that the root of the main problem related to

the problem of pregnant women health services in Konawe Regency is the socialization to adolescents about marriage at a young age is still lacking with a value of 320. In several working areas of the puskesmas in Konawe District, the rate of early marriage, both at the age of 17 and even 15, is quite high. . This results in adolescents who will drop out of school so that they cannot continue their education to a higher level, so that their education tends to be low. With low educational conditions, it will affect the knowledge of pregnant women to be able to receive the information conveyed. Pregnant women with low knowledge will influence the decision making to carry out their pregnancy examinations.

Alternative Solutions

Based on the results of prioritizing the root of the problem which is the smallest thorn in the fishbone diagram related to socialization among adolescents / catin about marriage at a young age, it is still lacking in using innovative and interesting media for delivering information. The addition of knowledge, especially for teenagers and future brides, about marriage at a young age is very important where they will become prospective mothers who will get pregnant with all the risks because they are still carried at a young age. Extension is deemed necessary because increasing knowledge for adolescents and future brides will be very helpful when they are pregnant to be able to have their pregnancy checked at a health facility so that as early as possible they can detect any complications during pregnancy. One of the extension media used is video media that can help weak and slow adolescents / catin in capturing a message so that it becomes easy to accept and understand the innovation of information conveyed (6). This is in line with some of the previous research that has been done. by Ramadhaniati, F., Masrul., & Hirowati, A. (2019) that the implementation system of the integrated antenatal care program is still not on target because of the

lack of socialization and implementation processes that require improvement in order to increase community activity (10). Syam, A.Z. (2018). Mother respondents with low health services were dominated by poor access to information, namely 91.4% or 32 people. The results of the analysis show the p value (0.015) <0.005 so that Ho is rejected and it can be concluded that there is a relationship between access to information and decision making for health care services by pregnant women (11). Harahap, D.A., & Fitri, H, (2018). The results of the study proved that pregnant women who received antenatal care did not meet the standard of antenatal care at risk of anemia with an OR = 1.925 (95% CI: 1.229 <OR <3.014) (12). Fatimatasari., Ashon Sa'adi., Widati Fatmaningrum. (2017). The result is that there is no significant relationship between the frequency of ANC and the level of knowledge of maternal health care in post-partum mothers at Majenang Hospital due to many factors that influence, namely various sources of information, inadequate health education materials at ANC, respondents' attitudes towards information provided by midwives the absence of government supervision of the quality of ANC services, especially on IEC practices (13).

CONCLUSION AND RECOMMENDATION

The results of the research conducted at the KIA Program of the Konawe District Health Office were obtained: Priority health problems in the KIA Program of the Konawe District Health Office were the problems of health care for pregnant women with coverage of K1 and K4. The root of the problem of socialization among adolescents about marriage at a young age is still lacking in the level of education of the local community, local community knowledge, local community work, less innovative and interesting media for disseminating information, the frequency of extension and the size of the area is not proportional to the available resources. The alternative solution offered is socialization to adolescents / catin about

marriage at a young age is still lacking by using innovative and interesting media for the delivery of counseling.

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