



MEASURING MINIMUM MATERNAL HEALTH CARE SERVICE STANDARD IN NGARGOGONDO VILLAGE, MAGELANG, CENTRAL JAVA

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Abstract

One of the instruments to ensure the availability and quality of health services in the regions is Minimum Service Standards. This research aims to see the implementation of minimum service standard for maternity health services. The research was conducted in Ngargogondo Village, Borobudur District, Magelang Regency, Central Java Province. The results of the study indicate that the Minimum Service Standard for Health in Ngargogondo Village needs to be improved due to the lack access of health facilities both at integrated service posts, Village Health Centers and Community Health Centers, especially for pregnant women, mothers giving birth and newborns. It certainly has an impact on the indicator of Minimum Service Standards in the Health Sector at the district level which has not fully reached yet. Performance indicators for achieving Minimum Service Standards in the Magelang Regency area are still fluctuating where not all sectors reach the 100% indicator as its achievement target. There should be a good cooperation between community and government in order to achieve the goal. Massive and continuous socialization and education regarding Minimum Service Standards is needed. The socialization and education carried out must be able to raise public awareness about the importance of obtaining health facilities.

Keywords: Minimum Service Standards, maternal health care, public service

DOI Number: 10.14704/nq.2022.20.7.NQ33048

Neuro Quantology 2022; 20(7):384-389

PRELIMINARY

Health is an essential and fundamental part of human life, both within the scope of individuals, families and communities. Health modalities as a basic need will have an impact on all aspects of life. The government has a role and responsibility to ensure the fulfillment of quality health services to every citizen. The health sector is one of the main priorities of national development. A significant number of budgets and various strategic efforts are carried out with the aim of improving the quality of public services, especially in the health sector.

Law Number 23 of 2014 concerning Regional Government stated that Regional Governments are subject to the implementation of mandatory government affairs in the health sector. In this context, there are two roles that the local government should take, as a provider and as a regulator of regional health services. One of the instruments to ensure the availability and quality of health services in the regions is Minimum

Service Standards. Minimum Service Standards are provisions regarding the type and quality of minimum basic services which are mandatory for government affairs that every citizen has the right to obtain (Pemerintah Indonesia, 2014).

The implementing provisions of the Minimum Health Service Standards are regulated through Minister of Health Regulation (PMK) Number 4 of 2019 concerning Technical Standards for Fulfilling Basic Service Quality in Minimum Service Standards in the Health Sector. The substance of the minimum service standard in the health sector has two functions. First, facilitating local governments to carry out appropriate public services for the community. Second, it uses as an instrument for the community in controlling government performance in public health services (Kementerian Kesehatan, 2019).

Magelang Regency and Magelang City have an inseparable history. The position of Magelang Regency is strengthened by Law no. 2 of 1948



with the capital city of Magelang. In 1950 based on Law no. 13 of 1950, the city of Magelang was independent and was given the right to manage its own household. Therefore, there was a policy to move the district capital to another area. On March 22, 1984, the southern part of the Mertoyudan sub-district and the northern part of the Mungkid sub-district were officially selected as the capital of Magelang Regency by the Governor of Central Java under the name Mungkid City. The total population in 2021 is 1,363,290 consisting of 686,398 males and 676,892 females. The infant mortality rate in Magelang Regency is still quite high. If seen in 2019, the death rate was 143 cases (Diskominfo, 2021; Ekspres, 2020; Magelang, n.d.).

Based on PMK No. 4 of 2019, it is known that Maternal health services are one of the twelve basic services that must be provided by local governments, with no exception for Magelang Regency. It is mandatory to meet the minimum service standards (SPM) in the health sector. First-level health facilities are one of the leading service units in providing maternity services. Its role in providing services cannot be separated from the minimum service standard indicators for health as regulated in PMK No. 4 of 2019.

The success of the local government in basic maternal health services, especially in Magelang Regency, can be seen from the successful implementation of minimum service standards. A study on its implementation is one way to see the extent of success and obstacles in of basic maternal health services. For that reason, this research was designed with the title "Measuring Minimum Maternal Health Care Service Standard In Ngargogondo Village, Magelang, Central Java."

