

# EXPECTATIONS AND PROSPECTS REGARDING THE MIDWIFE SERVICES IN INDONESIA

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## ORIGINAL COMMUNICATION

## EXPECTATIONS AND PROSPECTS REGARDING THE MIDWIFE SERVICES IN INDONESIA

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## ABSTRACT

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**Background:** Midwifery education plays a vital role in developing the midwives. The education has so far created best qualified midwife graduates. The demand for enhanced education of midwives is convinced.

**Methods:** From November 2013 until July 2014, a qualitative research utilizing in-depth interviews and focus group deliberations were conducted. In Indonesia, the compilation of data included 26 interviewers from 12 provinces. 367 participants were chosen for In-depth interviews concerning the stakeholders, midwives, and consumers of midwife service. The strategies for in-depth interviews involved the determination of midwife facilities, midwife competences, and expectancies towards midwifery education. Data validation and members check is conducted to corroborate the precision of the data in this research.

**Results:** The assessment enclosed existing midwife facilities and midwife competences. The expectancies emphasize the input-process-output in midwifery concepts. This also included the human resources, midwifery education curriculum, assortment structure of student intake, facilities, and least average of midwifery education. The procedure should envelop teaching and practicum, learning development, assistance, investigation and evaluation. The incorporation of input and procedure must create midwifery capabilities, soft skills, and improved midwife services.

**Conclusion:** The significance of the character of education in produce professional midwife graduates. Therefore, improvements quality of educational is needed to meet a demand of job market needs.

**Keywords:** Determination, prospects, providers, stakeholders, service consumers, midwifery education

## INTRODUCTION

The frontline of the Maternal and Child Health (MCH) services are midwives, which play a significant role in decreasing the maternal mortality ratios. Presently, the ratio of midwifery education has been enhanced gradually and there are several midwives who are graduated yearly. However, this growing has no note worthy influence on decreasing the maternal mortality ratios in Indonesia. This situation might not be alienated from the part of education in fabricating midwife graduates. Hennessy' research determined that approximately 90% of midwives who were sampled, had no ongoing proficient growth training in the past three years. This refers that according to existing evidence-based finest practice, much midwifery care in Indonesia may not be planned (Butler, Fraser, and Murphy 2008).

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In order to progress the midwifery education and to meet the requirement of potential job market, it is obligatory to distinguish the estimation of existing midwife competences and midwife facilities and the outlooks of stakeholders, providers, and consumers of midwife service towards midwifery learning. This is in accordance with the hope that it may contribute to decrease the maternal mortality ratios in the future. This research is focused to estimate the worth of midwifery education in Indonesia from the perception of stakeholders, providers, and consumers of midwife facilities. The analysis would contribute as the foundation to re-design midwifery teaching management and to augment the quality of midwifery teaching (Bandy, 2014).

**Aim:** To estimate the worth of midwifery education in Indonesia from the perception of stakeholders, providers, and consumers of midwife facilities.

## METHODOLOGY

### Study Design

Individual in-depth interviews and Focus group discussions (FGDs) were the procedures employed. In every state, a FGD was conducted to determine the information about women's judgment and women's expectation towards the midwife facilities and the FGDs were carried out at the participants' house. Normally, each FGD was comprised of approximately five to six consumers, one FGD leader and one spectator/supporter. The conclusions of the FGDs were utilized to create the in-depth interview. The design and layout of this research was a qualitative phenomenological method. The samples in this research were chosen by purposive sampling approach. The focus of the study was comprised of three groups, namely stakeholders, midwives and midwife service consumers (Tam, 2010).

This can be given by: 1) Stakeholder group: It was comprised of the head of hospital room (postpartum room, delivery room, and polyclinical), head/city health office/region, midwife manager at public health centre, and head of clinical room. This group did not demand any particular requirements; 2) Provider group: It was comprised of public health midwife, village midwife, self-determining midwife practice, and hospital midwife. The exact criteria in this group were at least two years term and completed third midwifery diploma education; 3) The consumer group: It was comprised of pregnant woman, neonates, postpartum woman, post-childbirth, mother of new-born, infants and toddlers as well as contraceptive acceptor who ever got midwife facilities.

