



Analysis Of The Implementation Of The Delivery Planning And Complication Prevention (P4k) Program At The Public Health Center Muara Bungo Ii And Public Health Center Rimbo Central, Bungo Regency In 2020

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ABSTRACT

Background: MMR in Jambi Province in 2018 was 70 per 100,000 KH, with Bungo Regency being the highest 12 people, Kerinci Regency 5 people, and Merangin Regency 5 people. In 2018, Bungo Regency was in the first place with the highest maternal mortality in Jambi Province. The most common causes of death were eclampsia and sepsis in Bungo Regency. There are 2 health centers that always have MMR from 2018-2019, namely the Muara Bungo II Health Center and the Rimbo Tengah Health Center. This study aims to find out how the implementing P4K to reduce MMR in Bungo Regency because from the data obtained that K4 achievements that reached the target during 2018-2019 were not in line with the high MMR in Bungo Regency.

Methods: This type of research is qualitative with approach *cross sectional* where the subject is only observed once or at the time of the study, which is estimated to be 8 people in each of the health centers studied.

Results: In the implementation of P4K at the Bungo II Health Center, it can almost be said to be going well, it's just that individual factors in key informants are an obstacle to P4K implementation. In addition, the lack of family support from pregnant women to respond quickly to their pregnancy. The main advice that can be given is to give an additional task to one of the families to be more responsive to pregnant women.

Conclusion: P4K activities were carried out well at Bungo II Health Center. Regarding resources, there are no obstacles at all, both in terms of human resources, funds, facilities and infrastructure. There is no special bureaucratic structure in this activity, it follows from the existing bureaucratic structure and does not become a significant obstacle.

Keywords : MMR, P4K, Implementation, Public Health Center

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Introduction

Data from the *World Health Organization* (WHO), *United Nations International Children's Emergency Fund* (UNICEF), *United Nations Population Fund* (UNFPA), and the World Bank in 2017 stated that the maternal mortality rate in 2015 was 192 per 100,000 KH and in 2017 of 177 per 100,000 KH. It can be seen that during those 2 years there was no significant decrease in maternal mortality, this is not comparable to the efforts made by the government to reduce maternal mortality in Indonesia.

Reducing MMR during childbirth (1990-2015) is one of the targets The MDG's are in improving maternal health, in addition to access to standard health services until 2015. The MMR is targeted to decrease from 390 per 100,000 KH in 1990 to 102 per 100,000 KH in 2015. Until 2015, it turns out that the target of MDG's 5 has not been achieved. In the Sustainable Development Goals (SDG's), the MMR target is 70 per 100,000 KH in 2030. MMR in ASEAN countries is on average 40-60 per 100,000 KH, MMR in Indonesia is relatively very high at 117 per 100,000 KH, when compared to MMR in Singapore at 8 per 100,000 KH, Brunei Darussalam at 31 per 100,000 KH, Malaysia 29 per 100,000 KH. Thailand is 37 per 100,000 KH, and Vietnam is 43 per 100,000 KH.

According to the 2012 Indonesian Healthy Population Survey (IDHS), the MMR is 359 per 100,000 KH. (4) Meanwhile, the 2015 Inter-Census Population Survey (SUPAS) showed an MMR of 305 per 100,000 KH, still very high compared to the Ministry of Health's estimate. Other data shown by the World Bank shows that Indonesia's MMR has experienced a downward trend since 2000, indicating that the Indonesian MMR ratio in 2017 was 177 per 100,000 KH.

Jambi province's MMR in 2016 was 87 per 100,000 KH (59 cases out of 67,624 KH), with Bungo Regency being the highest with 10 people, then Tebo Regency with 9 people, and Tanjung Jabung Timur with 8 people. In 2017 there were 78 per 100,000 KH (54 cases out of 68,886 KH), with Batanghari Regency being the highest with 8 people, Tanjung Jabung Barat Regency as many as 7 people, East Tanjung Jabung Regency as many as 6 people, and Bungo Regency as many as 5 people. In 2018 there were 70 per 100,000 KH (46 cases from 66,106 KH), with Bungo Regency being the highest with 12 people, Kerinci Regency with 5 people, and Merangin Regency with 5 people.

