

CHAPTER 1 INTRODUCTION



1.1 Background

Indonesia is an archipelago consists of five major islands and 13,677 small islands. The five major islands are Sumatra, Kalimantan, Sulawesi, Java and Irian. Central Sulawesi is a province located at one of the five major islands.

Central Sulawesi province consists of 5 districts and District of Donggala is one of the 5 districts. The total area of Central Sulawesi is 63,689.2 square kilometers where the District of Donggala has 15,553 square kilometers.

The average temperature in District of Donggala is between 20^o - 30^o Celsius in upland plain areas and between 25^o - 31^o Celsius in lowland plain areas with the air average relative humidity between 68 % and 81%.

The total population of the District of Donggala in 1996 was 664,488 people with a density of 55 person per square kilometers and the annual growth rate of the year 1996 was 2.67 %.

According to the ten leading causes of morbidity, Acute Respiratory Infections is still dominate morbidity pattern in District of Donggala accounting 19.6 % of total person infected specially among the children under 1 year age. Another most common diseases are Malaria and Diarrhoea accounting 8.1 % and 7.2 % respectively (Table 1.1).

Table 1.1 Ten Leading Causes of Morbidity in District of Donggala in 1996

No	Name of Diseases	Number of people infected	Disease rate (%)
1	2	3	4
1	Acute Respiratory Infection	35,711	19.6
2	Malaria	14,748	8.1
3	Diarrhoea	13,201	7.2
4	Gastritis	12,835	7.0
5	Other respiratory system disorder	12,330	6.8
6	Nervous system disorder	9,781	5.4
7	Accidents/injuries	7,978	4.4
8	Dermatitis/skin diseases	6,262	3.4
9	Anemia	6,194	3.4
10	Conjunctivities/Eye diseases	5,887	3.2
11	Others	63,281	34.7
Total		182,321	100.0

The health status of the population in Central Sulawesi province especially in District of Donggala is regarded low compared with other provinces in Indonesia. On the basis of 1990 intercensal population survey, the Infant Mortality Rate in Central Sulawesi province is still considerably high compared with other provinces in Indonesia. The Infant Mortality Rate in 1995 is 105 per 1,000 live births. Infectious diseases are still the major cause of infant death and still a public health problem in Indonesia.

As a developing country, Indonesia has been carrying efforts to provide a wider opportunity for every citizen to attain an optimal state of health. Among many policies, *primary health care* approach is still recognized as an alternative approach in reducing infant, child and maternal mortality. However, the type, coverage and quality of services has not been able to

satisfy the demand of the community due to inadequate personnel and other resources.

In the Primary Health Care approach, a midwife is the main health personnel for delivering the health services Maternal and Child Health care program at the village level. Through this approach, a midwife is expected to be able to improve health care system by reaching large number of population especially with regards to maternal care in rural area at low cost.

One midwife is posted in every village. The goal is to provide rural villages with immediate access of health service by the trained health personnel. The midwives are expected to live as near as possible to pregnant or delivery women in order to enable her to carry out rapid intervention and to organize referral if necessary. The main functions of midwives are to provide prenatal care, or supervision of the pregnancy, and then assist the mother to give birth. They manage the birth, and guard the women and her newborn in the postpartum period.

Midwife is a person who has successfully completed the prescribed course in midwifery and who is able to give the necessary supervision, care and advice to women during pregnancy, labor and the postpartum period, to conduct deliveries alone and to care for the new born and the infant.

The midwives encourage and monitor the women throughout their labor with technique to improve the labor and birth, reassurance, positive imaging and suggestions to change positions and walk helps labors progress.

In effort to increase the coverage and quality of health care services in rural areas, Indonesia pays a particular attention to produce and posting midwives in the sub-district or village level. A roughly total of 18,000 midwives are expected to be posted in the village level in the period of 1988-1993.

The recruitment of midwives in the sub-district or village level is expected to be able to minimize the gap between the demand and the provision of health services. The midwives are expected to be able to improve the quality of health care, especially the maternal and child health care.

However, the coverage and quality of services has not been able to satisfy the demand of the community due to inadequate personnel of midwives. That is why the government still requires the midwives by a contract system to serve the health care for people in rural and slum areas.

Considering that the country is considerably large, the recruitment of midwife in every sub-district could be considered very costly. There is no publication available in regard to the evaluation of utilization and the impact of appointing the contracted midwives in Indonesia. Among other reasons, this may be because the research is considered new and hence the evaluation has not been undertaken. Therefore, this research is directed toward the evaluation of the effect of appointing the contracted midwives on the coverage and quality of primary health care services, with special reference to the District of Donggala, Central Sulawesi.

1.2 The Problem of Statement

Since 5 years ago, the government of Indonesia has enacted laws and applied the zero growth policy in term of appointing a new civil servant. The policy was aimed to limit and maintain the number of available civil servants in order to simplify the control and the development of human resources by improving the effectiveness of their performances.

Ministry of Public Health as a government institution, of course, has to obey the policy and follow the regulation as well. Yet, it is realized that the

needs of health personnel, especially the midwives, are still required to serve the health care for people in rural and slum areas. With regard to that, then Ministry of Public Health established a particular policy to appoint midwives as temporary health personnel based on contracting system within 3 years. Average salary of the contracted midwives is about 2-3 times than that of the civil servant.

After the expiry of contract, they have two choices such as; they would still be allowed to renew the contract for the next 3 years or making an application to become a new civil servant by prior taking a New Civil Servant Examination. Because of the limited budget of government, only a small number of them will be appointed as civil servant midwives. The rest of them can continue their contract for the next three years.

If they made a renewal contract, so they could not take the exam later and they would never be able to become a new civil servant. After the expiry of the last contract, the government will encourage them to continue their work as private practitioners.

Based on the above mentioned, it is necessary to conduct a research for going over the effects of the government policy in contracting the midwives on the effectiveness of health outcomes, compared with that of the civil servant midwives.

This research attempts to analyze whether the policy of contracting midwives at the sub-district and village level can effectively address the public health problem of increasing the coverage of maternal health care in the District of Donggala. The analysis could provide an opportunity to improve the current health policies; especially those, which are directed to the maternal, care program and the health manpower development.

1.3 Objectives of the Study

A. General Objective

To analyze the effectiveness of Government Policy in Contracting Midwives at Health Centers in District of Donggala, Central Sulawesi-Indonesia.

B. Specific Objectives

- 1). To analyze how the effectiveness of the contracted midwives of the Maternal and Child Health care program.
- 2). To calculate the cost per activity of midwives with regard to the effectiveness of Maternal and Child Health care program.
- 3). To identify the difference between the cost of supplying contracted midwives and civil servant midwives.

1.4 Possible Benefits of the Study

This study could be of some practical use as it can introduce ideas and information to policy makers of Ministry of Health, managers of Maternal and Child Health care program and managers of Human Resources Development Division of Ministry of Health to refer and operate more studies in order to apply the result of research into their works.