### Data Collection

Data was obtained by taking real in-depth interviews from the chosen participants by utilizing an interview guide. A total of 367 in-depth interviews and 12 FGDs were carried out in Indonesia in 12 provinces. This included West Sumatera, South Kalimantan, Lampung, West Java, Banten, South Sulawesi, East Nusa Tenggara, Yogyakarta, West Nusa Tenggara, East Borneo, East Java, and West Papua. Total respondents were employed for in-depth interviews comprising of 150 providers, 61 stakeholders, and 156 consumers of midwife facilities. Research condition and perspectives is exhibited in figure 1 and sample layout in detail is shown in figure 2. The delicate distinctiveness of participants in detail can be seen in table 1.

In this study, data collection was carried out from November 2013 to July 2014. In the

province of West Java, the prior interviews were conducted with three persons by the core researchers which were then examined and shared to all coordinators. For data collection, fourteen assistants and twelve controllers had been employed and qualified. Moreover, in-depth interviews were carried out after the interviewer elaborated the information related to the study. FGDs and interviews were conducted either in local and/or Indonesian language from every province (Wattimena, 2008).

Each province selected a coordinator whose job was to recruit and train interviewers in each province. Twelve coordinators and fourteen assistants had been recruited and trained for data collection. In-depth interviews were conducted in each province according to the key topics guidelines as shown in Table 2. Interviews and FGDs were carried out either in Indonesian and/or local language from each province. Once saturation of data has occurred, the interviewers stopped the interview process. Each coordinator reported to research group.

By the respective managers, all the recorded audio interviews were transcribed to Bahasa Indonesian. Transcription conclusions were cross-checked with those of recorded audio conducted by the research group. Once coding was done, the theme was made and grouped with reference to the formerly described structure. The researchers made use of the participants' feedback or respondents' corroboration and a triangulation of information was also utilized in order to compare the information from diverse sources (Hennessy et al. 2006).

## RESULTS

### Evaluation of Midwife Competences and Midwife Services

#### Existing Midwife Capabilities

More than 70% considered midwife graduates' capabilities under the principles and not appeared ready for the job as they needed constant guidance, this was conducted from 211 stakeholders and providers who contributed in this research. Several midwife facility users felt that the approach of midwife is very superior, because the midwives provide attentive care. They are courteous, friendly, not picky, pleasurable, patient, and informative, no rush talking, pay attention to every patient. But unlike most evaluations of different respondents, most service users described that the midwives who serve them are less friendly, pay less attention, usually grumpy, reserved, less positive, not digging issues and root causes, they do not pay attention in managing the patients and uncertain

The examination results were not communicated and conversed evidently which appeared less serious. *"When I was in pain, the midwife was less disturbed with the patient's complaint and she laughing in her room"* (Postpartum woman) (Joseph, Yakhou and Stone, 2005).

#### **Present Midwifery Care**

The respondents' get varied facilities from the midwives but the bulk of participants went for the part of the abdomen only. *"Midwife did not evaluate my issue, so I was hesitant to tell my concerns to her. She examined my abdomen only, and then told me that my baby was healthy"* (Pregnant woman).

Most consumers of the facility elaborated that the midwife only emerged concerning the delivery help for monitoring of deliveries conducted by midwives assistant. *"When I met a midwife I punctually had myself checked, then the midwife was away and I was left with her subordinate who had no experience of birth"* (Postpartum woman).

Several mothers with infants and babies accepted that they did not obtain any guidance of baby care from midwife and they reported the insufficiency of information. All mothers who had offspring under five years, did not obtain data concerning the results of analysing the growth of their babies. *"I took my baby to clinic, then midwife calculated the height-weight, gave vitamin A and suggested me to pay attention to my children"* (Mother of toddler).

