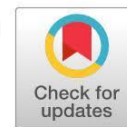


## Role benefits of the private practice midwife participation in national health insurance program in Pekanbaru Indonesia



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### ABSTRACT

**Background:** Since 2014, Indonesia has launched the National Health Insurance program (JKN) through the Social Security Agency (BPJS) in order to improve public health, including reducing the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). It is expected all private health services including the private midwives are encouraged to participate in the JKN system. This study aims to determine the association between wage system with the participation of private midwives in JKN program.

**Method:** Case-control design was performed in this study. The subjects were private midwives in the Pekanbaru municipality, Indonesia. Private midwives who participated in JKN were determined as cases (45) while those who didn't participate were identified as controls (45). Interview using structured questionnaire was conducted to collect quantitative data, while qualitative data was collected using indepth interviews. Chi-square and Odds Ratio with 95% Confident Interval were analysed to determine the association between midwives' participation and benefits perception.

**Results:** The results showed that 85.6% of respondents indicated government reward incentives were lacking. The results of the analysis of statistical test Chi-Square obtained p-value of 0.001 with OR 16.0 (95% CI 1.98 to 129.27), which means midwives who participated in the program JKN were likely to have a sufficient reward perception 16 times greater than those who did not participate in the JKN.

**Conclusion:** There is a relationship between private midwives participation in the JKN program with benefit system granted by the government.

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### INTRODUCTION

Maternal Mortality Rate (MMR) is one of the important demographics used as an indicator of the development of basic health care. In Indonesia MMR is still high (CBS et



*al.*, 2012). One of the important obstacles to access for childbirths assisted by midwives in health facilities is limited and lack of availability of financing. There are still many pregnant women who do not have guaranteed childbirth financing. This situation causes many births to be assisted by uncertified non-health trained midwives and which are not done in health facilities (MoH, 2010)

On January 1st, 2014 the government implemented the National Health Insurance (JKN) program by the Social Security Agency (BPJS) in accordance with Indonesian Presidential Regulation No. 12 of 2013 on Health Insurance. One of the important issues that hinder the health care development is the limitation of accessibility to health services. Several attempts have been made to improve the provision of services but the programs have not been implemented to the maximum. Although numerous laws are underlying JKN implementation, still there are many aspects that do not go according to expectations, especially among private practice midwives. Midwives are one of the important elements that determine the key success for programs aimed at reducing maternal and infant mortality because they facilitate public access to childbirths assisted by midwives, especially for people who live far from a clinic or hospital. According to Siswoyo, education, age, employment status, income and knowledge affect the level of awareness of informal sector workers to participate in the National Health Insurance Program (Siswoyo *et al.*, 2015). Health Development in Riau Province places priority on improving access and quality of services conducted through focused development priorities: 1) the health of mothers, infants and toddlers, 2) improvement of nutritional status, 3) control of infectious diseases and non-infectious diseases, 4) development of human resources, 5) the availability, affordability, equity and quality of drug use, 6) system development with Jamkesda and Jamkesmas, 7) community empowerment and anticipating disasters and health crises, and 8) primary health care, in collaboration with secondary and tertiary services. MMR annual reports from health facilities in Riau in 2013 were at 118 per 100,000 live births, which means an increase compared to the previous year 2012 which was reported as 112.7 per 100,000 live births. Maternal mortality is closely related to birth attendants and maternity facilities. Births attended by certified health providers are proven to contribute to decreases in the risk of maternal mortality. Similarly, the places of birth, that is if the childbirths were done in health facilities, also will increasingly reduce the risk of maternal mortality. Therefore, the policy of the Ministry of Health is that all childbirths should be assisted by skilled health personnel and strive to be done in a health facility (Dinkes Kota Pekanbaru, 2013)

Organization of the Indonesian Midwives Association (IBI) has called on the private midwife practices to participate in the JKN program in a promotional circular identified as midwife numbers 117 /SE/PPIBI/II/2014 about midwifery services in an era of national health insurance (IBI, 2014). But in fact the participation of the private practicing midwives (PPMs) is still very low. This lack of participation causes a variety of effects such as delays in reducing maternal mortality and infant mortality, and an increase in JKN participants that is not matched by the addition of health workers, especially for obstetric and neonatal care.

## RESEARCH METHODS

This is an observational research with case-control design and uses a quantitative approach that was supported by qualitative methods. Qualitative data collection was done to confirm the results of quantitative analysis and interview techniques. The research was conducted in the city of Pekanbaru, Riau Province in a span of time from June to August 2015. The sample in this research amounts to 90 respondents consisting of 45 case samples and 45 control samples. Respondents were drawn from the total number of

cases of PPMs who participated in the national health care program, while to determine PPMs respondents as controls a simple random sampling method was used.

