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Analysis of the Relationship of the Characteristics, Knowledge And Attitude of the Midwife With Completion of Partograph Filling in Normal Delivery Care

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ABSTRACT

Partograph used for early detection of problems and complications in childbirth. Results of preliminary study through interviews obtained 80% of midwives who apply partograf, midwives who apply 30% for claiming the cost of labor by social asurance filling properly, 20% apply partograf by in complete filling, 30% apply partograf but filling is wrong, and 20% is not filling the partograf. The population is all midwives in health centers totaled 84 Padangmatinggi midwife, sampling technique was total population. The data was collected by using a validated questionnaire, secondary data from public health center, partograf sheet documenting data of health centers of Padangmatinggi. Analysis of the data through univariate analysis and a bivariate analysis using Chi-square test and logistic regression. There is correlation between work period (p=0.008;RP=1,504), employee status (p=0.013;RP=1,487), knowledge (p = 0.000;RP = 5.667), attitude (p = 0.000;RP=1,487)0.000; RP = 7.222) with a completeness filling of partograf in normal delivery care. Attitude (p=0.001;RP=67.019) was the variable most strongly correlation.

Keywords:

Characteristics, knowledge and attitudes of midwives, partograf.

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1. INTRODUCTION

The partograph should be used in all deliveries in the active phase of the first stage carried out anywhere [1] but in fact the latest data 2017 obtained from WHO on the use of partographs were studied in three countries namely Ecuador, Jamaica and Rwanda stated that only 57.7% of health workers (doctors, midwives and nurses) performed delivery assistance by filling out partographs, and from this figure the midwife received a proportion of 34.1%. Research conducted in Nigeria 2018 by Fowole stated that only 32.3% of midwives used partographs during delivery assistance.

Results of preliminary studies through interviews that have been conducted of 10 midwives at the Padangmatinggi Public Health Center on March 13, 2022, it was found that 80% of midwives applied partographs in normal delivery care, of midwives who applied partographs 30% of midwives applied partographs for claiming labor costs (BPJS) the filling was correct, 20% of midwives applied partographs by filling which is incomplete, 30% of midwives apply the partograph but it is filled out incorrectly, and 20% of the midwives do not apply the partograph at all on the grounds that they have forgotten how to fill in the partograph and feel that they do not need to apply the partograph. The number of normal deliveries assisted at the Padangmatinggi Public Health Center was 65 deliveries from August 2021 to February 2022, from the number of deliveries assisted by 60 deliveries of BPJS patients (Social Security Administering Body), 5 deliveries of general patients, with complete partograph documentation, 35 BPJS patients filled partographs correctly, 25 BPJS patients filled partographs incompletely and general patients) did not fill in partographs.

Based on background in above, the author is interested to conduct research on the analysis of the relationship between characteristics, knowledge and attitudes midwives with completeness of filling out partographs in normal delivery care at Padangsidimpuan Padangsidimpuan Public Health Center in 2022. Formulation of the problem Less than optimal completion of partograph filling in normal delivery care by midwives at Padangsidimpuan P Padangmatinggi Public Health Center. Research purposes to analyze the relationship between the characteristics, knowledge and attitudes of midwives with the completeness of filling out partographs in normal delivery care at the Padangmatinggi Public Health Center. Benefits of research: For midwives at the Padangmatinggi Public Health Center as input in the application of the use of partographs in care delivery to improve the quality of midwifery services Padangsidimpuan Health Office, it is hoped that it can be an input to further improve health service programs in the work area of the Health Office Padangsidimpuan especially in the application or use of partographs in every Normal Delivery Care by birth attendants, especially midwives at the Padangmatinggi Public Health Center. For further researchers as a source of information in conducting research related to the application of partographs in normal delivery care.

2. METHOD

The type of research used is an analytic survey using a cross sectional approach . Study this carried out at the Padangmatinggi Public Health Center on March 29 2022. Population in study this is All midwives at the Padangmatinggi Health Center totaled 84 midwives, with technique taking sample is the total population . Data collection is carried out with use questionnaire that has been validated , secondary data from documentation sheet partograph Public health center Padangmatinggi . Data analysis is analysis univariate t, analysis bivariate with Chisquare test and multivariate analysis with logistic regression.

