



Midwife Competency Training Management Models in Health Promotion in Stunting-Based Prevention Collaborative Innovative Participation (Pilar) in West Nias District

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Abstract: A midwife is a woman who has completed a midwifery education program both domestically and abroad which is legally recognized by the Central Government and has met the requirements to practice midwifery. In carrying out their duties, midwives need good quality. Midwife competence is the ability and characteristics that include knowledge, skills and professional attitudes in carrying out their duties and work effectively that must be owned by a midwife, but in reality the midwife has not fully carried out her duties according to professional competency standards and gaps from ideal conditions and has not been carried out effectively. Midwives are health workers who are qualified to contribute to reducing maternal and child mortality and play a role in reducing stunting rates, this is because midwives are directly involved with women who are program objectives. Knowledge of midwives that has an impact on behavior where with good knowledge of midwives about stunting prevention, the better the knowledge of midwives, the better the quality of Ante Natal Care (ANC) services in preventing stunting. Training is a process of increasing systematically and in accordance with the needs of employees by increasing skills, knowledge and understanding as well as self-motivation. The development of a Participatory Innovative Collaborative (Pillar) training management model is an intervention model that has been analyzed, developed, tested, revised and implemented to obtain feedback that has an effect on the training objectives.

Keywords: Training, Midwife, Stunting.

INTRODUCTION

A midwife is a woman who has graduated from midwifery education who has been registered in accordance with the provisions of the statutory regulations (Permenkes No. 1464/Menkes/Per/IX/2010 pasal 1. In another sense, a midwife is a woman who has graduated from midwifery education that is recognized by the government and professional

organizations in the territory of the Republic of Indonesia and has the competence and qualifications to be registered, certified and legally licensed to practice midwifery. Midwives have three categories of tasks, namely independent tasks, collaborative tasks, and dependency tasks according to midwife competence.

Midwives in carrying out their profession, have roles as executors, managers, educators, and researchers. As executors, midwives have three categories of tasks, namely independent tasks, collaborative tasks, and dependency tasks according to the midwife's competence. Midwives must have the characteristics of a work attitude that must be owned by a midwife in carrying out midwifery practices in various health services safely, acting intelligently, and responsibly according to standards as a requirement to be considered competent by the community. The midwife has a role as a communicator, motivator, facilitator and counselor for the community. In addition, midwives have a strategic function in health education and quality improvement is needed through midwife competence. There are several ways to improve the quality and competence of midwives. Among them are Education, training, education and training, workshops, seminars etc. Widodo stated that the process of increasing systematically with the needs of employees increases knowledge skills as well as self-motivation. This statement is supported by Sudaryo Yoyo that competency enhancement is carried out for the skills needed by new employees to do their jobs.

Ganda Sunaryadi's research in the working area of the Darajanti Health Center in Sintang District stated that there was a significant difference in the level of knowledge of the respondents before and after the counseling was carried out, so the existence of health promotion carried out by midwives to reduce stunting cases was very beneficial. In the health sector when providing health promotion, communication is very important as the transfer of information and understanding from one person to another which is carried out as a preventive (prevention) and promotive (health improvement) effort to prevent stunting.

Competency levels are structured according to those determined by utilizing the taxonomy domains that are known and used in education in an integrated manner, namely Cognitive (C), Psychomotor (P) and Affective (A). Jannah said the competence of midwives includes three aspects, namely aspects of knowledge, skills, and attitude which must be balanced because midwifery education is a professional academic education. The evaluation carried out is in the context of increasing the ability and competence of midwives to carry out their duties, increasing the ability and competence of midwives in knowledge is a cognitive evaluation that includes understanding and skills or psychomotor carried out by covering activities aimed at improving and growing abilities, attitudes, and skills must be carried out. So to increase the ability and competence of midwives, one of the efforts that can be done is through training.

Knowledge of midwives that has an impact on behavior where with good knowledge of midwives about stunting prevention, the better the knowledge of midwives, the better the quality of Ante Natal Care (ANC) services in preventing stunting. The efforts made by midwives were to carry out intensification tactics, namely by repeating messages about nutritious food for babies and toddlers to avoid stunting which was carried out through house-to-house counseling activities, in addition to this, carried out by omission tactics which were carried out through conveying messages in a subtle manner and using the local language regarding health communication analysis of village midwives in an effort to prevent stunting. Where there is a relationship, stunting is still a serious nutritional problem in Indonesia and has always been a concern both in Indonesia and in the world.

Eva Inayatul's research on the profile of competence of midwives at the Puskesmas in Denpasar Bali showed that the competency of midwives in preventing stunting at the Puskesmas Denpasar Bali as a whole was on average good. The main key to preventing stunting with successful interventions is to do it collaboratively. The contribution made by midwives is the prevention of stunting which is quite large. The results of research by Risqi

Dewi Aisyah, S. Suparni in 2022, regarding the collaborative role of midwives in preventing stunting in the new adaptation era in Pekalongan Regency with the result that the contribution of the role of midwives in preventing stunting is quite large.

