

Faktor-faktor yang berhubungan dengan kepatuhan bidan pada baku klinis pelayanan pemasangan AKDR CuT 380 A di Puskesmas Bogor tahun 2001

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Abstrak

Sebagai negara berkembang, Indonesia menghadapi masalah kependudukan yaitu jumlah dan laju pertumbuhan penduduk yang tinggi. Untuk mengatasi hal itu sejak tahun 1970 dimulai Program Keluarga Berencana, dengan tujuan menurunkan angka kelahiran sampai 50% nya pada tahun 2000 melalui upaya penurunan fertilitas. Salah satu upaya untuk menurunkan fertilitas adalah dengan pelayanan kontrasepsi. Tingkat pemakaian kontrasepsi di Indonesia sebesar 57% dengan pemilihan alat kontrasepsi dari urutan terbanyak hingga paling sedikit digunakan adalah suntik, pil, AKDR, norplan, dan metoda operasi (sterilisasi). Sebagai dampak krisis moneter, harga obat/alat kontrasepsi menjadi mahal khususnya pil dan suntikan, maka AKDR menjadi alternatif alat kontrasepsi yang harganya relatif murah, efektif dan praktis untuk mencegah dan mengatur kehamilan. Besarnya minat masyarakat pada AKDR terus meningkat, tetapi angka putus pakainya juga meningkat. Tingginya angka putus pakai pada AKDR di Kota Bogor sebesar 18,65% lebih tinggi dari angka nasional yaitu 12,3%, sehingga perlu dilihat penyebabnya. Dari hasil penelitian diketahui salah satu faktor penyebabnya adalah masalah kepatuhan bidan dalam menerapkan prosedur yang ditetapkan. Penelitian tentang kepatuhan bidan dalam menerapkan baku klinis, dilakukan secara cross sectional dengan sampel sebanyak 77 orang bidan atau total populasi bidan di 23 Puskesmas yang tersebar di Kota Bogor. Untuk mengetahui kepatuhan bidan dalam menerapkan Baku klinis, dilihat dari faktor pengetahuan, sikap, pelatihan, masa kerja, kelengkapan sarana dan supervisi. Hasil penelitian menunjukkan variabel yang memiliki hubungan bermakna ($p < 0,05$) adalah pengetahuan dan supervisi. Hubungan pengetahuan dengan kepatuhan, terungkap bahwa bidan yang berpengetahuan lebih akan lebih patuh dibandingkan dengan yang berpengetahuan kurang. Selain itu juga supervisi, bidan yang disupervisi lebih patuh daripada bidan yang tidak disupervisi. Melihat hasil diatas, untuk perbaikan maka perlu dikaji kembali materi dan metoda pelatihan serta penerapan baku klinis pemasangan AKDR CuT 380 agar angka putus pakai kontrasepsi akibat efek samping dapat diturunkan.

As a developing country, Indonesia faces inhabitant problem i.e. high number of population and high population growth. To solve the problem, Family Planning program has been implementing since 1970 for the purpose to reduce the number of birth as much as 50% in year 2000 by decreasing fertility. One among the efforts to decrease the fertility is by giving service for contraception. The degree of the use of contraception in Indonesia is 57% where using injection is the most use and than followed by using pill, AKDR, implant and then the less is by using operation method/sterilization. Due to the impact of crisis monetary where the price of medicine/contraception parts became expensive especially for pill and injection, hence AKDR became an alternative of contraception part because it has relatively lower price. Technically, AKDR is more practical, effective and economical to prevent and organize pregnant. People became more interest and the use of AKDR was increased, but the number of the drop out was also increased. High number of the drop out of AKDR at Bogor is 18.65% which is higher than the drop out number of the national figure of 12.3%. Therefore, it is necessary to find out the cause. From the study, it is revealed that one among the factors

causing this high number is the compliance factor of the midwife in implementing the procedure. The study for the discipline of the midwife in implementing the clinical standard is performed with cross-sectional way with the number of sample as much as 77 (seventy seven) midwives from the total population of midwife from as much as 23 Puskesmas located in Bogor city. In order to know the compliance of midwife in implementing the clinical standard, the study is performed on the followings factors: knowledge, attitude, training, work experience, availability of facility as well as supervision. The study indicates that the variable which has meaning correlation ($p < 0.05$) is the knowledge and the supervision. Based on the correlation between the knowledge and compliance, it is revealed that midwives who have more knowledge will have more compliance compare those who has less knowledge. Other than that is supervision, where midwives who get supervision will have more compliance than those who do not get supervision. Based on the above finding, for the correction and improvement, it is necessary to review the material and method of the training as well as the implementation of the clinical standard of the installation AKDR CUT 380 in order to reduce the number of contraception drop out that caused by side effect.