THEORETICAL FRAMEWOK

The definition of public service according to Law Number 25 of 2009 concerning Public Service is an activity that aims to meet the service needs of all citizens for goods, services, and/or administrative services in accordance with statutory regulations. The implementation of public services must be based on the principle of public interest, legal certainty, professionalism, balance between rights and obligations, openness, participation, accountability, non-discrimination, timeliness, special facilities for vulnerable groups, convenience and affordability with the aim of having clear boundaries and relationships Among

the rights, obligations, responsibilities and authorities of all parties involved in the implementation of public services, to run a proper public service delivery system in accordance with general principles of government and to ensure legal certainty for citizens to obtain quality services (Pemerintah Indonesia, 2009).

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Law Number 25 of 2009 concerning Public Services stated that every public service provider is obliged to prepare, determine and implement minimum service standards for each type of service as a benchmark/indicator in the implementation of public services. As a follow-up step to the implementation of Law Number 25 of 2009, Government Regulation Number 96 of 2012 concerning Guidelines for the Implementation of Law Number 25 of 2009 concerning Public Services is enacted. In order to achieve minimum service standards, then the government stipulates Government Regulation Number 2 of 2018 concerning Minimum Service Standards.

Minimum service standards are stipulations on the types of services and the quality of minimum basic services which include mandatory government affairs that are entitled to be obtained by the whole community. The concept of Minimum Service Standards arises because it is motivated by the unequal state of resources that exist in each local government in carrying out these mandatory affairs. Its implementation needs to be regulated by Minimum Service Standards in order to ensure equal service to all communities in the territory of Indonesia. Minimum service standards have at least two functions, as a facility for local governments in carrying out public services to the community and also as a tool/instrument for the community to participate in controlling the performance of local governments in the implementation of public services.

RESEARCH METHODS

This study uses a qualitative research method with a case study approach. Data collection employed in-depth interviews, observation, focus group discussions (FGD) and literature studies. Interviews conducted on key informants, maternal health services officer in Ngargogondo Village, Borobudur District. Furthermore, observations is done in surrounding research location in Ngargogondo Village, Borobudur District. While the literature study is conducted by



reviewing various scientific works, print and digital media that are relevant to this research. The data that has been collected is analyzed and interpreted by reducing the data, displaying the data, drawing conclusions and verification, making summary sheets and using matrices. The data that has been analyzed is tested for validity using triangulation techniques to ensure that it is scientifically tested (Creswell & Creswell, 2018; Denzin & Lincoln, 1989; Olubiyi et al., 2019).

RESULTS AND DISCUSSION

Ngargogondo Village is one of twenty villages in Borobudur District, Magelang Regency. The location of Ngargogondo Village with the administrative center of Borobudur District is three km away. Meanwhile, the distance from Ngargogondo Village to the administrative center of Magelang Regency is five km. Based on its astronomical location, Ngargogondo Village is located at -7.6247037 South Latitude 110.2287329 East Longitude with an area of 1.53 KM² or 2.77% of the total area of Borobudur District. Administratively, Ngargogondo Village is divided into 6 hamlets with 3 community units and 11 neighborhood units. The number of government officials in Ngargogondo Village is 24 people, with details of 1 village head, 1 village secretary, 5 Kaur/Kasi, 17 other people as regional implementers (head of RT, head of RW, and head of RW).

Topographically, Ngargogondo Village is located at an altitude of 262 m above sea level, with an air temperature of approximately 25°C and an average rainfall of 1,766 mm/year. The topography of Ngargogondo Village consists of land, slopes/peaks, and outside the forest area. With a topography like this, the Ngargogondo Village area has never experienced natural disasters in the form of volcanic eruptions, landslides, floods, droughts, forest fires, etc. Based on data from the Borobudur District in 2020, the population of Ngargogondo Village reaches 1,805 people, all of whom adhere to Islam. The total population consists of 928 people or 51.41% of the population are male and the total female population is 877 or 48.59% of the total population in Ngargogondo Village. Meanwhile, the number of households in Ngargogondo Village is 557 households, so it can be calculated that the average population of each family is 3.2 people. So that the population density in Ngargogondo Village reaches 1180 people/km².