#### **Selection System, Standard and Learning Process**

The expectations regarding the selection system of students for the midwife educational institutions should be tightened. The selection should begin with the administration after being declared fit to meet the administration demands. This involves a written test, medical tests, interviews, and personality tests. Moreover, another expectation involves the alignment between the social and commercial in midwifery education. This high lights the enhancement of education criteria for midwife regarding Diploma third to Diploma fourth or bachelor degree; and more than three years would be the demand for the study time period. The learning processes involve the enhanced approaches of Teacher Centre Learning, improved lecture methods, initiation of MCH software, progress of a learning environment, learning of practice, improve the creativity and enhancing midwifery care documentation (Ling, Piew and Chai, 2010).

#### **Practicum and Charity**

This includes the monitoring of the lab practices, implementation of preceptor adviser

system, use of feasibility selection field, evaluation processes, mentoring practices by administrator and suggestion on the practice field. This also highlights the determination of the students, quality of field practice, clinical in structure to facilitate learning, schedule of other midwifery academy, include the students to aid midwives and educate students to be more responsive to hygiene. Moreover, charity has to be incorporated and intensity of students' socialization with the society should be increased. This indicates the demand for guidance on the nature of communication by the public and the students should be exposed to communal activities (Licqurish & Seibold, 2008).

#### **Research and Evaluation**

Research is the basis of the growth and development. The expectations of the stakeholders involve the fact that the midwives graduate should do additional investigation. In order to aid this, it is obligatory to advance the research activities, assist students to research, and include students in lecturers' research activities; this would give evidence-based midwifery care. Moreover, the expectations of respondents' towards the evaluation was related to the estimation of target, hold meditation exercises, ethical education, enhancement of students discipline and the requirement of personality growth (De Vries, 2013, pp.1122-1128).

#### **Output and Midwife Competences**

Regarding the output and midwife competences, the participants exhibited their favour towards the public health programs understanding, evidence-based midwifery approach, knowledge of behavioural science and data regarding the culture. Stakeholders and providers advised that different areas have to be covered. This included improvement of midwifery practice, prevention of infection, immunization, physiological midwifery care skills, pathological care and capabilities, additional midwifery skills, use of advanced technique and definite expertise associated with art (Munro, 2008).

#### **Soft skills and Intrapersonal skills**

The expectations of respondents' evaluated the intrapersonal abilities that should be found in a midwife. This included greeting others, cheering, sympathetic, imaginative, critical, supportive, accountability, mature, positive, responsive, constancy, good personality, good beliefs, tolerance, virtuous nature, genuineness, honesty, simplicity, patience, manners, enthusiastic, careful, initiative in working and



asking, good looking, caring and respect others. As per the participants, they expected the administrative ability, the ability to manage village maternity posts and Mother and Child Health program.

Moreover, they expected the communication skills which included the religious leaders, traditional birth attendant; ability to communicate, the ability to speak in the forum and the ability to empower patients in decision making. Respondents expected the midwives that they should have the capability to modify the culture that damage public health, skill to partner with volunteers and conventional birth attendant, negotiating skills, capability to promote, capacity to act as a representative; skill to allocate societies to tackle the problems in the region (McIntosha, Frasier and Stephenb, 2013).

#### **Better midwife services**

The prospect of patients generally towards midwife facilities include the prevention of providing services in a hurry, assign more duration for every patient, midwife should stick-by in practice, enhance the capability to interact and be more unrestrained to ask patient's criticism, more educational about the things that are required to be known by the people. They are required to manage sociability and attention, they need to be calmer, patient and serve from the heart. Her coolness is needed to be skilled as a result, her appearance is more influential to the patients, sustain good associations with patients, be more polite, more practiced in utilizing tools, give time allowance to argue the Mother and Child Health book and reach on time to public health centre (Munro, 2008).