As for the efforts made to prevent stunting, the BKKBN and midwives continue to provide assistance and education to families at risk of stunting by conducting campaigns related to birth spacing, pre-marital health checks, nutritional intake for pregnant women, up to the first thousand days of birth. In addition, other factors are improving sanitation and other ecosystems such as poverty and education. Health conditions nutritional status during pregnancy can affect the growth and development of the fetus, mothers who experience chronic energy deficiency during pregnancy will give birth to babies with lower body weight (LBW). Low birth weight can be associated with less height or stunting. Therefore, prevention efforts are needed by establishing and or strengthening policies to improve maternal nutrition and health interventions starting from adolescence.

Training is the most appropriate way to improve the competence of midwives. The benefits of training according to Sunyoto, namely: (1) increase the quantity and quality of productivity; (2) reduce the learning time required for employees to achieve acceptable work standards; (3) create a more profitable attitude of loyalty and cooperation; (4) meet the needs of human resource planning; (5) reduce the number and cost of work accidents; (6) assisting employees in employee personal improvement and development. From some of the definitions above, it can be concluded that training is a process of increasing performance systematically and according to the needs of employees to help themselves, providing assistance and guidance that is more humanistic (humane) in nature, which is a process of assistance by increasing the ability of knowledge, skills, understanding and motivation in a systematic and planned effectively and efficiently to achieve certain goals, but the real conditions of the training that have been implemented have not been fully beneficial to increase knowledge, skills effectively and efficiently.

Various efforts have been made by the Government and organizations in increasing the knowledge and skills of midwives, so Mosadeghrad suggests that through training and effective processes and management of resources that can improve service quality. According to Davis, the steps towards effective training as a training design model are as follows; (1) Identify training needs; (2) Clarifying training objectives; (3) Consider the target participants; (4) Develop training materials; (5) Choose learning methods and media; (6) Prepare guidelines for leaders; (7) Conduct trial training sessions; (8) Carry out training sessions; (9) Conducting follow-up training; and (10) Evaluate the results.

With regard to management effectiveness, a training program is said to be effective when the results of its implementation are in accordance with its objectives (Joko Ahmad, 2015: 7). The effectiveness of training management consists of several management dimensions and training aspects as follows: (1) planning includes analysis of training needs, preparation of curriculum, preparation of training materials, selection of participants, appointment of instructors, and management of facilities and infrastructure. (2) implementation of training, which is the implementation of training plans that have been prepared previously, including training preparation and training implementation (teaching and learning process). (3) training evaluation includes participant evaluation, teacher/facilitator evaluation, implementation evaluation, and post-training evaluation. Meanwhile, according to Edison, there are several factors that influence the success of training management, namely: (1) Organizers; (2) Instructor/Trainer; (3) participants; (4) Planning for education and training needs; (5) Education and training curriculum; (6) Facilities and infrastructure; (7) Funding (funds) Education and training.

The management factor is one of the important factors in education and training management. Management in this case functions as a process that can determine the achievement of predetermined goals by utilizing human resources and other sources to

achieve more effective and efficient results. This is in line with Ricky W Griffin's opinion which states that management is a planning process, organizational process, coordination process, and control process for human resources to achieve goals effectively and efficiently. The same research was also conducted by Nasrullah Nursam stating that an effective way to achieve the goals of an activity is through good management. Because management is the spearhead of activities. Leaders in the organization are required to be able to direct all existing resources in order to achieve the goals set.

The training process will run effectively if all parties involved carry out their respective functions properly, training participants are able to play an active role and understand learning objectives, and the availability of a responsive committee. If during the learning process the participants want to follow well and actively participate, of course it will not be a problem. According to Panji Wisnumurti (2014: 1) in the implementation of training there are internal and external factors including: (1) Lack of concentration and not focus; (2) Not used to being in class; (3) Not enthusiastic because they think the training material is not according to their wishes; (4) Training participant motivation; (5) following the training not because of desire but because it was assigned by the leader.

So with that in mind, there are several solutions to elicit the active participation of training participants by using energizers and light but weighty games, not getting straight to the point, providing positive challenges at work, not being too theoretical but giving lots of examples, using simple but easy-to-understand language, playing short videos that are relevant, not fixated in front of the class, being friends with the participants, giving case studies with groups, inserting simple but meaningful humor.