3. RESULTS AND DISCUSSION

3.1. Results

3.1.1. Characteristics of Midwives (Age, Term of Service, Employee Status, and Training) at the Padangmatinggi Public Health Center

The results showed that the majority of midwives were at the age of 20-35 years, namely 50 respondents (59.5%), working years >5 years 49 respondents (58.3%), and non-civil servant status, namely 46 respondents (54.8%). and never had training for 78 respondents (7.1%).

Table 1. Frequency Distribution of Midwife Characteristics (age, years of service, employee status, and training)

Characteristics Midwife	Category	n	%
Age	20-35 years old	50	59.5
	>35 years old	34	40.5
time	1-5 years	35	41.7
Work	>5 years	49	58.3
Status	civil servant	38	45.2
Employee	Non civil servant	46	54.8
Training	Never	78	92.9
	Once	6	7.1

3.1.2. Midwives' knowledge of partographs at the Padangmatinggi Public Health Center

The results showed that 54 respondents (64.3%) had poor knowledge of midwives and 30 respondents (35.7%) had good knowledge.

Table 2. Frequency Distribution of Midwives Knowledge of Partographs

Knowledge	N	%
Not enough	54	64.3
Well	30	35.7
Total	84	100

3.1.3. Midwives' Attitudes about Partographs at Padangmatinggi Public Health Center

The results showed that 54 respondents (64.3%) had a negative attitude and 30 respondents (35.7%) had a positive attitude.

Table 3. Frequency Distribution of Midwives' Attitudes about Filling in Partographs

Table 5. Frequency Distribution of What wives	Attitudes about Fill	ing in rartographs
Attitude	N	%
Negative	54	64.3
Positive	30	35.7
Total	84	100

3.1.4. Partograph Filling Equipment

The results showed that 56 respondents (66.7%) filled out the incomplete partograph, and 28 respondents (33.3%) filled out the partograph completely.

Table 4. Frequency Distribution of Complete Partograph Filling

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Partograph Filling Equipment	n	%
Less complete	56	66.7
Complete	28	33.3
Total	84	100

3.2. Discussion

3.2.1. The relationship between the age of the midwife and the completeness of filling out the partograph in normal delivery care

The results of the analysis showed that there were 37 (74.0 %) of 50 midwives aged 20-35 years who filled out incomplete partographs and 19 (55.9 %) of 34 midwives aged >35 years filled out incomplete partographs. Bivariate statistics show that there is no significant relationship between the age of the midwife and the completeness of filling out the partograph in normal delivery care with p value = 0.084. The work demands of midwives in fulfilling their professional functions and responsibilities are not determined by the age factor but rather based on their professional competence. Monitoring labor through the application of partographs in labor is the fourth competency of midwives [6]. Midwife competencies are abilities and characteristics that are based on knowledge, skills and behavioral attitudes that a midwife must possess in carrying out midwifery practice in various health settings, safely and responsibly in accordance with standards [4].

Table 5. Connection Between Age Midwife with Completeness Charging Partograph In Care Normal Delivery

Age (yr)	Partograph Fil	ment	_	Т	otal	p Nilai	RP 95%	
	Not Complete		Leng hood		10	лаі	value	CI
	n	%	N	%	n	%		
								1.324
20-35	37	74.0	13	26.0	50	100	0.08	0.942-
<u>></u> 35	19	55.9	15	44.1	34	100		1.862

3.2.2. Connection hope work b idan with k completeness artograph p filling in nature care normal delivery

The results of the analysis showed that there were $29 ext{ (82.9 \%)}$ of $35 ext{ midwives}$ with 1-5 years of service filling out incomplete partographs and $27 ext{ (55.1 \%)}$ of $49 ext{ midwives}$ with $>5 ext{ years}$ of service filling incomplete partographs. The results of the bivariate statistical test showed that there was a significant relationship between the period of service of the midwife and the completeness of filling out the partograph in normal delivery care with p value = 0.008 and the results of the multivariate analysis showed that there was no relationship between the period of service and the completeness of filling out the partograph with a value of p> 0.05.