The number of couples of childbearing age according to family planning participation in Ngargogondo Village is 225 people with a percentage of 73.29%. The number couples of childbearing age who are not family planning participants is 82 people with a percentage of 26.71%, the number of couples of childbearing age is 807 people. The number of active non-hormonal family planning participants by type of IUD contraception was 22 people and 8 people for MOW contraception. The number of active hormonal family planning participants with implanted contraception is 33 people, 149 people are injecting KB, and 13 people are KB pills. The number couples of childbearing age who do not participate in family planning, with pregnant conditions are twelve people, 41 people want their children to be immediately, 13 people want their children to be delayed, and 17 people don't want children.

In terms of population and employment, the number of productive age (15-64 years) in Ngargogondo Village is 1,229 people are people aged 64 years and over. The classification is also related to the population by final education. The number of residents in Ngargogondo Village who do not/have not finished school is 328 people, 173 people have not graduated from elementary school/equivalent, 539 people have graduated from elementary school/equivalent, 417 people have graduated from junior high school/equivalent, 293 people have graduated from high school/equivalent, completed diploma I /II as many as 5 people, graduated from academy/diploma III/baccalaureate as many as 14 people, and finished diploma IV/bachelor as many as 22 people.

Health is an important aspect of human life, both a healthy body and a healthy mentality. It is important to support our daily activities or activities. Health facilities and infrastructure are needed to support health services to the community. In Ngargogondo Village, there is one midwife practice, one Village Health Post (Poskesdes) and six Integrated Healthcare Center spread over six hamlets. Integrated Healthcare Center is held once a month according to a predetermined schedule and the implementation will be led by a village midwife and assisted by volunteers from the local community.



As for other facilities, such as Public health center (inpatient/outpatient), sub-health centers, practicing doctors, pharmacies, polyclinics/medicine centers, hospitals and maternity hospitals in Ngargogondo Village itself are not available yet. If people want to check their health in some of these places, the people of Ngargogondo Village must go to Borobudur village as the capital of the sub-district. The closest distance that can be taken by the people of Ngargogondo Village to the nearest Public health center is 5.5 km², to the nearest sub-health center it is 4.5 km² while for the nearest regional hospital it takes 22 minutes or a distance of 13.6 km². The ease with which the people of Ngargogondo Village can reach health facilities at the sub-district level has a positive impact on the level of

public health. In Ngargogondo Village, there are no cases of malnutrition.

Minimum Service Standards in Maternal Health Services

Health services for pregnant women during 2018-2020 in Magelang Regency have increased. In 2018 the achievement was 90.53%, in 2019 the achievement was 93.83% and in 2020 the achievement was 94.01%. However, in 2018-2020 the Magelang Regency achievement figures in the performance indicators of Minimum Service Standards for Maternal Health services are always below the achievements at the Central Java Province level. It is a concern in the following year that it can be above the provincial achievement until 100%. It can be seen in the following table.

Table 1. Performance Indicators of Minimum Service Standards in the Health Sector of Magelang Regency Year 2018-2020

| N | Performa | Targ | 2018 | 2018 | 2019 | Provincial | 2020 | Provincial |
|---|--------------------------|-------|----------|------------|----------|------------|----------|------------|
| o | nce | et | Achievem | Provincial | Achievem | Achievem | Achievem | Achievem |
| | Indicator | 2018 | ents | Achievem | ents | ents 2019 | ents | ents 2020 |
| | | 2020 | | ents | | | | |
| 1 | Maternal Health Services | 100 % | 90.53% | 94.24% | 93.83% | 95.75% | 94.01% | 96.13% |

Source: Central Java Provincial Health Office

Analysis of Quality Standards of Goods and Services

In terms of quality standards, goods and services are almost entirely available at village health polyclinic, Village Midwives and Integrated Healthcare Center in each hamlet. However, there

is an examination available and only served at the Public health center, namely the Urine Glucoprotein Examination. This can be seen in the following table.

