

ABSTRAK

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Faktor-faktor yang Berhubungan dengan Kinerja Bidan Desa dalam Penatalaksanaan Kurang Energi Kronis (KEK) pada Ibu Hamil di Kabupaten Semarang

xv + 93 + 30 tabel + 4 daftar gambar + 9 lampiran

Kurang Energi Kronis (KEK) pada ibu hamil mengakibatkan pertumbuhan janin terganggu, keguguran, bayi lahir mati, kematian neonatal, cacat bawaan, anemia pada bayi, asfiksia intra partum dan Berat Badan Lahir Rendah (BBLR). Di Kabupaten Semarang, ibu hamil dengan KEK mengalami kenaikan dari 8,50% pada tahun 2011 menjadi 9,90% pada tahun 2012. Penatalaksanaan KEK oleh bidan desa masih kurang terutama dalam hal penimbangan berat badan, pemeriksaan kadar hemoglobin dan pemberian PMT yang tidak merata.

Tujuan penelitian ini adalah untuk mengetahui faktor-faktor yang berhubungan dengan kinerja bidan desa dalam penatalaksanaan KEK pada ibu hamil di Kabupaten Semarang. Penelitian ini merupakan penelitian observasional analitik dengan pendekatan *cross sectional*. Subjek penelitian ini adalah 70 bidan desa di Kabupaten Semarang. Pengumpulan data dilakukan dengan wawancara menggunakan kuesioner terstruktur dan observasi Buku KIA. Analisis statistik yang digunakan adalah uji *Rank Spearman* dan regresi logistik.

Hasil penelitian menunjukkan bahwa kinerja responden sebagian besar (51,4%) dalam kategori baik. Motivasi kerja responden kategori kurang sebesar 54,3 %. Sikap responden dalam kategori mendukung penatalaksanaan KEK ibu hamil sebesar 55,7%. Persepsi responden terhadap kepemimpinan Kepala Puskesmas dalam kategori baik 55,7%. Persepsi responden terhadap kompensasi dalam kategori kurang sebesar 57,1%. Persepsi responden terhadap supervisi Bidan Koordinator dalam kategori baik sebesar 54,3%. Beban kerja responden dalam kategori berat sebesar 55,7% dan pengalaman responden dalam penatalaksanaan KEK ibu hamil dalam kategori cukup pada 61,4%. Ada hubungan antara motivasi, sikap, persepsi terhadap kepemimpinan, persepsi terhadap kompensasi, persepsi terhadap supervisi, beban kerja dan pengalaman dengan kinerja bidan desa dalam penatalaksanaan KEK pada ibu hamil. Faktor yang paling kuat berhubungan dengan kinerja bidan desa dalam penatalaksanaan KEK pada ibu hamil adalah beban kerja ($\text{Exp (B)}=67,818$). Faktor yang berhubungan dengan kinerja bidan desa dalam penatalaksanaan KEK pada ibu hamil adalah motivasi, sikap, persepsi terhadap kepemimpinan, persepsi terhadap kompensasi, persepsi terhadap supervisi, beban kerja dan pengalaman, yang berhubungan paling kuat adalah beban kerja. Saran dilakukan revisi Buku KIA dan pelibatan TOGA/TOMA untuk menjaring temuan masalah gizi dan masyarakat sadar gizi.

Kata kunci : Kurang Energi Kronis, Kinerja, Beban Kerja
Kepustakaan : 53, 1996 – 2012

ABSTRACT

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Factors Associated to the Performance of Village Midwives in the Management of Chronic Energy Deficiency (CED) on Pregnant Women in Semarang District

xv + 93 + 30 tables + 4 figures + 9 enclosures

Chronic energy deficiency (KEK) on pregnant women caused fetus growth disorder, abortion, still birth, neonatal death, congenital defect, neonatal anemia, intra partum asphyxia, and low birth weight (BBLR). In Semarang district, proportion of pregnant women with KEK increased from 8.50% in 2011 to 9.90% in 2012. Management of KEK by village midwives was still inadequate especially in measuring body weight, hemoglobin concentration. Supply of food supplement was still inadequate.

Objective of this study was to identify factors related to work performance of village midwives in the management of KEK on pregnant women in Semarang district. This was an observational-analytical study with cross sectional approach. Study subjects were 70 village midwives in Semarang district. Data collection was conducted through interview guided by structured questionnaire and observation of KIA book. Rank Spearman test and logistic regression were applied in the statistical analysis.

Results of the study showed that work performance of the respondents was in a good category (51.4%). Work motivation of the respondents was inadequate (54.3%). Attitude of respondents towards the management of pregnant women with KEK was supportive (55.7%). Respondents' perception on leadership of the head of primary healthcare center (puskesmas) was in a good category (55.7%). Respondents' perception on compensation was in the insufficient category (57.1%). Respondents' perception on supervision of coordinator midwives was in a good category (54.3%). Work load of the respondents was in the heavy category (55.7%), and respondents' experience in the management of pregnant women with KEK was in the fair category (61.4%). There were associations between motivation, attitude, perception towards leaderships, perception towards compensation, perception towards supervision, work load, experience, and work performance of midwives in the management of pregnant women with KEK. The strongest factor related to work performance of village midwives in the management of pregnant women with KEK was work load ($\text{Exp (B)} = 67/818$). Factors associated with the work performance of village midwives in the management of, pregnant women with KEK were motivation; attitude; perception on leaderships, compensation, supervision, workload, and experience. Suggestions given were to revise KIA book and involving TOGA/TOMA to find nutrition problems and nutrition aware community.

Key words : chronic energy deficiency, work performance, workload

Bibliography : 53, 1996-2012