

The Comparison of the Service Gap in Midwife Practice Between Village and City

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COMPARISON OF THE SERVICE GAP IN MIDWIFE PRACTICE IN VILLAGE AND CITY

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ABSTRACT

Health services in Indonesia are still uneven, especially midwifery practice services on maternal and child health. The improvement of basic health services is still seen to be slow and varies greatly from one region to another so that it has an impact on the quality of health services. To bridge the gap in the quality of midwifery services, adequate and up-to-date information/data is needed, which is needed as the basis for formulating programs and planning for health development in urban and rural areas, especially remote areas. This study aims to identify and identify gaps in the quality of health services in remote and urban areas. The method used in this study is a literature review. The database used in the source search is Google Scholar. The search articles was carried out by collecting themes about gaps in midwifery practice services in rural and urban areas. The health status of people in rural areas is generally worse than in urban areas. Differences in health infrastructure, shortages of necessary medical equipment, medicines and other supplies, time and economically expensive long distance travel to health facilities in villages, and emergency transportation, have led to gaps in midwifery practice in rural and urban areas. . There are gaps in midwifery practice in rural and urban areas. This gap is caused by several factors. Differences in health infrastructure, shortages of necessary medical equipment, medicines and other supplies, time and economically expensive long distance travel to health facilities in villages, and emergency transportation, have led to gaps in midwifery practice in rural and urban areas. . There are gaps in midwifery practice in rural and urban areas. This gap is caused by several factors. Differences in health infrastructure, shortages of necessary medical equipment, medicines and other supplies, time and economically expensive long distance travel to health facilities in villages, and emergency transportation, have led to gaps in midwifery practice in rural and urban areas. There are gaps in midwifery practice in rural and urban areas. This gap is caused by several factors.

Keywords: Gaps, midwifery practice services.

1. INTRODUCTION

Health services in Indonesia are still uneven, especially midwifery practice services on maternal and child health. Public accessibility to health care facilities is the right of everyone to get access to health resources, including the matter of getting access to health care facilities.(1). In many provinces and districts, the improvement of basic health services is still seen to be slow and varies greatly from region to region.

The quality of midwifery services varies widely due to the unequal distribution of health workers between urban and rural areas. The ratio of the number of midwives is sufficient if in 1 village there is at least 1

midwife per 1,000 population. The condition of the adequacy of the midwife is the same as the condition of the adequacy of the doctor. There are still many areas where the adequacy of doctors and midwives is not met. Only a few provinces have slightly better proportions for the adequacy of midwives. The lowest proportion for areas with sufficient midwives occurs in DKI Jakarta, followed by West Java, DI Yogyakarta, and West Papua(2).

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The health of pregnant women is one indicator of public health status. The problem of birth and pregnancy is closely related to cultural elements in Indonesian society. The government has issued Permenkes No. 97 of 2014 concerning Maternal Health Services which are

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 already quite comprehensive, coupled with the Minister of Health Regulation No. 4 of 2019 concerning Technical Standards for Fulfilling Basic Service Quality in the Health Sector. However, there are still gaps in its implementation, especially regarding innovations by local governments (provinces, districts/cities) which are currently related to regional autonomy issues.(3).

Efforts to improve access of rural residents to health services in reality run into various obstacles. The locations of a number of health facilities (such as Puskesmas, hospitals, maternity homes, pharmacies, drug stores, midwife practices and so on) are often located in places that are difficult for villagers to access. The impact is that there is a gap in health services, in the sense that rural residents receive worse health services than urban residents. The location of health facilities, of course, is not the only factor that causes the gap in health services. Other factors such as financial ability, availability of medical equipment, adequacy of medical and paramedical personnel, information about health conditions,(4).

To bridge the gap in the quality of midwifery services, adequate and up-to-date information/data is needed, which is needed as the basis for formulating programs and planning for health development in urban and rural areas, especially remote areas. With this data and information, improvement efforts can be made through the development of a public health system at the district and sub-district levels (5). For this reason, a survey is needed that is able to reveal the gaps in health services in urban and rural areas, especially in remote areas. This study aims to identify and identify gaps in the quality of health services in remote and urban areas.

2. METHOD

The method used in this study is a Literature Review study which aims to explore gaps in midwifery practice

Table 1.1 Summary of articles

Writer	Country	Research Title	Research methods	Results
(6)	New Zealand	1 Unsettling moods in rural midwifery practice	Hermeneutic phenomenology study was conducted in New Zealand (NZ).	3 The uneasy atmosphere revealed in this study highlights the tensions between rural midwives and urban and professional-based health infrastructure systems which can negatively affect practice and threaten relationships.

services in rural and urban areas. The review process begins with identifying journal articles that are relevant to the research topic. The database used in the source search is Google Scholar. The search for articles was carried out by collecting themes regarding the discussion of gaps in the practice of midwives in rural and urban areas. The search keywords were gaps in midwife practice, midwife practice in rural areas, midwife practice in cities, gaps in maternal and child health services in rural and urban areas.

3. RESULTS AND DISCUSSION

Literature searches through electronic databases yielded 25 articles with potential for review. After identifying the abstract of the article 15, the article was selected. Further 10 identification is carried out in more detail to determine which articles are relevant and meet the inclusion criteria in this literature review. From this identification, the article 4 which will be reviewed in this study. The article identification process can be seen in diagram 1.

