# Performance Determinants of Village Midwives in Screening for Bad Nutrition

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### Abstract

Abstract

Introduction: Based on the village-level midwife's manual published by the Ministry of Health of the Republic of Indonesia in 2003, one of the objectives of empowering village midwives is to reduce the number of children under five with malnutrition and diarrhea, so that the role of village midwives in conducting screening for malnutrition is very important. This study aims to determine the factors that influence the performance of village midwives in screening for malnutrition in Bangkalan Regency. Methods: This study is an analytical study with a non-experimental survey approach (observational). The population in this study were 376 village midwives in 22 Community Health centers in Bangkalan Regency. The sampling procedure was carried out with a probability sample by means of a proportionate random sampling of 331 village midwives. The independent variables of this study were midwife performance factors (knowledge, motivation, workload, leadership, incentives) and the dependent variable of this study was the village midwife's performance in screening malnutrition under five. Data collection used questionnaires and data analysis with Logistic Regression test. Results: Perceptions of the leadership of the head of the Community Health centers which are democratic have the most influence on the performance of village midwives in screening malnourished children under five. Then sequentially, the variable perceptions of incentives, motivation, knowledge, and workload affect the performance of village midwives in the selection of malnourished toddlers in Bangkalan Regency. Conclusion: In an effort to improve the performance of village midwives in screening children with malnutrition in the district. Bangkalan, good cooperation and coordination is needed between the Health Office, related professional organizations, the community, and parents or families of children under five. In particular, health workers improve in disseminating information about the health of children under five to the community, and parents or families. So that the incidence of malnutrition in children under five can be detected early for follow-up.

Keywords: Knowledge, Motivation, Workload, Leadership, Incentives, Performance of Midwives

### 1.0 INTRODUCTION

Nutrition is one of the determinants of the quality of human resources, because malnutrition will lead to failure of physical growth and development of intelligence, reduce productivity and endurance, which will increase morbidity and mortality (Ministry of Health, 2014). Efforts to improve community nutrition as stated in Law no. 36/2009 concerning health aims to improve the nutritional quality of individuals and communities, including improving food consumption patterns, improving nutrition awareness behavior, increasing access and quality of nutrition and health services in accordance with advances in science and technology. However, the reality is that there is still a lot of prevalence of malnutrition among children under five in the area which has not decreased (Kemenkes RI. 2012).

According to Gibson (1996), there are three groups of factors that can influence the incidence of malnutrition at the age of five. These factors are behavior and performance, namely individual variables (abilities and skills, background and demographics), psychological variables (perceptions, attitudes, learning and motivation) and psychological variables (resources, leadership, rewards / rewards, job structure and design). The three groups of variables influence work behavior which in turn affect personal performance. Performance-related behavior is related to work tasks that must be completed to achieve the goals of a position or task.

Data from the Bangkalan District Health Office in 2018 found that 2.39% were severely malnourished based on the TB / U index, 1.38% of children under five were severely malnourished based on the BB / U index, and 6% were severely undernourished based on the BB / TB index. This condition requires serious attention from various related parties, especially the midwife profession which is

responsible for screening the nutritional status of children under five in the community. Many factors influence

One of the efforts to overcome the nutritional problem of children under five is through the utilization of village midwives. The duties of village midwives in selecting malnourished children under five (Hasinuddin M, 2005) include; 1) checking the readiness of facilities and infrastructure needed at the posyandu, 2) verifying the results of weighing for 2T, BGM and toddlers with clinical signs, namely remeasuring anthropometry (BB / TB) and referring to WHO table 2005, 3) report to the Community Health centers if a toddler is suspected of malnutrition within  $1 \times 24$  hours, 4) carry out joint tracking of the TPG and cadres on malnourished toddlers, 5) refer to the Community Health centers or Hospital for malnutrition under five, and 6) evaluate the weighing results at the posyandu and provide counseling to cadres (Ruky AS. 2011).

### 1.1 Research Purposes

The purpose of this research on the problem of malnutrition in children under five is to determine the factors of knowledge, motivation, workload, perceptions of leadership of the head of the Community Health centers, incentives / rewards, workload on the performance of village midwives in screening for malnourished children.

### 2.0 METHODOLOGY

This study is an analytical study with a non-experimental survey approach (observational). The population in this study were 376 village midwives in 22 Community Health centers in Bangkalan Regency. Budiarto E. 2016, the sampling procedure was carried out with a probability sample by means of a proportionate random sampling of 331 village midwives. The independent variables of this study were midwife performance factors (knowledge, motivation, workload, leadership, incentives) and the dependent variable of this study was the village midwife's performance in screening malnutrition under five. Data collection used questionnaires and data analysis with Logistic Regression test(Sudarmanto. 2010).