### **DISCUSSION**

#### **Evaluation of midwife competences and midwife services**

Midwifery capability is the amalgamation of skills, knowledge, and attitudes in definite contexts that elaborates the capacity of midwives in midwifery deeds in association with their influence. A midwife who practices should have the adequate skills, has widespread information in order to employ the newest knowledge and possesses professionalism. Preferably, midwives provide midwifery care dependable with influence and midwife facilities standard. Though, facilities were provided by midwives who are appropriate with midwifery care standard (Oldfield and Baron, 2000).

Evaluation is provided to the participants in line with early studies. The conclusion and findings of qualitative study in West Papua exhibited the determination of midwives who do

not recognize focus data, the reason<sup>19</sup> or the inevitability of the data evaluated, first and second stage administration, and signs of fetal pain in first and second stage. Moreover, a friendly attitude may indicate caring and convenience to the patients and it influences the stages of patient satisfaction. The assessment is provided by respondents which were associated to the midwife services, which exhibited improper attitudes and capabilities (Carolan, and Kruger, 2011, pp.642-647).

#### **Expectancies**

The expectations of providers, stake-holders, and users of midwife facilities will be utilized as fundamental information in fixing the education structure. Education system can effortlessly be elaborated by the association model input-process-output. This also includes the demand of the identification and mapping of gaps in the field to aid professional growth, enhanced outline of competence and enhanced educational programs (Normana et al. 2002).

#### **Input**

The contribution of education quality<sup>2</sup> highlights the significance of attaining scarce and quality resource to the education institutions to accomplish different objectives and to offer quality facilities in a short time period. Prospectus as a constituent of education is the foundation of education and it influences the entire instructive activities. The curriculum should be proficient to build a perceptive of educational, specialized requirements and working ability considerations. The development of the curriculum should be dependent on the growth of capability to be obtained or overcome by graduates that is close to the competencies needed by the society or stakeholders (Nicholls and Webb, 2006).

In the United Kingdom, a research extracted a difference between student expectations and mature learning approaches implemented in the university. They uttered the demand for enhanced knowledge, and increased preparation in teaching tailored to the authentic mission of midwife. The notion of education that is not adjacent to each other might cause perplexity of scientific skills training. In this research, the significance of the human resource (HR) is lecturer, scientific infrastructure and administrator. They must be capable as midwifery workers for their major role in managing the boundaries of safety for every stage of learning (Tam, 2010).

The judgments of Hosie study declared that precise and timely data are a prerequisite, of

quality decisions. It elaborated a quality structure which was applicable to superior education, with specific position to personnel and HR management. Competent HR is essential for sustaining and mounting education and also applying the thoughtful practices which are known to advance the quality of midwifery education. Therefore, the recruiting HR should possess adequate planning and arrangement. HR management demands to judge the qualified knowledge and capabilities. This helps to guarantee a satisfactory workforce at all times which is ready to meet any learning challenge. HR should give their students the transferrable capabilities on which they can fabricate their prospect in educational fields and in the job market (Wattimena, 2008).

The excellent HR should be maintained by the brilliance of students. Therefore, midwifery education is related to the appropriate selection system of students' intake. The selection system of students' intake is required to guarantee that the students can go after the education course and to augment the educational achievements. This includes the requirement to consider the options of a student selection system in association with the fundamental organizational change, a requirement to include all directorial stakeholders in the education selection method, the foundation of positive associations between students and teachers, and a demand to guarantee that the students obtain rationally accurate preparation before entering advanced education (Thompson, 2002).

Cheng's research determined the education quality markers for the resource-input. This included more competent staff recruited, high-quality student intake, improved facilities and utensils, enhanced staff-students percentage, and more economic support. Moreover, the substantial facilities involved the design of the classrooms, illumination in the classrooms, the manifestation of the campus buildings, the calm of the classrooms, and lastly the precision and hygiene of the campus. Access to services involved the ease of access to the parking service, computer concerns and study room facility. The physical services is not the only help-students' activity but it is the vital determinant of eminence in higher education. It is capable to designate the abilities and the value offered by the facility-based institution. It also affects the in general students' service quality. This is for the reason that students will connect different tangible elements with the facilities provided by the advanced education institution (Cheng, 2003).