The working period of midwives shows that there are still midwives who have not worked for a long time, namely non-PNS midwives (village midwives and honorary midwives) so that it will be difficult to solve the problems they are facing, experience can be used as an effort to gain knowledge by repeating the experiences that have been obtained in solving problems faced in the past. According to Azwar (2018), experience can be directly related to increasing knowledge, the more experiences one encounters in life, the more direct influence one's knowledge will have on one's knowledge.

Table 6. Connection Years of service Midwife with Completeness Charging Partograph In Care Normal Delivery

	Years of service	Partograp	Partograph Filling Equipment				4-1	p Nilai	DD
	(yr)	Incomplete		Complete	— I otal		Total		RP 95% CI
		n	%	n	%	n	%	value	95% CI
									1,504
1-5		29	82.9	6	17.1	35	100	0.008	1,120-
> 5		27	55.1	22	44.9	49	100		2,018

3.2.3. Employee status relationship b idan with k completeness artograph p filling in nature care normal delivery $_$

The results of the research at the Padangmatinggi Public Health Center showed that 36 (78.3 %) of 46 midwives with non-civil servant status filled out incomplete partographs and 20 (52.6 %) of 38 midwives with civil Int Jou of PHE

servant status filled out incomplete partographs. From the results of statistical tests, it is known that there is a significant relationship between the status of midwife employees and the completeness of filling out partographs in normal delivery care with p value = 0.013 and the results of multivariate analysis obtained that there is no relationship between employee status and completeness of filling out partographs with p>0.05.

Based on the above, it shows that the midwife's employment status is one of the factors that motivates a person to take certain actions or actions which in doing his job Civil servant midwives are obligated fulfill working hours at the puskesmas while the village midwife only comes to the puskesmas once a month and when there is an official schedule in the delivery room. Midwifery employment status is the state/position of the midwife in relation to the environment/workplace [4].

Table 7. Connection Employee Status Midwife with Completeness Charging Partograph In Care Normal Delivery at the Health Center HIGH FIELD

	Partograp					DD		
Employee Status	Not enough Complete		Complete	_	To	otal	p Nilai value	RP 95%
	n	%	$\overline{\mathbf{N}}$	%	n	%		CI
Non civil servant	36	78.3	10	21.7	46	100		1,487
1							0.01	1.061-
civil servant	20	52.6	18	47.4	38	100		2.085

3.2.4. Training relationship b idan with k completeness artograph p filling _ in nature a suhan normal delivery

The results showed that there were 52 (66.7 %) of 78 midwives who had never been trained to fill out incomplete partographs and there were 4 (66.7 %) of 6 midwives who had training in filling out complete partographs. From the results of statistical tests, it is known that there is no relationship between midwife training and the completeness of filling out partographs in normal delivery care with p value = 1.00 and the results of multivariate analysis there is no relationship between training and completeness of partograph filling with p value> 0.05. This is probably because most of the midwives have never attended training so their knowledge does not increase which causes perceptions to remain unchanged. With training midwife could add knowledge and knowledge specifically in Partograph filling can be effective as a monitoring tool in the labor process.

Training is every effort for repair performance worker on something profession certain that are Becomes not quite enough answer, or one existing job relation with work, goals training is that the employees could dominate knowledge, skills and emphasizing behavior in training programs and for applied in activity everyday [16].