### 3.0 RESULTS

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3.1 Data on knowledge and performance of village midwives in screening for malnourished children

Table 1. The effect of knowledge on the performance of village midwives in screening malnourished toddlers.

	Midwife	Perform	Total						
Knowledge level	Good		Enough		Less				
Knowledge level	Σ	%	Σ	%	Σ	%	Σ	%	
High	98	56.98	73	42.44	1	0.58	172	100.00	
Enough	85	72.03	31	26.27	2	1.70	118	100.00	
Low	34	82.93	4	9.75	3	7.32	41	100.00	
Statistical Test Results	_	Regresi Logistik = 0.143. $\dot{\rho}$ (probability) = 0.009 Signifikan = 0.05							

Based on table 1, it shows that out of 172 village midwives with high knowledge, 98 (56.93%) midwives had a good level of performance in screening malnourished children under five. And there are still midwives who have less performance in screening malnourished toddlers, namely 3 (7.32%) midwives, namely midwives with a low level of knowledge in screening malnourished children. From the results of statistical analysis, it was found that there was an effect of knowledge on the performance of village midwives in screening for malnourished children (p = 0.009).

3.2 Data On Motivation and Performance of Village Midwives in Screening For Malnourished Children.

Table 2: Data on motivation and performance of village midwives in screening malnourished children under five.

	Midwife Performance							Tatal	
Mativation	Good		Enough		Less		Total		
Motivation	Σ	%	Σ	%	Σ	%	Σ	%	
High	180	64.75	95	34.17	3	1.08	278	100.00	
Enough	37	69.81	13	24.53	3	5.66	53	100.00	
Statistical Test Results	Regresi Logistik = 0.172. ἀ (probability) = 0.002 Signifikan = 0.05								

Based on table 2, it shows that out of 278 village midwives with high motivation, 180 (64,753%) midwives had a good level of performance in screening malnourished children under five. There were 6 (6.64%) midwives who had low performance in screening malnourished children, namely midwives with a high level of motivation and sufficient level of screening for malnourished children. From the results of statistical analysis, it was found that there was an effect of midwife motivation on the performance of village midwives in screening for malnourished children (p = 0.002)

### 3.3 Workload and Performance Data of Village Midwives in the Screening of Malnourished Toddlers.

Table 3. Data on workload and performance of village midwives in selecting malnourished toddlers.

	Midwife Performance								
Beban kerja	Good		Enough		Less				
	Σ	%	Σ	%	Σ	%	Σ	%	
Weight	16	69.56	5	21.74	2	2.70	23	100.00	
Moderate	85	75.22	26	23.01	2	1.77	113	100.00	
Light	116	59.49	77	39.49	2	1.02	195	100.00	
Statistical Test Results	-	Regresi Logistik = -0.281. ρ΄ (probability) = 0.000 Signifikan = 0.05							

Based on table 3, it shows that out of 113 village midwives with a moderate workload, 85 (75.22%) midwives had a good level of performance in screening malnourished children under five. Midwives with a light workload tended to have good performance, namely 195, midwives who had good performance in screening malnourished children, namely 116 (59.49%) midwives. From the results of statistical analysis, it was found that there was an effect of workload on the performance of village midwives in screening for malnourished children (p = 0.000).

# 3.4 Data on Perceptions of Leadership and Performance of Village Midwives in Screening Malnutrition Toddlers.

Table 4: Data on perceptions of leadership and performance of village midwives in screening malnourished toddlers.

	Midwife Performance						Total	
Loadorchin	Good		Enough		Less			
Leadership	Σ	%	Σ	%	Σ	%	Σ	%
Good	169	64.01	92	34.85	3	1.14	264	100.00
Enaough	30	75.00	8	20.00	2	5.00	40	100.00
Less	18	66.67	8	29.63	1	3.70	27	100.00
Statistical Test Results	Regresi Logistik = 0.506. ρ΄ (probability) = 0.000 Signifikan = 0.05							

Based on table 3, it shows that of the 264 village midwives with good leadership perceptions, 169 (64.01%) midwives had a good level of performance in screening malnourished toddlers. Midwives with moderate perceptions of leadership tended to have good performance, namely 30 (75.00%). From the results of statistical analysis, it was found that there was an effect of leadership perceptions on the performance of village midwives in screening for malnourished toddlers (p = 0.000).