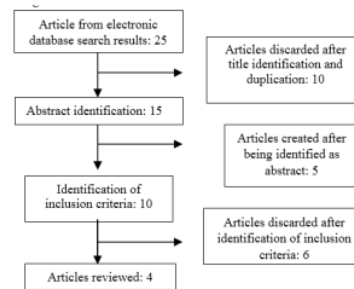


Diagram 1. Article identification process

The articles selected for review in this study are research related to the research topic. A summary of the articles reviewed in the study can be seen in table 1.1 below:

(7)	Ethiopia	Contributing barriers to loss to follow up from antenatal care services in villages around Addis Ababa: a qualitative study	Qualitative study design.	The inability to provide essential antenatal care services that occurs mainly due to the shortage of required medical equipment, medicines, and other supplies is a major barrier to the continued presence of antenatal care services followed by poor care, respect, and acceptance of the service providers. The lack and cost of transportation as well as the approval and support of partners are also claimed to be part of the main obstacles
(8)	Nigeria	⁴ Prevalence and factors associated with underutilization of antenatal care services in Nigeria: A comparative study of rural and urban residences based on the 2013 Nigeria demographic and health survey	We analyzed the 2013 Nigerian Demographic and Health Survey dataset with adjustments for sample weights and survey cluster design.	The ¹¹ prevalence of underutilized ANC was 46.5% in Nigeria, 61.1% in rural areas and 22.4% in rural urban living.
(9)	New Zealand	¹³ Rural midwifery practice in Aotearoa/New Zealand: Strengths, vulnerabilities, opportunities and challenges	Mixed methods approach	Rural midwives, and the women they care for, often experience long and economically expensive travel time and distances. Bad weather conditions, lack of mobile phone coverage and varying access to emergency transportation are other factors to consider in rural midwifery practice.

Remote areas usually refer to areas that are some distance away from assistance. The health status of these local communities in this area is generally worse than in urban areas(10). The lack of decision-making capacity of pregnant women to attend health services on their own is another obstacle because they do not have the power to decide the expenditure of family resources. Since the presence of ANC services requires minimal transportation costs, for women who are unable to make decisions about resources, distance from their health facilities has been cited as one of the barriers to attending ANC. In addition to the costs involved, clients in this assessment often claim that the lack of transportation

facilities to and fro is one of the potential barriers to attending ANC services. Lack of number and types of service providers needed at all levels, lack of friendliness and acceptance, timely service provision, absenteeism from work, and service provider delays are some of the barriers mentioned. These barriers greatly affect the sustainable use of services at the facility(7).

Different degrees of rural-urban differences in factors associated with underutilized ANC exist in Nigeria. Distance to health facilities and permission to visit health facilities were consistently associated with poor ANC use in both rural and urban settings. Thus, varying degrees of

rural-urban differences in factors associated with underutilized ANC exist in Nigeria. The unequal access to health facilities/services in rural as compared to urban areas in Nigeria may explain the discrepancy. Due to low coverage, rural residents are generally disadvantaged in terms of access to health facilities/services in Nigeria. Where facilities are inaccessible due to poor road network, lack of efficient transport system and distance barriers may exist in residences. Distance to health facilities was equally statistically significant in all residences but with greater odds in rural areas. Traditional beliefs, ill-equipped/staffed health facilities, and poor socioeconomic conditions are some of the other factors that can contribute to the underutilization of maternal health services such as ANC in rural areas. Rural-urban differences exist in the use of ANC services, and to varying degrees, factors associated with under-use of ANC in Nigeria. Distance to health facilities was equally statistically significant in all residences but with greater odds in rural areas. Traditional beliefs, ill-equipped/staffed health facilities, and poor socioeconomic conditions are some of the other factors that can contribute to the underutilization of maternal health services such as ANC in rural areas. Rural-urban differences exist in the use of ANC services, and to varying degrees, factors associated with under-use of ANC in Nigeria. Distance to health facilities was equally statistically significant in all residences but with greater odds in rural areas. Traditional beliefs, ill-equipped/staffed health facilities, and poor socioeconomic conditions are some of the other factors that can contribute to the underutilization of maternal health services such as ANC in rural areas. Rural-urban differences exist in the use of ANC services, and to varying degrees, factors associated with under-use of ANC in Nigeria(8).

Rural midwives, and the women they care for, often experience long and economically expensive travel time and distances. Poor weather conditions, lack of cell phone coverage and variable access to emergency transport are other factors that need to be taken into account in rural midwifery practice. In addition, many participants noted challenges at the rural/urban interface in relation to referral or transfer of care for a woman and/or an infant. Strategies identified to support rural midwives in New Zealand include: locum and mentoring services, networking with other health professionals, support from social services and community service providers, developing supportive relationships with other rural midwives and providing rural placements for student midwives(9).

There seems to be an air of desperation when reviewing the literature on rural maternity. Yet rural childbirth globally is reported to be a dynamic environment that is often innovative. Although many challenges have been identified in the international literature, for example geographic isolation which was clearly highlighted in the Icelandic study of Haraldsdottir et al., rural midwives continue to provide the best maternity care in challenging situations. While it is important not to name rural maternity mothers as an inherent problem, concerns related to the provision of sustainable rural maternity care in rural and remote communities need to be addressed otherwise these communities will be deprived of the high quality, accessible maternity services they need and deserve. The study of Haraldsdottir et al emphasizes the importance of keeping the quality of skilled care as local as possible to improve outcomes for women and infants. How rural mothers are perceived by others who may have little or no further understanding can isolate and harm those who work and live in rural areas (6).

Efficient management and provision of support are key elements to providing quality healthcare. Support and linkages between facilities and management were found to be weak, affecting the timely supply of essential supplies needed, and upgrading of knowledge and skills of service providers. A qualitative study conducted in the Jimma zone in South West Ethiopia reflected that the relationship between midwives and HEWs was found to be poor due to limited resources and poor infrastructure.(7).

4. CONCLUSION

There are gaps in midwifery practice in rural and urban areas. The gap is caused by several factors such as health infrastructure, shortage of required medical equipment, medicines, and other supplies, time and distance of long and economically expensive travel to health facilities, and emergency transportation.

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