Table 8. Connection Training Midwife with Completeness Charging Partograph In Care Normal Delivery

	Partograp	quipment						
Training	Less				To	otal	p Nilai	RP
	complete		Complete				value	95% CI
	n	%	n	%	n	%		
Never								1.00
	52	66.7	26	33.3	78	100	1.00	0.556-1.799
Once	4	66.7	2	33.3	6	100		

3.2.5. Connection knowledge of midwife with completeness artograph p filling in nature care normal delivery

The results showed that there were 51 (91.1%) of the 54 midwives who had poor knowledge of filling out incomplete partographs and 5 (8.9%) of 30 midwives who had good knowledge of filling incomplete partographs . From the results of statistical tests, it is known that there is a significant relationship between the knowledge of the midwife and the completeness of partograph filling in normal delivery care and the results of multivariate analysis show that there is a relationship between knowledge and the completeness of partograph filling with p=0.012 and RP=13.046 (95%CI; 1.755)-96.999) means that midwives with less knowledge have a 13.046 times greater chance of filling out incomplete partographs than midwives with good knowledge.

This illustrates that most midwives have less knowledge about the completeness of filling partographs in normal delivery care, this is probably due to lack of understanding in filling partographs because they have forgotten how to fill in partograph components. Knowledge has an important role in the application of the partograph, because a midwife must carry out the competence of a midwife, one of which is in the fourth competency of a midwife, namely monitoring labor through application in childbirth (Setiawan, 2018). Knowledge or cognitive domain is a very important domain in the formation of one's actions [10].

Table 9. Connection Knowledge Midwife with Completeness Charging Partograph In Care Normal Delivery

Knowledge -	Partograph l		Т	stal.	N21	DD		
Kilowieuge	Less complete	Complete		Complete Total		nai	p Nilai value	RP 95% CI
	n	%	n	%	% n %		value	95% CI
Not enough	51	94.4	3	5.6	54	100		5,667
XX7 11							0.00	2,539-
Well	5	16.7	25	83.3	30	100		12,646

3.2.6. Midwife attitude relationship with k completeness artograph p filling in nature care normal delivery

The results showed that there were 52 (96.3%) of the 54 midwives who had a negative attitude in filling out the incomplete partograph and 4 (13.3%) of the 30 midwives had a positive attitude in filling out the incomplete partograph. From the results of statistical tests, it is known that there is a significant relationship between the attitude of the midwife and the completeness of filling out the partograph in normal delivery care and the results of the multivariate analysis the value of the attitude RP is 67,019 with a p value <0.05, meaning that midwives with a negative attitude are 67.019 times more likely to fill out the partograph incomplete compared to midwives who are positive

This illustrates that most of the midwives have a negative attitude with incomplete filling of partographs because midwives feel there is no need to apply partographs and there are reasons for forgetting how to fill out partographs and are influenced by the perception of midwives who say "monitoring the progress of labor does not use partograph sheets which are important to be safe". This is because most of the midwives have never attended training, knowledge of partographs is only obtained when attending DIII midwifery education so that their knowledge does not increase and perceptions do not change. Factors that influence the achievement of attitudes include ability factors and motivational factors. Attitude or *attitude* is related to its effect and role in character building and the system of relations between groups as well as choices that are determined based on the environment and its influence on change [22].

Table 10. Connection Attitude Midwife with Completeness Charging Partograph In Care Normal Delivery

	Partogr	aph Filling F	Equipment					
Attitude	Less complete		Complete	_	Т	otal	p Nilai value	RP 95% CI
	n	%	n	%	n	%		
Negative	52	96.3	2	3.7	54	100		7,222
_							0.00	2,896-
Positive	4	13.3	26	86.7	30	35.7		18,011

3.2.7. Exp Interpretation (B)

The results of the multivariate analysis in table 4.13 show the attitude RP value is 67,019 with a p value <0.05, meaning that midwives with a negative attitude have a 67,019 times greater chance of filling out incomplete partographs compared to midwives who have a positive attitude, the knowledge RP value is 13,046 with a p <0 value. .05, which means that midwives with less knowledge have a 13.046 times greater chance of filling out incomplete partographs compared to midwives with good knowledge. Meanwhile, tenure and employee status did not give significant results (p>0.05) in the multivariate test. The attitude variable is the independent variable that has the strongest relationship with the completeness of filling out the partograph compared to other independent variables.