## 3.5 Perception Data On Incentives and the Performance of Village Midwives in Screening Malnourished Toddlers.

Table 5: Perception data on the provision of performance incentives for village midwives in screening for malnourished children

	Midwife	Perform	Total					
Danaantiana af	Good		Enough		Less			
Perceptions of Incentives	Σ	%	Σ	%	Σ	%	Σ	%
Good	166	70.64	68	28.94	1	0.42	235	100.00
Enaough	28	60.87	15	32.61	3	6.52	46	100.00
Less	33	66.00	25	50.00	2	4.00	50	100.00
Statistical Test Results	_	Regresi Logistik = 0.166. ἀ (probability) = 0.002 Signifikan = 0.05						

Based on table 5, it shows that of the 235 village midwives with high incentive perceptions, 166 (70.64%) midwives had a good level of performance in screening malnourished toddlers. And there are still midwives who have less performance in screening malnourished toddlers, namely 2 (4%) midwives, namely midwives with low incentive perceptions in screening malnourished toddlers. From the results of statistical analysis, it was found that there was an effect of incentive perceptions on the performance of village midwives in screening for malnourished children (p = 0.002).

### 4.0 DISCUSION

4.1 The Effect of Knowledge on the Performance of Village Midwives in screening for malnourished children.

Based on table 1 and the results of statistical tests with Logistic Regression, it shows that the probability value is smaller than the significant value (0.009 <0.05), so it can be concluded that there is an influence of knowledge on the performance of village midwives in screening for malnourished children. Wahjosumidjo. 2012 mention the factors that affect knowledge include internal factors, namely factors that originate within oneself and external factors. What is an external factor being the facilities or resources and social culture of the community? Facilities are everything that can simplify work or smooth tasks. Facilities include people, personnel, and so on. All of these factors affect the behavior of a person or community group. The presence or absence of information or health facilities will affect a person's knowledge, so that this will support someone to act or behave. Whereas the socio-culture of society is the habit or behavior, norms, values, and the use of resources in a society will produce a way of life (Lia K. Diani A. Rozalia FC. 2018). This culture was formed over a long time as a result of the life of a group of people. So that knowledge cannot be used as an indicator of the performance of village midwives in screening malnourished toddlers, because the performance of a health worker is still a lot of factors that influence health services (Utarini A. 2015).

4.2 The Influence of Motivation on the Performance of Village Midwives in screening for malnourished children.

The results of the study in Table 2 and the results of statistical tests with Logistic Regression showed that the probability value was smaller than the significant value (0.002 <0.05), thus there was a motivational effect on the performance of village midwives in screening for malnourished children. Motivation at work will only be successful if the goals of the organization are aligned with the goals of individuals and / or groups of people who are members of the organization. Thus, the first step that needs

to be taken is to recognize the goals possessed by each person and / or group of people and then strive to integrate them with organizational goals. Mangkunegara (2005) states that the factors that influence performance include: (1) ability factors; Psychologically, the ability of employees consists of potential abilities (IQ) and realistic abilities (education), therefore employees need to be placed in jobs that are in accordance with their skills, and (2) motivational factors; motivation is formed from the attitude of an employee. In dealing with work situations. Motivation is a condition that moves employees to achieve work goals. Mental attitude is a mental condition that encourages a person to try to achieve maximum work potential (Dedi A. Maria M. Ani MA. 2015).

The performance of village midwives in health services will be good if the midwife has the will and adequate skills, sufficient experience, and good motivation and optimal cooperation. Because people who have the competence to work together will tend to think positively to others, do not force their will, have empathy for the work of others, and motivate each other to work. Thus, mutual trust will be built, mutual help, and can create strong and synergistic cooperation. This is reinforced by hypothesis testing using logistic regression, the probability value is smaller than the significant value (0.002 <0.05), thus there is a motivation effect on performance. For this reason, in order to improve the performance of village midwives in midwifery services, high motivation is needed, so that the incidence of malnutrition in toddlers can be minimized every year.

4.3 The Effect of Workload on the Performance of Village Midwives in screening for malnourished children. From Table 3 and the results of statistical analysis with Logistic Regression, it shows that the probability value is smaller than the significant value (0.000 <0.05), thus there is an effect of workload on the performance of village midwives in screening for malnourished children. Workload is a situation where workers are faced with tasks that must be completed at a certain time. This is in accordance with the concept put forward by Moekijat (2004) that workload is the volume of work results or records of work results that can show the volume produced by a number of employees in a certain part. The workload of village midwives in screening for malnutrition can be influenced by several factors (Darsiwan. 2008).