## Process

Process is one of determinant excellence in education and a structure of education process indicators is needed to offer descriptions of educational opportunity, to check reform, and to clarify student outputs. Process indicators can elaborate the teaching features and education as an association with education accomplishment. Teaching-learning process is the most effective process indicators. A number of the process variables involve the knowledge opportunities, prearranged teaching, mutual planning and evaluative ideas of higher education. Additionally, midwifery lecturers must learn about proper preparation for education, learning how adults learn, learning how to expand suitable plan for knowledge (curriculum), and rising proficiency in a variety of teaching techniques for both assumption and clinical practice (Joseph, Yakhout and Stone, 2005).

Clinical midwives are required to be qualified to facilitate the allocation of hypothetical learning into experimental practice, and teachers are required to re-learn the knowledge of being a clinical midwife. Cases imitation approaches to think hard, thoughtful practice and skilled midwife decision standards can be utilized as a learning method to increase medical skills and analysis as well as a method to obtain a skilled scientific knowledge for student midwife. The utilization of learning strategies with examination, indirect wisdom, and trial and error might activate anxiety for student midwives. Another research elaborated that knowledge by doing is the most valuable education experience and students are more contented if they got the probability to employ with a midwife who practiced the values of midwifery (Fraser 2000).

The Nursing and Midwifery Council declared that there are professional demands for abiding professional growth. Nonetheless, there is a difference between personal and organizational aims. The "Charity Paradigm" is exhibited as an outcome of major issues within an organization. It aids the adverse perceptions of people about stakeholders' help of continuing professional growth. It is recommended that there is a requirement for collaborative approaches to structure development in order to meet both individual and organizational demands. This is also supported in order to attain life-long knowledge and transformational knowledge within an organization (Smith, et al, 2008, pp.298-315).



Evaluation structure is needed to assess widespread learning process. This involved the students' performance, establish training and learning process and workshop effectiveness, guarantee the entire charity and research knowledge, and student contentment. There are no methods which are suitable for assessing experimental capabilities. A multi-method incentive for quantifiable competence evaluation for midwifery is required if the researchers need to know about the assessment regarding the complex repertoire of knowledge, abilities and approaches that are required for competent practice (Fullerton and Thompson, 2005).

### Output

Obstetric care is well thought-out as askill that is dependent on custom, common sense, and women-centered method, in which each woman intends to have midwifery care that is secure and vigorous. When interference is compulsory as a suggestion to keep the life of baby, mother, or both, then the functions should be based on the best confirmation from diverse sources directing to the most effectual selection. A harmless practitioner should have the suitable learning background or gratitude in terms of the provisions, utilize the latest knowledge in performance, and have professionalism (Schytt and Waldenström, 2013, pp.102-109).

Moreover, midwives are anticipated to have quality skills when offering services to their patients. Consequently, midwives should have the capability to analyse, determine, monitor, handle emotions in order to take the best decisions, solve issues and converse with others more effortlessly. The soft skills and capabilities are significant factors in evaluating the success of a person. The best soft skills are elaborated as intrapersonal and they are fundamental to build an individual to become successful in the workplace. It involves capabilities and skills related to communication, collaboration, leadership skills, initiative, supervision, self-reflection, preparation and organization, arrangement skills, and capacity in problem solving (Cheng, 2003).

### Research Significance

The research findings demonstrate the existing midwife capabilities and midwife facilities and expectancies from the providers, stakeholders, and users of midwife services in 12 provinces in Indonesia. These findings would appear as the consideration for the directors of midwifery education in enhancing education maintenance, and to devise policy concerning the midwifery profession. Purposive sampling approach with qualitative research was not feasible to signify all the respondents in Indonesia. But this enabled to explore and recognize the expectations of providers, stakeholders, and midwife service users and the analysis of the relationship of the information was conducted along with the member-check (D'Ambruso Abbey and Hussein, 2005).