Table 2. Quality Standards for Goods/and Services in Village Health Polyclinic in Ngargogondo Village, Borobudur District

| No | Type | Amount | Appropriateness of Authority/ Availability/ Affordability/ Measurability/ Accuracy of Target |
|----|----------------------------------|---|--|
| 1 | Diphtheria Tetanus Vaccine (Td); | Depends on mother's immunization status | Available at PKD/Posyandu |
| 2 | blood boost tablet | 90 tablets x pregnant women | Available |
| 3 | Pregnancy Risk Detection Tool | A number of pregnant women | Available, done |
| | a. Pregnancy test | A number of pregnant women | Available, done |
| | b. Hb . check | A number of pregnant women | Available, done |
| | c. Blood type check | A number of pregnant women | Done by doctor/ Public health center |
| | d. Urine glucoprotein test | A number of pregnant women | not available in village health polyclinic / Integrated Healthcare Center |
| | | A number of pregnant women | Center |



| | | | |
|---|---------------------------------------|----------------------------|----------------------------|
| | | women x 150% | |
| 4 | Mother's Card/Mother's Medical Record | A number of pregnant women | Available at Health Center |
| 5 | MCH book | A number of pregnant women | Given for free |

Source: Permenkes Number 4 of 2019 and Interview Results with the Ngargogondo Village Midwife, Magelang, 388

Analysis of Human Resources Quality Standards

Based on the results of interviews conducted, it was found that in Ngargogondo Village and at the First Level Health Facilities there were no midwifery specialists. If people want to get midwifery specialist services, they had to go to the hospital. For the condition of Human Resources in the Health sector, it consists of one village midwife and plus several Posyandu cadres who are in various hamlets. Integrated Healthcare Center volunteer function as personnel who assist village midwives to provide basic health services at integrated service posts. These additional personnel have skills in providing basic health services to pregnant women and toddlers. From the results of observations and interviews in Ngargogondo Village, there are still two traditional birth attendants with the service is only after giving birth.

Analysis of Service Mechanism Standards

According to the results of the study, there are several factors that cause the Minimum Service Standards to not reach 100%. The first is the lack of information about antenatal care. Socialization is carried out every month which is carried out at the village level. Every month the Village Midwife also provides socialization and education in Integrated Healthcare Center. Thus, people who are not present at the village hall can obtain information at integrated service posts in each hamlet. If the socialization is not carried out properly then the result is that the program is not running optimally because there is no process of delivering sufficient information and sharing meaning for the expected goals (PrawiraW et al., 2021).

The second is unreported services from private networks and health facilities to health centers. In this case, residents who choose private health facilities do not have a reporting mechanism so that they are not reported to the public health

center. This condition certainly needs to improve the data so that residents who use private health facilities are still documented so that the data is reported to the public health center. Third is newborns receive services outside the work area. Such condition still occur when the residents concerned work on outside the area or live on the border of a district or city. Health facilities services are carried out outside the district or city area.

Fourth is the cost constraint. The public can take advantage of programs from the government to obtain free health services such as Social Security Administrator, Childbirth assurance, etc. Fifth is socio-cultural. The mindset of people who are not aware of the importance of health services needs to be held socialization and education in order to rise of health services awareness as a culture (Maulida et al., 2020; Sidiq et al., 2021).

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

From the results of research on Minimum Service Standards in the Health Sector in Ngargogondo Village, it can be seen that there are still people who do not all access health facilities, both in integrated service posts, village health centers and health centers, especially for pregnant women, mothers giving birth and newborns. It has an impact on the Minimum Service Standard Indicators in the Health Sector at the district level which has not yet reached 100%. Performance indicators for achieving Minimum Service Standards in the Magelang Regency area are still fluctuating where not all sectors reach the 100% indicator, as an achievement target. Studies conducted in Ngargogondo Village still have factors that influence the unachieved of Minimum Service Standards from both the community and government aspects.



Suggestion

Massive and continuous socialization and education on Minimum Service Standards is needed. The socialization and education carried out must be able to raise public legal awareness about the importance of obtaining health facilities. There is still a shortage in the ratio of obstetricians to pediatricians. It needs to be a policy in the recruitment of these doctors in order to provide maximum service to the community in accordance with the ratio of the need for doctors in providing services to the community.

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