To improve the performance of village midwives in screening malnutrition children, it is necessary to measure the workload so that the problem of malnutrition can be addressed comprehensively. The measurement of workload used according to Soleman & Aminah (2011) includes 1) subjective measurement; is a measurement based on assessment and reporting by workers on the workload they feel in completing a task, 2) performance measurement; is a measurement obtained through observing the aspects of behavior / activity shown by workers. One type of performance measurement is a measurement that is measured based on time, and 3) physiological measurement; is a measurement that measures the level of workload by knowing several aspects of the worker's physiological response when completing a particular task / job.

4.4 The Influence of Leadership Perceptions On the Performance of Village Midwives in Screening Malnourished Children Under Five.

Table 4 and the results of statistical tests with Logistic Regression show that the probability value is smaller than the significant value (0.000 <0.05). It can be concluded that there is an effect of leadership perceptions on the performance of village midwives in screening malnourished toddlers. The above conditions are in accordance with the concept put forward by Siagian (2004) which states that leadership as a process influences the activities of individuals or groups to achieve goals in certain situations. Leadership is the essence of management, because leadership is a driving force for human resources and other natural resources. Maintenance and development of human resources is an absolute necessity. Lack of maintenance and attention to labor can lead to low morale, tiredness and boredom and is slow to complete tasks, which in turn can reduce the work performance of the workforce concerned. Decreased work performance will affect work productivity.

According to Subanegara (2005) in his book Diamond Head Drill & Leadership in Hospital Management, the key to making changes is changing top managers who will advocate for change after a change strategy is drawn up. A leader that is required in some large organizations today is how a leader has distinctive characteristics, namely: (1) Having a compelling desire; have a vision and desire to realize a passionate vision that will strive to make changes with new innovations & ideas, and there is a strong

desire to change in order to maintain the survival of the organization, dare to take risks, and are determined to teach all members of the organization to change according to the vision want to achieve, (2) Confidence and trust a solid (Strong Believe); have confidence that change will have a positive impact on the organization and seek to advocate for the parties concerned that organizational change is needed in order to increase high competitiveness, (3) Effectiveness in action (Effective Action); preparing a change strategy that can reach all levels of the organization in an assertive way, and changes gradually, and (4) Iron Will; The leader will work hard and will not give up easily, will not be easily swayed in the face of opponents of change in his organization.

To have the characteristics of these leaders in health care requires carefulness and objectivity in the selection or appointment of a leader so that a work atmosphere will be created that can generate motivation and improve performance optimally. This is in accordance with the concept put forward by Muninjaya (2014) that organizational development can be done through activities to streamline the manager's leadership style, harmonious relationships between leaders and staff, increase staff job satisfaction and group spirit, clarity of goal setting, and improve recording and reporting systems.

4.5 The effect of the perception of incentives on the performance of village midwives in screening for malnourished children.

Based on table 5 and the results of statistical tests with logistic regression, it shows that the probability value is smaller than the significant value (0.002 <0.05), which means that there is an effect of the perception of incentives on the performance of village midwives in screening for malnourished children Providing incentives in employee performance management, especially village midwives in screening malnourished toddlers, is a manager's job that has many challenges, in making decisions requires a wise and brave attitude to take risks.

According to Heijrachman, quoted by Samsudin (2015) in his book Human Resource Management, he argues that the obstacles to providing incentives are as follows: 1) measuring employee performance does not necessarily make it exactly as expected, which is reasonable and acceptable, 2) measuring tools and objectives must be closely related, 3) data on employee work performance must be collected quickly and regularly at any time, 4) the standards set must have the same level / level of difficulty for each work group, 5) total basic salary / wages plus bonuses received must be consistent between various groups of workers who receive incentives, and groups that receive incentives with groups that do not receive incentives, 6) performance standards must be adjusted periodically with changes in work procedures, 7) possible challenges from the employee union must be carefully taken into account, and 8) various employee reactions to the wage system the incentives applied must also be considered (Budi FW, Sriyono, Retno I, 2015).

### 5.0 CONCLUSION

The conclusion of the results of this study is that several factors that influence the performance of village midwives in screening for malnourished toddlers are perceptions of leadership, incentive, motivation and knowledge. However, the most dominant factor is the perception factor of leadership.

Recommendations proposed in an effort to improve the performance of village midwives in screening for malnutrition children, the District Health Office through top managers must optimize the management information system for subordinates, so that management functions can be implemented properly and the number of malnutrition can be reduced.

