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Kajian Kemitraan Bidan di Desa dan Dukun Bayi di Kabupaten Katingan Tahun 2008 = Study of Partnership Between Village Midwives and Traditional Birth Attendants (TBAs) in Katingan Region, 2008

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Abstrak

Pemanfaatnn jasa dukun bayi untuk menanpni kehamilan dan pelsalinan merupakan salah satu faktor penghambat upaya peningkazan akses pelayanan KIA melalui penempaum bidan di desa. Oleh karma itu perm promosi kcsehatan melalui pendekatan kemitraan bidan di desa dan dukun bayi menjadi sangat panting. Upaya kemitraan telah dilaksanakan di Kabupaten Katingan namun belum pemah dilakukan penelitian yang bertujuan untuk mempemleh informasi yang mendalam mengenai kemitraan bidan di desa dan dukun bayi di Kabupatcn Katingan, hal internal dan ckstemal apa saja yang berkaitan, sem mengidentifikasi hal-hal yang mendukung dan menghambat bemjalannya kemitman.

Penelitian dilakukan di enam dcsa di Riga kecamatan di Kabupaten Katingan Propinsi Kalimantan Tcngah yang telah melaksanakan upaya kemitraan, menggunakxm pendekatan kualitatif bemdesain RAP, dengan cara wawancara mendalam dan diskusi kelompok terarah. Infonnan penelitian adalah bidan di desa yang bemnitra, bidan kooxdinator, kepala Puskesmas, pengelola KIA Dinkcs Kntingan, Ketua [BI Katingan, dukun bayi yang bennilra dan anggota masyarakat (tokoh masyarakat dan kader posyandu).

Hasil penclitian menunjukkan bahwa dilihat dari tahap kerjasama dan pembagian perannya, kemitraan bidan di desa dan dukun bayi di Kabupatzn Katingan ada yang sudah baik dan ada yang masih kurang, scrta memiliki kecenderungan hubungan deugan persepsi dukun bayi terhadap manfaat dan hambatan kemitraan, sikap bidan di desa dan duinm bayi daiam bermitra, motivasi dukun bayi, scrta pendekatan personal bidan di dcsa kepada dukun bayi. Pendukung kemitraan bidan di desa dan dukun bayi antara lain persepsi dukun bayi bahwa kemitraan memberikan rasa aman, sikap positif antara bidan dan duknn bayi, kebutuhanakmlrasaanmnyangmemotivasidukunbaydunmkbermiumserta intensitas komunikasi interpersonal bidan dan dukun bayi yang [ebih sexing dan lebih baik. Penghambat kemitraan antara lain pexsepsi dukun bayi yang kelim tentang manfaat kemitraan, keluarga tidak sctuju dukun bayi memanggil bidan di desa kamna alasan biaya dan ada! istiadat, proses persalinan yang terlalu ocpat, sikap negatif antara bidan dan dukun bayi, kebutuhan aktualisasi diri dukun bayi, intcnsitas komunikasi bidan-dukun yang kutang baik, bclum meratanya tenaga bidandi seluruh desa, serza pcndekatan seoara koe1sif7ancaman bidan di desa untuk mengubah perilaku dukun bayi. Masih di temukan mgenerasi dukun bayi dan kcbiaseum langsung memandikan bayi baru lahir, baik olch kcluarga, dukun bayi dan bidan di desa.

Dengan demikian perlu dilakukan strategi pemctataan bidan di desa melalui insentif dan supervisi yang ketat khususnya di daerah terpencil, upaya pembinaan kcmitraan yang betkesinambungan, pclatihan komunikasi interpersonal bagi bidan di desa, sosialimi Iamkesnas untuk meaingkatkan persalinan dengan bidan di desa, melibatkan tokoh adat, tokoh masyarakat, dan tokoh agama dalam pembinaan kemitraan, menetapkan sistem

pembagian pembayamn antara bidan di desa dan dukun bayi dcngan dana bergulir khususnya bagi kcluarga mislcin, menetapkan pcrtemuan rutin antara bidan di desa dan dukun bayi untuk mengetahui perkembangan kemitraan, Iebih pmaktif dan intcns melakukan pendekatan personal untuk mengubah persepsi dukun bayi tentang perannya saat ANC, persalinan, setelah bayi {ahh' dan nifas, sorta melakukan penyuluhan kepada masyarakat tcntang pencegahan hipotermia dengan menunda memandikan bayi bam Iahir.
<hr><i>Utilization of the Traditional Birth Attendants ('T`BAs] to handle pregnancy and childbirth is one of the factors which barricade etforts to increase access to maternal and health services through the placement of midwives in the villages. Therefore, the role of health promotion through partnership approach is very important. It has been undertaken in Katingan Region, but research to obtain infomation about how depth is partnership between village michvives and TBA in Katingan, to know related internal and external things, and to identify things that support and hinder the flow of partnership has never done.

Research was conducted in six villages in three Katingan subdistricts in Central Kalimantan Province, which have been in partnership effort. use qualitative approach and RAP design, with depth interviews and focus group discussions methods to obtain data. Research informants are village midwives who have partnership with TBA, the midwife coordinators, head of public health centers, managers of ruatemal and child health programme of health district in Katingan, chairman of IBI Katiugan, TBAs who have partnership with village midwive, and member ofthe communities (community leaders and or Posyandu cadres).

Base on partnership stage and role division, results of research shows that there have been good and less partnership between villages midwives and TBAS in Katingan. It is likely related to 'l'BA?s benefits dan barrier perceptions, attitudes between village midwives and the TBA, TBA?s motivation, and midwives personal approach to the TBAS. 'l'BA?s perception that partnership will give her a safe labor, positive attitudes to each other, TBA?s safety feeling that motivate her to have partnership, and the intensity of interpersonal communication between midwives and TBA which are more olien beside better quality, support the partnership. Wrong TBA?s perception about the benefits of partnership, the lixrnily who do not agree to pick the midwive up because of costs and custom reasons, immediately labor process, negative attitudes and less communication intensity to each other, TBA seltl actualization needs, villages without midwive, coersive approach to change TBA?s behaviour, hind the partnership. 'l'BAs regeneration and the practice of bathe the new hom are still found.

Thus, some efforts and strategies like giving more incentives and strict supervision esspesially to village midwife in remote area, sustainable partnership programme, midwives interpersonal communication training, increasing Jamkesmas socialization, involving traditional leaders, community leaders, and religious lwders in partnership activities, setting a payment sharing system to village midwife and TBA i.e revolving iimd system mpecially to poor family, setting a regular meetings between midwives and 'I'BAs to talk about partnership, more proactive and intensely do personal approach to TBA to change her perception about her roles in antenatal care, labor process, and post natal, and develop community education about hypotermia prevention by delay a new born baths, all need to be done.</i>