Table 11. Test Regression logistics

Variable free	В	SE	Wald	df	Significance	Exp (B)
Years of service	0.343	1.366	0.063	1	0.801	1,410
Employee Static	-1.068	1,380	0.599	1	0.439	0.344
Knowledge	2,568	1.024	6,296	1	0.012	13,046
Attitude	4,265	1,297	10,508	1	0.01	67.019

4. CONCLUSION

The age of the midwife was not related to the completeness of filling out the partograph in normal delivery care. The working period of the midwife is not related to the completeness of filling out partographs in normal delivery care. Employee status is not related to the completeness of filling out partographs in normal delivery care. Training is not related to the completeness of filling out partographs in normal delivery care. Knowledge of midwives is related to the completeness of filling out partographs in normal delivery care where midwives who are knowledgeable are 13,046 times the estimated risk of filling out partographs are incomplete compared to midwives who have good knowledge. The attitude of the midwife is related to the completeness of filling out the partograph in

normal delivery care where the midwife who has a negative attitude is 67,019 times the estimated risk of filling out the partograph is incomplete compared to the midwife who has a positive attitude. Attitude is the most powerful factor relate with completeness charging partograph in care normal delivery

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REFERENCES

- [1] Azwar.S, 2018, Human Attitude Theory and Its Measurement, Student Library, Yogyakarta.
- [2] Education, 2022, Big Indonesian Dictionary, Balai Pustaka, Jakarta.
- [3] Network National Training Clinic Health Reproduction ,2008, Books Reference and Guide Care Labor Normal & Initiation Breastfeeding early . Jakarta.
- [4] Ministry of Health, RI. 20 20. Number 369/Menkes/SK/III/2007, concerning Midwife Professional Standards. Jakarta
- [5] Notoatmodjo , S , 2010, Health Promotion Theory and Applications , Rineka Cipta, Jakarta
- [6] Setiawan, 201 8, Midwifery Ethics and Health Law, Trans Info Medika.
- [7] Zurnali Cut, 2019, Influence Training and Motivation To Behavior Productive Employee on PT Telkom Indonesia Long Distance Division, Tbk, Thesis, Postgraduate Program Unpad, Bandung.
- [8] Konlan, Kennedy & Kombat, Joseph & Wuffele, Gifty & Aarah-Bapuah, Millicent. (2016). Knowledge and attitudes of midwives on the use of the partogram: a study among midwives in the Tamale Metropolis. Maternal Health, Neonatology and Perinatology. 2. 10.1186/s40748-016-0030-0.
- [9] Opiah, Margaret & Ofi, Abosede & Essien, Ekere & Monjok, Emmanuel. (2012). Knowledge and Utilization of partograph among Midwives in the Niger Delta Region of Nigeria. African journal of reproductive health. 16. 125-32.
- [10] Méndez-González, Rosa & Cervera, Maria Dolores. (2002). [Comparison of normal delivery care in the hospital and traditional care systems]. Salud pública de México. 44. 129-36.
- [11] Schneckenberg, Camila & Kluthcovsky, Ana & Ditzel, Ana. (2020). Practices During Preparturition and Normal Delivery Care in a Maternity Hospital in Southern Brazil. Brazilian Archives of Biology and Technology. 63. 10.1590/1678-4324-2020190420.
- [12] Sasongko, Elsa & Putri, Cindy & Hafsah, Tisnasari. (2020). The Characteristics, Knowledge, and Attitude of Pregnant Women Regarding Early Breastfeeding Initiation on the Fourth Antenatal Care Visit. Althea Medical Journal. 7. 20-24. 10.15850/amj.v7n1.1710.