### CONCLUSION

These findings elaborate that the significance of education plays a vital role in assembling midwife graduates to be capable to aid. So, there ought to be development in the educational sector and this demands a curriculum that can link educational process to the requirements of the working world.

### Ethical approval and conflict of interest

Current manuscript represents valid work; neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere. In the health research ethics, the research is approved by the ethical committee of Universitas Padjajaran, Bandung, Indonesia with number 396/UN6.C2.1.2/KEPK/PN/2013. During field research, the research aim was clearly disseminated, allowing all participants to know the research intentions and its scope.

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### Author contributions

Authors have substantially contributed in design, acquisition of data, analysis and data interpretation. All authors in this research have directly participated in the planning, execution, or analysis of this study, all authors of this paper have read and approved the final version submitted. My institute Bina Husada Midwifery Academy, Tangerang, is fully aware of this submission.

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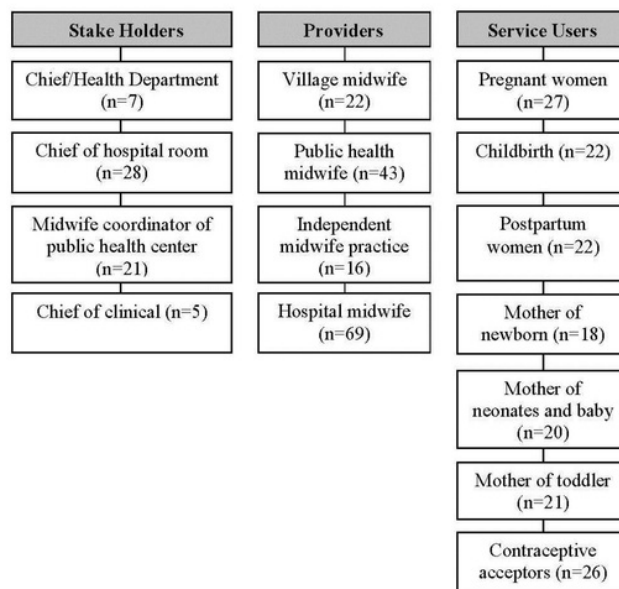


**Table 1. Distribution of participants characteristics**

	Characteristics	Amount	Percentage
1. Age			
	≤20 years	7	1.9
	>20-30 years	184	50.1
	>30-40 years	104	28.3
	>40-50 years	48	13.1
	>50-59 years	20	5.4
	≥ 60 years	4	1.1
2. Education			
	Primary School	21	5.7
	Secondary School	53	14.4
	High School	66	18.0
	Diploma	192	52.3
	Bachelor Degree	20	5.4
	Master Degree	15	4.1
3. Occupation			
	Chief/Health Dept.	7	1.9
	Chief of hospital room	28	7.6
	Midwife coordinator of public health center	21	5.7
	Chief of clinical Department	5	1.4
	Village midwife/village maternity post	22	6.0
	Public health midwife	43	11.7
	Independent practising midwife	16	4.4
	Hospital midwife	69	18.8
	Housewife	123	33.5
	Labor	8	2.2
	Private Employee	17	4.6
	Self Employed	4	1.1
	Civil Servant	4	1.1

**Table 2. Key topics of in-depth interviews guide**

Group	Topic
1. Stakeholders	- Current midwife competencies - Expectation linked to midwifery education in the future
2. Provider	- Current midwife competencies - Expectation linked to midwifery education in the future
3. Users of midwife services	- Current midwife competencies - Expectation linked to midwifery education in the future