#### References

- Budiarto E. 2016. Biostatistics for Medicine and Public Health (Biostatistika Untuk Kedokteran dan Kesehatan Masyarakat); EGC: Jakarta.
- 2. Budi Faizal Wahyudi, Sriyono, Retno Indarwati, 2015, Analysis of Factors Associated with Malnutrition in Toddlers (Analisis Faktor Faktor yang Berkaitan Dengan Gizi Buruk Pada Balita), Jurnal Pediomaternal Volume 3 no.1 Oktober 2014 September 2015.

- 3. Darsiwan. 2008. Factors Affecting the Performance of Village Midwives in Delivery Assistance (Faktor-Faktor Yang Mempengaruhi Kinerja Bidan di Desa Dalam Pertolongan Persalinan); MIKM Undip: Semarang.
- 4. Dedi A. Maria M. Ani MA. 2015. Several Risk Factors for Undernutrition and Malnutrition in Children under five (Beberapa Faktor Resiko Gizi Kurang dan Gizi Buruk pada Anak Balita). Jurnal Vokasi Kesehatan Volume 1 no.5 September 2015.
- 5. Gibson J.L. Ivancevich J.M. Donanelly J.H. 2008. Organizational Behavior: Structure and Process (Organisasi Perilaku: Struktur dan Proses); Bina Rupa Aksara: Jakarta.
- Kemenkes RI. 2014. Midwife Professional Standards (Standar Profesi Bidan). Kemenkes RI. Jakarta.
- 7. Kemenkes RI. 2012. Guidelines for the Implementation of Special Nutrition Surveillance in Districts / Cities (Petunjuk Pelaksanaan Surveilans Gizi Khusus di Kabupaten/Kota), Dirjen Bina Gizi & KIA. Jakarta
- 8. Lia K. Diani A. Rozalia FC. 2018. Counseling on Eating Patterns as an Effort to Change the Knowledge of Mothers with Undernourished Toddlers (Konseling Tentang Pola Asuh Makan Sebagai Upaya Mengubah Pengetahuan Ibu Yang Memiliki Balita Gizi Kurang), Jurnal Midwife Volume 5 no.1 Januari 2018.
- Hasinuddin M. Fitriah. 2011. Anticipatory Guidance Module on Changes in Authoritarian Parenting Patterns in Stimulating Child Development (Modul Anticipatory Guidance terhadap Perubahan Pola Asuh Orang tua Yang Otoriter Dalam Stimulasi Perkembangan Anak), Jurnal Ners Volume 6 , 01 April 2011.
- Ruky AS. 2011. Work Management Systems: A Practical Guide to Designing & Achieving Excellent Performance (Sistem Manajemen Kerja: Panduan Praktis Merancang & Meraih Kinerja Prima), Gramedia, Jakarta.
- 11. Siagian PS. 2012. Motivation Theory and Its Application (Teori Motivasi dan Aplikasinya); Bina Aksara: Jakarta.
- 12. Sudarmanto. 2010. Human Resource Competency Development Performance, Theory, Measurement & Implementation Demands in Organizations, (Kinerja Pengembangan Kompetensi Sumber Daya Manusia, Teori, Demensi Pengukuran & Implementasi Dalam Organisasi), Pustaka Pelajar, Jakarta.
- 13. Wahjosumidjo. 2012. Leadership and Motivation (Kepemimpinan dan Motivasi), Ghalia Indonesia: Jakarta.
- 14. Utarini A. 2015. Health Service Quality Assurance (Jaminan Mutu Pelayanan Kesehatan); Direktorat Jendral Pengawasan Obat dan Makanan: Jakarta.
- 15. Muninjaya IG. 2014. Health Management (Manajemen Kesehatan), Penerbit: Buku Kedokteran EGC, Jakarta.
- 16. Subanegara PH. (2005). Leadership in Hospital Management (Kepemimpinan dalam Manajemen Rumah Sakit). Yogyakarta: Perpustakaan Nasional
- 17. Aminah Soleman, (2011). Workload Analysis in terms of Age Factor with Recommended Wight Limit Approach (Analisis Beban Kerja Ditinjau Dari Faktor Usia Dengan Pendekatan Recommended Wight Limit), Universitas Pattimura, Ambon.
- 18. Moekijat. 2004. Manpower Management and Employment Relations (Manajemen Tenaga Kerja dan Hubungan Kerja). Bandung: Penerbit CV. Pioner Jaya.
- 19. A.A Anwar Prabu Mangkunegara. (2005). Company Human Resource Management (Manajemen Sumber daya Manusia Perusahaan). Bandung : PT Remaja Rosdakarya.