There are several factors that influence the success or failure of training objectives according to Rifai and Murni (2012:12), namely; (a) There is a clear objective; (2) Instructors who have education and work experience; (3) Material; (4) Method; (5) Participants; (6) Environment. In line with the opinion of Basri and Rusdiana (2015: 38-41) that the success of a training includes; (1) There is a clear purpose; (2) Instructors; (3) Material formulation; (4) Method; (5) Participants; (6) Time division; (7) Environment; (8) Media; (9) Fees.

Based on a review of health policies and their implementation carried out by the government as well as studies of relevant theories, it can be identified that the cause of the high stunting rate in West Nias Regency, North Sumatra, is the lack of public understanding of the influence of midwives, especially regarding maternal and child health regarding stunting and the lack of competence of midwives in carrying out their roles and training of midwives is very rare. After confirming with the health workers as training managers and resource persons, it turns out that the training is always related to the availability of funds, not based on the interests needed by the community, as well as the training curriculum, designed by the central government and uniformed for all regions, not based on phenomena that arise which are then adjusted to the needs and conditions of each region. Based on the above, an innovative and collaborative participatory training management model is needed to increase the competence of midwives in reducing stunting in West Nias Regency.

Participatory training has been widely tested on various types of training, especially on non-formal education in various agencies. This model is a participatory learning model that emphasizes participatory learning processes, in which learning activities in training are built on the active participation of trainees in all aspects of training activities, starting from planning, implementing, to the stage of assessing learning activities in training (Kamil 2003). This means that the success of participatory training is not dominantly determined by the trainer but also by the trainees who are actively involved in the training. Thus the participation of the training participants is the essence of participatory training.

The steps for participatory model training activities are: 1) Recruitment of trainees; 2) Identify needs, resources and constraints; 3) Determine general and specific goals; 4) Determine the initial and final evaluation tools for participants; 5) Conduct initial evaluation

of participants; 6) Arrange the sequence of activities, learning materials, methods and training techniques; 7) Conduct training for instructors; 8) Carry out the training process with the participants; 9) Conduct final evaluation of participants; 10) Evaluate the overall training program.

Rudiatun explained that the participatory learning model would provide many advantages in the midwife's role development process. This is based on the principle of the participatory learning model which is to give direction where learning activities are arranged to be carried out by departing from things that have been mastered by students or from experiences and daily activities. The participatory learning model will be an effective strategy in supporting midwives' capacity building in analyzing real situations related to actual or potential maternal and child health problems in their working areas where these problems require intervention with health education efforts to solve them.

Research on Participatory Learning Strategies in Improving Non-formal Education in Karawang Regency that learning resources motivate learning citizens to evaluate the experience of skills they already have in actual assignments or in the world of life to improve attitudes and skills acquired during learning. Thus research on the design of participatory training programs to improve the professionalism mechanism of high school biology teachers found that participatory training models can increase teacher professionalism through a participatory approach. Development of a Participatory, Integrative, Collaborative Education and Training (Training) model to improve the professional competence of chemistry teachers, the effectiveness of Participatory, Integrative, Collaborative training was obtained with an average score of 50 in the good category. In line with research on the effect of training coaching, developing empowerment, and participation on employee performance participatory has a positive effect on employee performance.

METHODS

The type of research used is research and development, using a qualitative method approach. Research and development : Borg and Gall. The product being developed is a Participatory Innovative Collaborative Based Training Management Model (PILAR) in Improving the Competence of Midwives on Stunting in West Nias District.

The model developed is often a procedural model, namely a model that is descriptive and goes through the development steps. In accordance with Sugiyono's theory which states that several steps must be followed to produce a product including potential and problem stages, data collection, product design, design validation, product design revision, product trial, product revision, usage trial, product revision, to mass production. To be able to produce certain products, Sugiono uses needs analysis research using survey or qualitative methods and to test the effectiveness of these products so that they can function in the wider community, research is needed to test the effectiveness of these products.

Based on Research and Development, the main objective in this research is to find or create new training models in order to make improvements to existing training models. This is intended to obtain the effectiveness of educational products in the form of learning objectives, methods, methods, procedures, curriculum, evaluation, both hardware and software, the ultimate goal of Research and Development. Education is the birth of a new product to improve midwives' competence regarding stunting, thus the learning process becomes more effective and this product, in this study was carried out through a quasi-experiment. Research and development aims to discover, develop and validate a product. In this study, before the midwife competency training management model was based on Participatory Innovative Collaborative (PILAR).

This research will be carried out in December 2022 - July 2023 in all West Nias District Health Centers. The population in this study were all 73 midwives, all of whom were research respondents.

RESULT AND DISCUSSION

In this study, data were obtained, namely characteristics based on age, the majority of respondents were in the age group of 25-35 years (67.1%), based on length of work, the majority of respondents were at work < 5 years (38.4%), while the majority had DIII education as much as 95.8%.