Based on Bungo Regency Health Profile data, the mortality rate Mothers in Bungo Regency experienced dynamics, namely the MMR in 2015 was 75 per 100,000 KH (8 out of 6,940 KH), in 2016 it was 130 per 100,000 KH (10 out of 7,705 KH), in 2017 it was 71 per 100,000 KH (5 out of 7,091). In 2018, Muara Bungo ranked first for the highest maternal mortality in Jambi Province. The most common causes of death were eclampsia and sepsis in Bungo Regency.



**Table 1. 1 Maternal Mortality Rate at The Bungo Distric
Health Center In 2018-2019**

In 2018			In 2019		
No.	Public Health Center	Mother's Death	No.	Public Health Center	Mother's Death
1.	Muara Bungo I	1 Person	1.	Air Gemuruh	2 People
2.	Rimbo Tengah	1 Person	2.	Rimbo Tengah	2 People
3.	Bebeko	1 Person	3.	Muara Bungo II	2 People
4.	Muara Bungo II	1 Person	4.	Tanah Tumbuh	1 Person
5.	Kuamang Jaya	1 Person	5.	Muara Buat	1 Person
6.	Lubuk Landai	1 Person	6.	Tanah Sepenggal Lintas	1 Person
Result of Maternal Death		6 People	Result of Maternal Death		9 People

Source: Bungo District Health Office In 2019

Based on data obtained from the Bungo District Health Office, there are 19 health centers spread out and have varying distances from one health center to another. From the table above, AKI in 2018 and 2019 there are two health centers that always have a maternal mortality rate, namely the Muara Bungo II Health Center and the Rimbo Tengah Health Center. This is what makes researchers want to conduct research on the two puskesmas, namely Puskesmas Muara Bungo II and Puskesmas Rimbo Tengah.

In 2007 the Minister of Health carried out a design regarding the Maternity Planning and Complications Prevention Program (P4K) which was carried out with stickers as one of the "breakthrough efforts" in accelerating the reduction of maternal and newborn mortality through activities that build community potential, especially community awareness for preparation and action in saving mothers and newborns. The legal basis for implementing P4K is contained in a circular issued by the Minister of Health No. 295 of 2008 concerning the Acceleration of the Implementation of P4K with stickers and domestic circular letter no. 441.7/1935.SJ of 2008 concerning the acceleration of the implementation of P4K with stickers. The Ministry of Health has made and issued the policy based on the Decree of the Minister of Health of the Republic of Indonesia Number 741/Menkes/Per/VII/2008 concerning the development of P4K which is carried out by attaching stickers. The P4K program is expected to be able to build the potential of the community, especially in preparation for saving mothers and newborns.

There are many activities carried out in P4K, some of which are: the first is the recording of pregnancy data in every place which is carried out by midwives or cadres by attaching a birth planning sticker to the house of pregnant women. So that the health conditions of the pregnant women concerned can be monitored by the community and midwives. Then the second activity is to use residents to form blood



donor groups with the aim of guaranteeing the availability of blood needed to be used at any time in case of bleeding in pregnant women, maternity and postpartum. The third step is to plan or prepare a transportation system that will be used during childbirth or other emergencies. The fourth activity is planning about financing issues that will be used in the birthing process or other emergency situations and informing the availability of financial assistance if needed

Based on the 2018 Indonesian Health Profile, the Jambi Provincial Health Center has carried out P4K orientation as much as 100%. This is also supported by the Jambi Province Health Profile which states that almost all Puskesmas implementing P4K orientation have increased every year. It can be seen carefully that the orientation of the Puskesmas implementing P4K in Bungo Regency has continued to increase over the last 2 years from 2017 as much as 95%, then in 2018 as much as 100%, and in 2019 as much as 100%.