- [13] Wongtanasarasin, Wachira & SUTHAM, Krongkran & LAOSUKSRI, Wiput & Wittayachamnankul, Borwon. (2022). Health characteristics, knowledge, and attitude towards basic life support among marathon runners in Thailand: a population-based survey. The Journal of Sports Medicine and Physical Fitness. 10.23736/S0022-4707.22.13719-9.
- [14] Schneckenberg, Camila & Kluthcovsky, Ana & Ditzel, Ana. (2020). Practices During Preparturition and Normal Delivery Care in a Maternity Hospital in Southern Brazil. Brazilian Archives of Biology and Technology. 63. 10.1590/1678-4324-2020190420.
- [15] Faramarzi, Mahbobeh & Pasha, Hajar & Bakhtiari, Afsaneh. (2001). Evaluation of knowledge and attitude of pregnant women towards normal delivery (Babol, 1999).
- [16] Octarini, Tuti & Sihombing, Sarmauli. (2019). Hubungan Pengetahuan Dengan Sikap Bidan Tentang Partograf Oleh Bidan Praktek Mandiri Di Kecamatan Bengkong Kota Batam. Zona Kedokteran: Program Studi Pendidikan Dokter Universitas Batam. 7. 45-50. 10.37776/zked.√13.8.
- [17] Lutfiasari, Dessy & Mahmudah, Mahmudah. (2017). Efektifitas Penggunaan Metode Pembelajaran Simulasi Dengan Latihan Terhadap Keterampilan Pengisian Partograf Pada Mahasiswa Semester II Di Prodi Kebidanan (D-III) Universitas Kadiri Tahun 2015. Jurnal Ilmu Kesehatan. 4. 12. 10.32831/jik.v4i1.69.
- [18] Yulizawati, Yulizawati & Rismawanti, Venny. (2015). Pengaruh Model Pembelajaran Kooperatif Type STAD Terhadap Keterampilan Pengisian Partograf Mahasiswa Kebidanan. SEAJOM: The Southeast Asia Journal of Midwifery. 1. 39-42. 10.36749/seajom.v1i1.56.
- [19] Rocha, Flávia & Melo, Manuela & Medeiros, Gerusa & Pereira, Érica & Boeckmann, Lara & Dutra, Luz. (2017). Analysis Of Care To The Mother-Baby Binomial In A Center For Normal Delivery. Cogitare Enfermagem. 22. 10.5380/ce.v22i1.49228.
- [20] Hakiki, Nadhira & Faridah, Lia & Dhamayanti, Meita. (2016). Association between Mothers' Characteristics, Knowledge, Attitude, and Practice and Intestinal Helminthes Infection on Children. Althea Medical Journal. 3. 248-253. 10.15850/amj.v3n2.794.
- [21] Sayle, D. (1976). Midwifery care study: the normal delivery of a baby in hospital. Nursing times. 72. 732-5.
- [22] Suzuki, Shunji. (2014). Trend Analysis of Primary Midwife-led Delivery Care at a Japanese Perinatal Center. International journal of medical sciences. 11. 466-70. 10.7150/ijms.8204.
- [23] Wahyuningsih, Juliana. (2018). Maternal Knowledge Factor, Maternal Age and Maternal Parity Associated with Genesis of Normal Delivery at Palembang Hospital of Bari Year 2017. SRIWIJAYA JOURNAL OF MEDICINE. 1. 43-50. 10.32539/SJM.v1i1.7.
- [24] Verhelst, Delfien & Vervacke, C & Dewaele, Bieke & Denys, (2015). How does a care pathway affect the care after normal delivery CP for patients. 10.13140/RG.2.2.36566.65603.
- [25] Subriah, Subriah & Agustina, Ayu & Puspita, Erika & Rahmawati, Novi & Nurfatimah, Nurfatimah. (2021). Hubungan Paritas dengan Kejadian Rupture Perineum pada Persalinan Normal: The Relationship of Parity with the Occurrence of Perineal Rupture in Normal Delivery. Jurnal Bidan Cerdas. 3. 176-182. 10.33860/jbc.v3i4.369.
- [26] Tabrizi, Jafar & Askari, Samira & Fardiazar, Zahra & Koshavar, Hossein & Gholipour, Kamal. (2014). Service Quality of Delivered Care from the Perception of Women with Caesarean Section and Normal Delivery. Health promotion perspectives. 4. 137-43. 10.5681/hpp.2014.018.