

Tingkat kepatuhan pelaksanaan standar poned pada puskesmas poned di wilayah dengan angka kematian ibu tinggi dan angka kematian ibu rendah studi pada 18 puskesmas poned di Jakarta Timur dan Jakarta Pusat = The compliance of poned s standards in poned s community health center in the area of high and low maternal mortality rate study of 18 poned s community health center in East and Central Jakarta

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Abstrak

ABSTRAK

Latar Belakang: Angka kematian ibu AKI merupakan salah satu indikator kualitas dan aksesibilitas fasilitas pelayanan kesehatan ibu. Untuk menurunkan AKI di Indonesia, kementerian kesehatan melaksanakan program PONED. Penelitian-penelitian terhadap puskesmas PONED menunjukkan pelaksanaan PONED masih belum sesuai standar kinerja PONED. AKI pada wilayah puskesmas PONED dengan layanan yang belum sesuai standar masih tinggi, padahal program PONED dilaksanakan sebagai salah satu upaya menurunkan AKI di Indonesia. Tujuan: Mengukur tingkat kepatuhan terhadap standar kinerja PONED pada puskesmas PONED yang berada di wilayah dengan AKI tinggi dan AKI rendah. Mengetahui kendala dalam pelaksanaan PONED. Metode: Mixed-method dengan embedded design. Penelitian kuantitatif menggunakan rancangan survei potong lintang untuk mendapatkan data tingkat kepatuhan terhadap standar kinerja PONED. Pengambilan data kualitatif melalui kuesioner yang diberikan kepada tim PONED dan kepala puskesmas dilakukan secara bersamaan dengan pengambilan data kuantitatif. Sampel adalah seluruh populasi puskesmas PONED di Jakarta Timur 10 puskesmas dan Jakarta Pusat 8 puskesmas. Data kuantitatif diolah dengan statistik deskriptif dan uji t untuk melihat perbedaan. Data kualitatif diolah dengan coding terbuka untuk menghasilkan kode dan kategori. Hasil: Dari 18 puskesmas, 1 sedang tidak menjalankan PONED dan dikeluarkan dari sampel penelitian. Jumlah sampel menjadi 9 puskesmas di Jakarta Timur AKI rendah dan 8 puskesmas di Jakarta Pusat AKI tinggi. Tingkat kepatuhan terhadap standar kinerja PONED pada puskesmas di Jakarta Pusat 72 secara bermakna lebih tinggi dari puskesmas di Jakarta Timur 72 64, $t=2,543$, $p=0,022$. Kendala dalam pelaksanaan PONED: fasilitas fisik, perlengkapan, sumber daya manusia, manajemen dan kendala eksternal yang berhubungan dengan pelatihan lanjutan bagi tim PONED. Simpulan: Tingkat kepatuhan terhadap standar kinerja PONED pada puskesmas PONED di wilayah dengan AKI tinggi lebih tinggi dibandingkan di wilayah dengan AKI rendah, namun tingkat kepatuhan terhadap standar kinerja PONED pada kedua wilayah tergolong rendah. Kendala pelaksanaan PONED: fasilitas fisik, perlengkapan, sumber daya manusia, manajemen dan kendala eksternal.

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ABSTRACT

Background Maternal mortality rate MMR is one of the indicator of quality and accessibility of health, especially in women. In order to lower the MMR, Indonesian Ministry of Health developed a safe motherhood program in the community health center called PONED. Studies about PONED rsquo s community health center showed that these community health centers were not yet provide the healthcare for mother and baby according to PONED rsquo s standards and the MMR in the area of these community

health center were still high. Objective To measure the compliance of PONE standards in PONE community health center in the area of high and low mortality rate. To know the hindrance of PONE implementation in PONE community health center. Methods Mixed method with embedded design. Cross sectional studies for quantitative data performed along with the qualitative survey given to the PONE team in each community health center. Sample of the study is the whole population of PONE community health center in East Jakarta 10 and Central Jakarta 8. Result 1 of 18 sample was excluded because of not performing PONE care at the time of the study. Total sample were 9 in East Jakarta low MMR area and 8 in Central Jakarta high MMR area. Mean of PONE standard index of community health center in Central Jakarta 72 is significantly higher $t = 2,543$, $p = 0,022$ than East Jakarta 64, but both were below the expected standards. The hindrance of PONE implementation in community health center are facilities, medicine, human resource, management and external hindrance related to continuing training for PONE team. Conclusion The compliance of PONE standards in PONE community health center in the area of high MMR are higher than the compliance of PONE standards in PONE community health center in the area of low MMR, but both were below the expected standards. The hindrance of PONE implementation in community health center are facilities, medicine, human resource, management and external hindrance related to continuing training for PONE team.