

INTISARI

Latar Belakang : Gambaran ketersediaan tenaga bidan pada puskesmas di Indonesia saat ini adalah ada sebanyak 1,2% (105) puskesmas yang masih belum memiliki tenaga bidan. Salah satu progam pokok puskesmas adalah pelaksanaan progam keluarga berencana, yaitu pemerintah bertujuan mewujudkan penduduk tumbuh seimbang dan berkualitas.

Tujuan : Untuk mengetahui faktor-faktor yang mempengaruhi ketersediaan, distribusi tenaga bidan terhadap program keluarga berencana di puskesmas kabupaten/kota Indonesia.

Metode : Jenis penelitian ini adalah analisis deskriptif dengan disain penelitian *cross-sectional*. Subjek penelitian adalah semua puskesmas kabupaten/kota di Indonesia, berdasarkan data Rifaskes 2011. Instrumen dalam penelitian ini berupa kuesioner yang terdapat pada Rifaskes 2011 dan Susenas 2011. Analisis data terdiri dari analisis univariabel, bivariabel, dan multivariabel.

Hasil : Hasil penelitian menunjukkan terdapat hubungan yang bermakna antara geografi (lokasi dan topografi) puskesmas, lingkungan organisasi (sarana prasarana/ketersediaan pustu) dan penyelenggaraan jenis layanan (jenis puskesmas) dengan ketersediaan tenaga bidan puskesmas ($p < 0,05$). Hasil analisis regresi logistik menunjukkan topografi puskesmas paling berpengaruh terhadap ketersediaan tenaga bidan di puskesmas dengan OR 30,89 (CI: 14,03 – 67,97). Ketersediaan bidan puskesmas secara statistik tidak berhubungan signifikan dengan progam keluarga (capaian CPR) di kabupaten/kota Indonesia.

Kesimpulan : Karakteristik puskesmas memiliki hubungan signifikan dengan ketersediaan bidan puskesmas. Cakupan pelaksanaan progam KB kabupaten/kota di Indonesia, tidak hanya dipengaruhi oleh ketersediaan tenaga bidan di puskesmas, tetapi banyak faktor seperti ketersediaan tenaga kesehatan lainnya, kebijakan, sumber dana, infrastruktur, sarana dan prasarana, ketersediaan obat, layanan kesehatan dan lain-lain.

Kata Kunci : ketersediaan, distribusi, bidan, keluarga berencana, puskesmas

ABSTRACT

Background : To date the number of health centers that do not have midwives in Indonesia is 1.2 %. One of main program in the health center is the implementatiton of family planning program wich is proposed to balance population growth and quality.

Objective : To determine the factors that affect the availability and distribution of midwives on family planning programs in the district/city health centers in Indonesia.

Methods : The subjects were all district/city health centers in Indonesia, based on Rifaskes 2011 data. Instruments in this study using questionnaire from Health Facilities Research (Rifaskes) 2011 and The National Socio-economic Survey (Susenas) 2011. Data analysis consisted of univariable, bivariable, and multivariable analysis

Results: The results showed there was a significant relationship between geography of health center (location and topography), organizational environment (infrastructure/ availability of auxiliary community health center) and implementation of services (type of health center) with availability of midwives in health centers ($p < 0.05$). Results of logistic regression analysis showed that topography of health centers was the most influential factor on the availability of midwives in health centers with OR 30.89 (CI: 14.03 to 67.97). Availability of midwives in health centers was not significantly effect the family planning program (CPR achievements) in the district/city in Indonesia.

Conclusion : Characteristics of health centers had a significant relationship with availability of midwives in health centers. The implementation coverage of the program KB in Indonesia, not only influenced by the availability of midwives in health centers, but many factors such as the availability of other health personnel, policy, resources, facilities and infrastructure, availability of medicines, health care and others.

Keywords : availability, distribution, midwives, family planning, health centers