**Table 1. 2 Percentage of K4 Achievements at the Bungo District Health Center
In 2018-2019**

In 2018			In 2019		
No.	Public Health Center	Achievements	No.	Public Health Center	Achievements
1.	Muara Bungo I	98 %	1.	Air Gemuruh	82 %
2.	Rimbo Tengah	83 %	2.	Rimbo Tengah	83 %
3.	Bebeko	89 %	3.	Muara Buat	96 %
4.	Muara Bungo II	85 %	4.	Muara Bungo II	87 %
5.	Kuamang Jaya	80 %	5.	Tanah Tumbuh	96 %
6.	Lubuk Landai	94 %	6.	Tanah Sepenggal Lintas	89 %

Source: Bungo District Health Office In 2019

The implementation of P4K at each puskesmas is expected to have an impact on good ANC, namely achieving the ANC target of 78% in 2018 and 80% in 2019. After further review, it turns out that from the puskesmas where there are maternal deaths, the K4 rate as can be seen above . K4 achievements in two puskesmas that have always had maternal deaths in the last 2 years, namely the Muara Bungo II Health Center and the Rimbo Tengah Health Center have reached the target of 85% in 2018 and 87% in 2019 at the Muara Bungo II Health Center, then 83% in 2018 and 2019 at the Central Rimbo Health Center.

This study was conducted with the aim of finding out how the implementation of the delivery and prevention of complications (P4K) program in reducing maternal mortality in Bungo district.



Methods

This study used a qualitative method with a cross sectional approach where the subject was only observed once, namely during the study. This research was conducted at the Puskesmas Muara Bungo II and Puskesmas Rimbo Tengah in Bungo Regency. Informants in this study were health workers and several related sectors who were involved in carrying out P4K activities at the Muara Bungo II Health Center and Rimbo Tengah Health Center in Bungo Regency. The instruments in this study were interview guides, observation sheets, recorders, stationery, and paper. The data taken in this study are primary data through in-depth interviews (*indept interviews*) and secondary data through document review.

Results and Discussion

The research location was only carried out at the Muara Bungo II Health Center, while the research at the Rimbo Tengah Health Center could not be carried out due to Covid-19 reasons, so the general description of the research location only explained about the Muara Bungo II Health Center. Puskesmas Muara Bungo II is one of the puskesmas located in Muara Bungo which is located on Jl. Durian Km. 7 Directions Rantau Pandan, Bungo Dani District. The working area is 35.97 KM² which has 5 villages in it, namely Talang Pantai Village, Pulau Pekan Village, Sungai Pinang Village, Sungai Kerjan Village, Sungai Arang Village. village (poskesdes) who are actively involved in assisting various programs in the public health center.

In this study, which was conducted at the Muara Bungo II Health Center, 8 informants were used, which was conducted through in-depth interviews. Characteristics of informants consist of informant code, status, work area. The P4K activities at the Muara Bungo II Health Center are part of the MCH (Maternal and Child Health) Program. Based on the information obtained, the objectives of P4K activities have not been fully met properly. This is because the maternal mortality rate in the working area of the Muara Bungo II Health Center is still high, but inversely proportional to the K4 coverage.

Implementation

Triangulation informants unanimously said that P4K activities have been carried out well, this is evident from the achievement figures of P4K activities themselves which are always above the national target every year. The results of interviews with triangulated informants, all agreed that the class for pregnant women is held every month, and P4K activities are part of the class for pregnant women. From the results of in-depth interviews with triangulation informants, it was found that the cause of maternal mortality in this puskesmas was factor 3. Late, namely being late in analyzing danger signs and making decisions, being late in reaching health facilities, and being late in getting services at health facilities. Based on the results of interviews with 3 key



informants, 2 informants said they forgot the P4K activities that were explained at the beginning of the pregnancy checkup. After being interviewed further, it was found that the 2 key informants were still in their early trimester of pregnancy, and only had their second meeting in the pregnant women class.

Communication

Information regarding P4K activities itself comes from various sources according to informants who have been interviewed. Based on the results of interviews with all informants regarding who they received information about P4K, it can be concluded that information was provided from the Health Office through training to the coordinating midwife of the puskesmas, then the coordinating midwife conveyed information about P4K again to the MCH program officer and the head of the puskesmas. Furthermore, the information is forwarded to the village midwife and traditional birth attendant along with other information. Then, pregnant women get information about P4K activities from the village midwife. Regarding the understanding and clarity of P4K activities themselves, there was no significant difference between triangulation informants, all triangulation informants had similar answers regarding the clarity and understanding of P4K activities. From the results of interviews with triangulated informants, it can be seen that triangulation informants understand correctly what P4K is. Supporting informants have different opinions regarding the understanding and clarity of P4K activities. Only one of the informants was able to explain about P4K activities, the other felt forgotten and could not explain properly and correctly. Then of the three key informants, only one person knew and understood correctly about P4K activities, the two key informants said that they forgot the midwife's explanation about P4K during the first pregnancy check-up. Consistency in the delivery of information regarding P4K conducted to all informants experienced the same answers, all informants agreed that the delivery of information was carried out once a month, according to the results of mutual agreement.