Primary data were obtained from the quantitative data collection using a questionnaire. Questionnaires were distributed to the PPMs during the weekly meetings held at the local health center, while to clarify the results of quantitative data interviews were conducted with 5 respondents as cases (PPMs participating in the JKN program) and 5 respondents as controls (PPMs who did not participate in the program).

Secondary data in this study are total number of midwives in private practice in each region that are in Pekanbaru and reports on the number of PPMs that are active in the JKN program. Quantitative data were analyzed using SPSS statistical software version 16.

## RESULTS

Respondents characteristics by age, length of service and patient visits per month are presented in the following Table 1.

Table 1. Respondent's characteristics

Characteristics	Cases		Control		Total	
	n	%	n	%	n	%
<b>Age</b>						
21-30 yrs	9	20.0	16	35.6	25	27.8
31-40 yrs	14	31.1	18	40.0	32	35.6
41-50 yrs	5	11.1	4	8.9	9	10.0
51-60 yrs	16	35.6	6	13.3	22	24.5
>60 yrs	1	2.2	1	2.2	2	2.2
<b>Length of job</b>						
< 5 yrs	3	6.7	8	17.8	11	12.3
5-10 yrs	16	35.5	18	40.0	34	37.8
> 10 yrs	26	57.8	19	42.2	45	50.0
<b>Visit times</b>						
< 10 times	9	20.0	11	24.4	20	22.2
10-20 times	20	44.4	25	55.6	45	50.0
> 20 times	16	35.6	9	20.0	25	27.8

Based on Table 1 the data shows that by age group, most PPM participating in the JKN program are 51-60 years old as much as 35.6%, while the PPMs who did not participate in the program were in the age group of 31-40 at 40%. Level of maturity and the power to think and work for a person is affected by age, so that the older the age, the higher the level of maturity. Communities will place more trust in the older people (BPJS, 2014). According to recent research, age will affect the experience, judgment, strength of work ethic and commitment of a person in making decisions (Robbins & Judge, 2006).

Based on the length of work reported for both groups: those who participated in the program and those who did not participate, the majority had worked >10 years as many as 57.8% and 42.2%, respectively. Midwives' length of work is closely related with the experiences gained during their role in providing health care. The longer a person works, the more cases handled so that it can add to the experience level.

The average of patient visits per month for most was around 10-20 times per month, with the group participating in the JKN program at 44.4% and those not participating in the

the program at 55.6%. The actual number of visits to the PPM who participated in the JKN program was still higher than the PPM that did not participate by as many as 20 times. It can be concluded that the PPM who participated in the program had significant higher patient visits compared to the PPM who did not participate in the program.

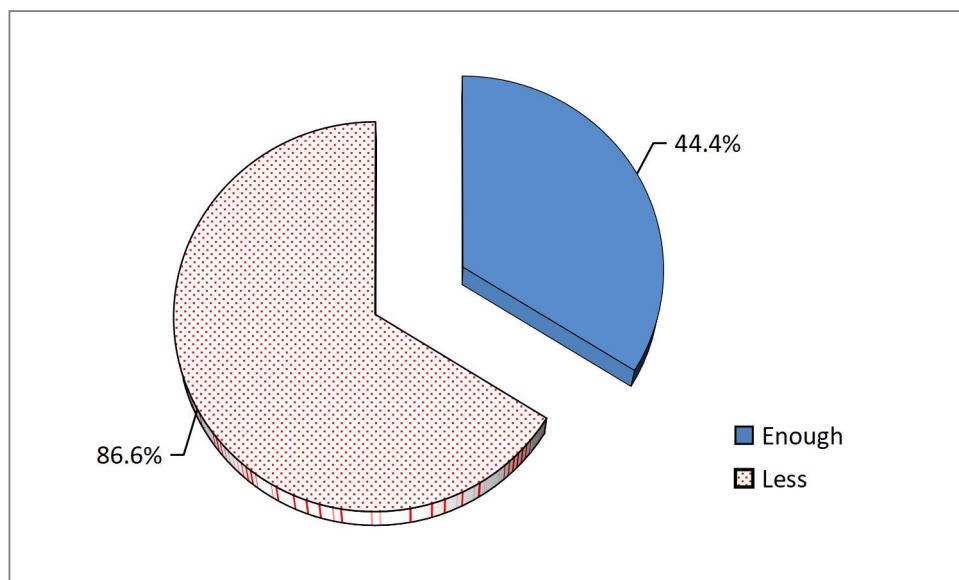


Figure 1. The frequency distribution by rewards category

Rewards in this study was tribute in wages in the form of money given by the government to PPM for health services that have been provided in the JKN program. Based on the Figure 1 it is known that the majority of private midwives feel less rewarded by the government with 77 (85.6%) and that some felt 'enough' compensated with 13 (14.4%). Reward or compensation is everything accepted by employees as recompense for the contribution to the company or organization. The main targets in the rewards program are attracting people that are qualified to join the organization, retaining employees to keep working, and motivating employees to achieve the highest achievement (Gibson *et al.*, 2008)