**Figure 2. Sample outline of study**

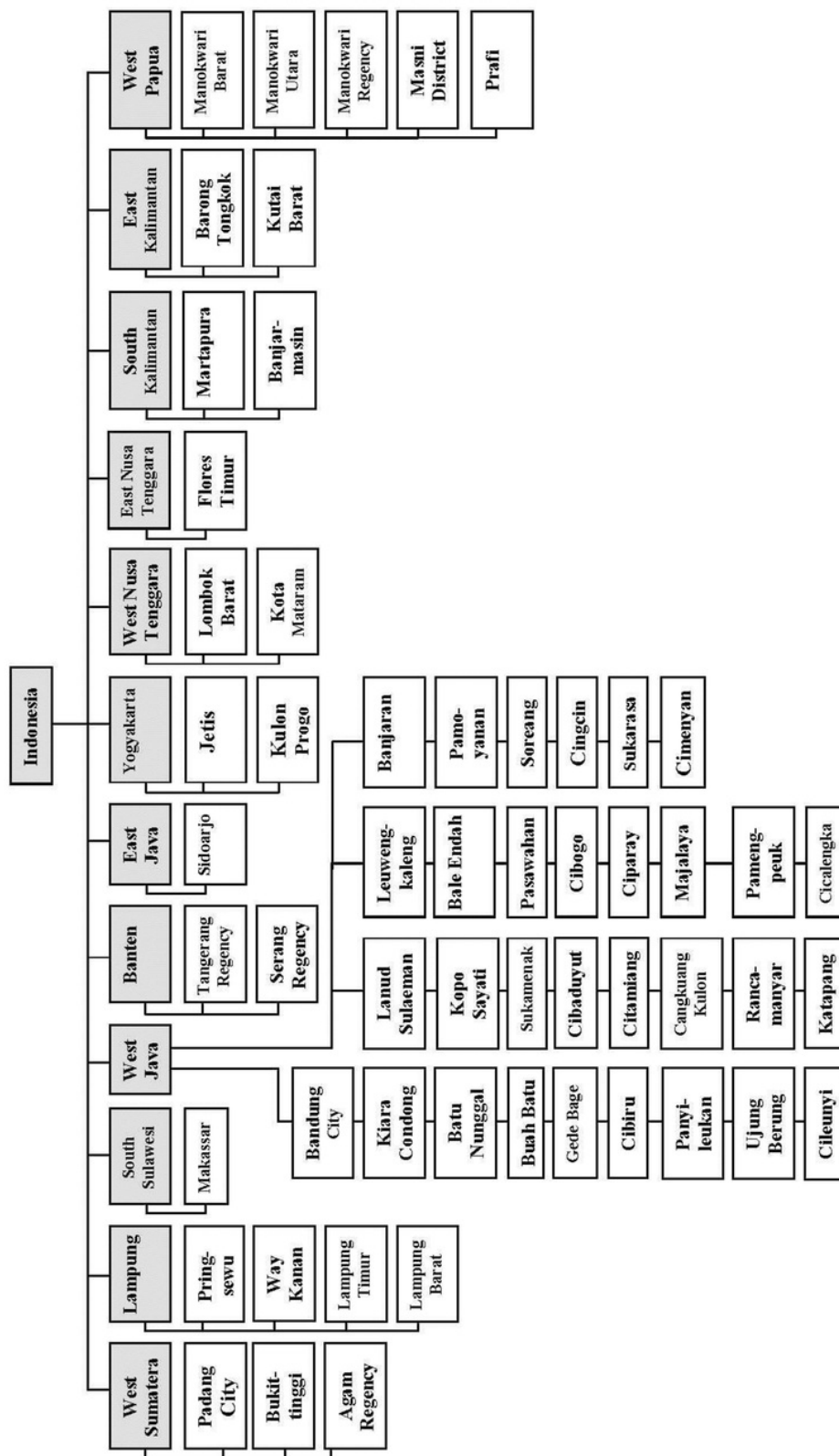


Figure 1. Research Locations

# EXPECTATIONS AND PROSPECTS REGARDING THE MIDWIFE SERVICES IN INDONESIA

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