However, in the current situation with the Covid-19, it is a very felt obstacle for health workers and pregnant women. The existence of a government regulation policy that says not to gather masses has resulted in the absence of class activities for pregnant women for several months.

Resources

One of the resources used is human resources. Training on partnership HR conducted by the puskesmas is carried out once a year, namely village midwives and traditional birth attendants. In addition, training was also carried out from the health office to the coordinating midwife. Not only human resources are used, material resources are also needed in this activity. The budget funds used came from BOK (Health Operational Assistance) and village funds, according to what was said by triangulation informants and supporting informants. One of the triangulation informants explained that when the activity was carried out, they prepared an Assignment Order



(SPT) and an Official Travel Order (SPPD) which would later be used to file a claim for BOK funds. Other resources are facilities and infrastructure. The facilities used are KIA books and P4K stickers. In addition, the infrastructure used by the informants all agreed to use private vehicles.

Disposition

According to Edward III's Theory, it is explained that not only communication plays an important role in the success of a public policy implementation, disposition also has important consequences in effective policy implementation. Based on the results of the study, disposition was very influential in the successful implementation of P4K at the Muara Bungo II Health Center. Regarding the enthusiasm of the health workers involved in P4K activities, all of them were quite enthusiastic, the results of interviews with triangulation informants and field observations also showed the same thing. When carrying out P4K activity commitments, triangulation informants and supporters simultaneously said that pregnant women who were the main targets of P4K activities were felt less committed. Basically the P4K sticker itself is included in the MCH handbook that every pregnant woman should have, because the P4K sticker is very important and as one of the supporters in the P4K activity. However, in its implementation in the field, some pregnant women do not understand the purpose of the sticker being given, family support is also felt to be lacking for pregnant women in understanding the existing health situation and conditions. Families who tend not to understand the importance of planning for childbirth make pregnant women also feel a little indifferent about their pregnancy. This is proven by the fact that there are still pregnant women who do not want to have their pregnancy checked at the nearest health service facility.

Bureaucratic Structure

From the results of interviews with triangulated informants, it was found that there was no special bureaucratic structure for P4K. However, because P4K activities are also carried out simultaneously with other MCH activities, therefore the bureaucratic structure used is the same as the existing bureaucratic structure. A different statement was explained by one of the supporting informants who said that there was a special bureaucratic structure for P4K activities, the informant said that there was a chairman, deputy and other structural positions. However, when further interviewed regarding standard operating procedures (SOPs) in P4K activities, the informants did not explain specifically with certainty but only explained in outline what activities they carried out. So it can be concluded that there is no special bureaucratic structure for P4K activities, but rather follow the existing organizational structure and adjust it to P4K activities.



Conclusion and Recommendation

Based on the results of interviews with various informants, it was concluded that the obstacles experienced in the implementation of P4K were the time of implementation and pregnant women who were reluctant to have their pregnancy checked even though they tended to be at high risk. P4K information was given during class activities for pregnant women, but the understanding of pregnant women who often did not pay attention and asked questions during class was delivered by health workers. Regarding human resources, funding, facilities and infrastructure have been running properly and no obstacles have occurred during the process of implementing the activities. At the Muaro Bungo II Health Center there is no special bureaucratic structure for P4K activities, but this is not an obstacle in the implementation of P4K. The commitment of pregnant women in participating in P4K activities can be seen from the communication that is established between midwives, cadres and pregnant women.

Coordinate regularly and periodically between coordinating midwives and village midwives so that the information provided to the community or pregnant women is in accordance with existing SOPs and is always updated. Holding classes for pregnant women with their husbands or families in order to further increase commitment and enthusiasm as well as support from husbands and families for pregnant women themselves. Approach and socialize to traditional birth attendants, village midwives, cadres, and coordinating midwives repeatedly so that existing partnerships continue to be established

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