The condition of field competence in West Nias district in 2020 averaged 55.23%, the highest score was 57, the lowest score was 43. The results of the analysis of material through FGD, material that is relevant to increasing the competence of midwives, namely 1. Mastering material, concepts; 2. Develop knowledge creatively; 3. Develop competency in a sustainable manner; 4. Apply communication to develop yourself.

The design of a participatory, innovative, collaborative (pillar) based midwife competency training model includes the preparation of guidebooks and modules. This model stage is still conceptual but will become the basis for the next stage of the development process. Product design, namely the initial product design is part of the model design stage.

Instructions for implementing the pillar-based competency training model include:

1. The Implementation/Syntax Stage Implementation of the model refers to the well-designed phase of the stages developed so that during the discussion with participants there are no technical difficulties. Activities with literature studies character analysis of users of material analysis, field surveys, focus group discussions, goal setting. Design/design stage: 1. Designing work programs and workflows; 2. Model supporting instrument design; 3. Model support system design. Development stage: 1. Validation of the draft research model and instruments; 2. Trial of a pillar-based midwife competency training model; 4. Dissemination/dissemination stage: 1. Product socialization; 2. Publication of research results.
2. Social system. The social system is a pattern of relationship or communication between users of the pillar-based competency training model, namely the midwife as the resource person and the head of the education office and the head of the puskesmas as the midwife's supervisor. Communication patterns that can be used to develop dynamic interactions between fellow users of the model are achieved through the implementation of the pillar model.
3. Reaction Principle. The principle of reaction is a pattern of activity that describes the response of the informant to the midwife either individually or in groups or as a whole. The principle of the reaction is to increase the competence of midwives for stunting prevention in West Nias district for the purpose of creating a conducive atmosphere during training in the implementation of the pillar model, conveying information about the effectiveness of the pillar-based training model.
4. Support system. The support system for the pillar-based midwife competency training model is an element that can help implement midwife competence to increase stunting prevention knowledge.
5. Impact. The impact of pillar-based training has an impact on increasing midwives' knowledge and skills for stunting prevention.

After further observation, the low competency score of midwives in West Nias Regency was due to the low awareness of midwives about increasing competence, even though the Health Office had done many ways to increase competence. The West Nias Health Office has received training in several ways. The training held is still very minimal due to the Covid-19 Pandemic and also the limited budget (W1).

Confirmation results with the head of the health promotion section, one of the factors causing the low competence of midwives is due to a lack of training.

Identification obtained based on field observations through a list of questions obtained that the main problems of midwives in implementing midwifery competency training are long distances and difficult networks. Midwife training is one of the efforts to increase competency.

CONCLUSION

The conclusions from the results of this research are as follows:

1. The characteristics of the pillar-based training model that has been developed and which has been tested statistically and empirically are: 1) Usability (usefulness), namely easy to implement and flexible to support stunting prevention: 2) Clarity (clarity), namely the existence of clarity in the material and objectives of midwife training: 3) Aesthetice (beauty/graphic appearance), where the appearance is very attractive and not boring: 4) Interactive (interactive), namely there is active interaction among fellow members. The characteristics of the model show that several components follow the system in the pillar-based training model, namely the input, process and output components which lead to the achievement of training objectives.
2. Feasibility of the pillar-based midwife competency training management model that has been developed and has been tested is very feasible to use. The feasibility test results were obtained through material expert tests, media expert tests, and model feasibility trials by users in limited trials and wide trials. Material feasibility is seen from the aspect of suitability, quality of content and objectives, and instructional quality. Media feasibility is seen from the aspects of usability, aesthetics, clarity and information quality. The feasibility of the model by users is reviewed from the aspects of ease of use, presentation clarity, beauty and instructional clarity.
3. The effectiveness of the pillar-based midwife competency training management model that is being implemented is effective in increasing the competence of midwives for stunting prevention in West Nias Regency. The effectiveness of the model can be seen from the significant difference between the midwife's average pretest and posttest after using the pillar-based midwife competency training model. Improving the competence of midwives focuses on indicators: a) mastery of material, structures, concepts, scientific mindsets that support increasing stunting prevention competencies: b) Mastering midwife competency standards on stunting, health promotion, effective communication, cultural approaches, and the environment: c) Developing professionalism in a sustainable manner by taking reflective action: d) Utilizing innovation by involving youth, traditional leaders, to communicate and develop themselves.

AUTHORS' CONTRIBUTIONS

The authors confirm contribution to the paper as follows: concept & research questions : Mei Yati Simatupang, Syawal Gultom, and Arif Rahman. Analysis and interpretation of results : Mei Yati Simatupang. Report writing by Mei Yati Simatupang also devised the project, the main conceptual ideas and proof outline. All authors reviewed the results and approved the final version of full paper.

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