Table 2. Effect of Rewards / Compensation on Participation of JKN

Rewards	JKN participation				p-value	OR	CI 95%
	Yes		No				
	n	%	n	%			
Enough	12	26.7	1	2.2	0.001	16.0	1.98-129.27
Less	33	73.3	44	97.8			
Total	45	100.0	45	100.0			

According to the Table 2, more than 90% of the midwives who did not participate in the program consider that the benefits granted by government are still lacking. The results of the analysis of statistical test Chi-Square obtained a p-value < 0.05. It was concluded that  $H_0$  was rejected, which means there is a significant relationship between midwives' rewards with participation in the program. The results of analysis value of OR = 16.0 (95% CI = 1.98 to 129.27), which means midwives who participated in the program have the possibility of a perception of sufficient reward 16 times greater than the midwives who did not participate in the JKN program.

Based on the results of the qualitative analysis on the suitability of ANC fees, it is known that most midwives feel the ANC rate of IDR25,000 is still not in line with expectations due to the price of medicines and vitamins that are relatively expensive. Most midwives said ideal compensation for ANC inspection amounted to IDR35,000 up to 50,000. As for the PNC/Neonatal fees, most midwives feel Rates PNC/Neonatal of IDR25,000 are still not in line with expectations, and that ideally the inspection rates should be 50,000 up to 100,000. The normal birth fee of IDR600,000 is still not in line with expectations, because it could not fulfill the needs of operational costs such as electricity bills, infrastructure and services. The fee that is ideal for normal birth is above IDR1,000,000, while the handling cost of miscarriage and postpartum hemorrhage after vaginal delivery of IDR750,000 is still not in line with expectations because the risks and responsibilities of midwives were great. The rates that are ideal for handling post-miscarriage bleeding and vaginal delivery ranged IDR1,000,000 post until IDR1,500,000. The postpartum service tariff measures (eg: manual placental) amounting to IDR125,000 were still not in line with expectations, which ideally is a 500,000 fee and also rates of pre-referral services are still not in line with expectations, with the rate that is ideal for pre-referral services is IDR200.000.

## DISCUSSION

Based on the results of the bivariate analysis, it can be concluded that the PPMs who participated in the program or PPM who did not participate in the JKN program said that the rewards given by the government are still lacking. Chi-Square test results obtained  $p$ -value  $< 0.01$ , which means that there is a significant relationship between rewards to participation in JKN. However, after being tested in multivariate analysis, with obtained  $p$ -value = 0.043, which means there is a significant relationship between rewards with PPM participation in the JKN program. This result is supported by the statement of the respondents who said that the rates of obstetric and newborn care programs are lacking because they could not fulfill the needs of the operational costs in the provision of obstetric and newborn care.

According to Gibson, rewards or compensation include everything received by the employees as recompense for their contribution to the company or organization. The main target in the rewards program is attracting people who are qualified to join the organization, retaining employees to keep working and motivating employees achieve the highest achievement (Gibson *et al.*, 2008). Based on these statements, this research determined that benefits granted by the government can be used in an effort to attract PPM to join the JKN program, and it would be good if the benefits granted were in accordance with the level of satisfaction of PPM.

Shattuck suggested that the main factors that affect the performance of health personnel motivation is a reward or incentive (Shattuck *et al.*, 2008). Another study in Sumbawa District by Hidayat (master thesis) states that midwives are not satisfied with the payment system *Jampersal* because of low fees, the number of paperworks and claiming payment delays (Hidayat, 2013). In the complementary, Fort indicated that non-monetary incentives by either providers' employers or the community from whom they work is an important predictor. Forms of non-monetary incentives are recognition, in-kind contributions, community respect and assistance with services (Fort & Voltero, 2004). Meanwhile on context of attitude and professional role of midwife group practice, Collins indicated that midwives gained particular satisfaction from providing continuity of care and building relationships with patients and their families, and especially through acting autonomously as a midwife (Collins *et al.*, 2010).

## **CONCLUSION**

Based on the results of research and discussion, we can conclude that there is a relationship between the variables in return for PPM participation in the JKN program. In conclusion, benefits granted by the government can be used in an effort to attract PPM to follow JKN program, and the benefits granted should be in accordance with the level of satisfaction of PPM.

## **RECOMMENDATION**

The Indonesian government should review legislation related to the incentives for health workers, especially private practice midwives in order to attract and motivate midwives to participate in the JKN program, since it aims to reduce maternal and infant mortality.



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