

# The Effectivity of Maternal and Child Health Care Center Management in Sampang Regency

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**Abstract-** Maternal and child health care center is developing form of Purnama or Mandiri maternal and child health care that adds Early Childhood Education and Family Planning Coordinating Board (BKB) service. About 33,5% of 191 maternal and child health care center in Sampang Regency has gone optimal. The research approach used is descriptive qualitative research with cross-sectional sample using Slovin formula. This research was conducted in Sampang. The result of this research shows that the management of Maternal and child health care center in Sampang is 77,89% effective including 59,52% in planning, 66,84% in *Monev*. The financial budget for Maternal and child health care center in Sampang has been 96,03% effective, overall.

**Index Terms-** Maternal and Child Health Care, Management, Budget, Childhood Education

## I. INTRODUCTION

In the future, the challenge of national health development is the increasing of Indonesia human resource quality which is measured by Human Development Index (IPM). Health and education development is one of the human fundamental need (Handoko, 2014). It also takes the role to increase the quality of human resource (Hapsara, 2014).

Since March 2012, East Java government proclaims 10.000 Maternal and child health care service that will be available in every village. This program is the form of Early Childhood Education holistic integrative including Early Childhood Education that does not only give education but also the fulfillment of nutrient, health, character, prosperity, and protection. The essence of Early Childhood Education Holistic integrative is the awareness of children's growth is not only supported by education but many more (Lydia Freyani, 2013).

Holistic and integrative means education is not only for children but also the elderly. Furthermore, In the implementation, it corporates or integrated with Department of Education, Health, National Family Planning Coordinating Board (BKKBN), National Development Planning Agency (Bappemas), Library official, BPPKB which then teach them about living healthy, building prosperous and happy family.

Maternal and child health care center is developing Purnama or Mandiri maternal and child health care added with Early Childhood Education service and *BKB* (kid's family maintenance). Maternal and child health care center is not a new organization for society. Instead, It is the function and activity expansion of *Purnama* and *Mandiri* Maternal and child health care, including Maternal and child health care itself, *BKB* and Early Childhood Education. This organization takes care of kids' health, education and parenting.

Maternal and child health care center is made to build future generation which has international quality, better character and Indonesia's personality. There are about 2.744.132 (68,22%) children under age in East Java that do not get Early Childhood Education Holistic Integrative service. In another side, about 1.278.206 children get partial Early Childhood Education service that does not include children's essential growth such nutrient, health, care, protection and education (BKKBN, 2012)

The government will face a serious problem of children's growth if they do not immediately fix this service expansion within early childhood. The problem occur probably influence children's growth and development which then worse human resource's quality and become country's burden, in the end. Hence, the government of East Java seriously try to fix the problem of children's growth. Their action is proven by the new regulation of Governor number 63, 2011, about the development of Holistic and Integrative children. That new regulation becomes the pointing law for maternal and child health care center which aims to fulfill all essential need so that they can grow optimally and become the leading province (Kominfo, 2013).

The implementation of maternal and child health care center in East Java precede President's regulation number 60, 2013. It shows the government of East Java toward children's education. The education in maternal and child health care center is included in Regional Medium-Term Development Plan (RPJMD) of East Java 2014-2019.

The main target of maternal and child health care center right now is still focusing on kids whose aged 0 to 2 years old. Yet, the utility of maternal and child health care center is still low which is proven by 7,41% of rough participant number (APK) for Early Childhood Education (Lydia Freyani, 2013). This case becomes the current problem in developing maternal and child health care center program (UNICEF, 2009).

In Sampang, the maternal and child health care center which is optimal is still 33,5% from 191 existing maternal and child health care center (Dinkes Sampang, 2016). It is shown that the management of it is still low. This problem is caused by the

quality of management which is not really professional, the limitedness of organized institution number, distribution and quality of organizer and unfulfilled service in essential need aspect (Handayani, 2011).

Moreover, appropriate management is needed to solve the problem and to increase the role and function of maternal and child health carecenter. Due to the problem above, a research about the causes of maternal and child health care center utility effectiveness is needed by taking attention to its management.

## II. REVIEW OF LITERATURE

### 2.1 The concept of holistic-integrative maternal and child healthcare

The importance of early childhood’s handling holistically and integrative stated by Gutama (2003) child’s handling need to be managed holistically and integrated. It is strengthened from medical, neurology, psycho-sociocultural and education sight. Then, Sumarno (2003) strengthens Gutama’s statement whether a brain must get good and balance stimulation. Wrong mind setting will cause bad behavior in their adulthood. In contrast, Alisjahbana (2003) clarified that growth considers many aspects such as health, nutrient, emotion, social and education. All of this aspect depends on one other. The succeeded and failed development in one aspect will influence other aspect development.

The development of holistic-integrated early-aged children is seen from the continuous service in term of service system that must be coordinated and integrated well. Another way of seeing its development is the implementation of child’s maternal education and society’s participant. Further, there must be an occasion to access the program as well as their culture and give service to incapability children.

Based on the National Development Planning Agency (2008), the service for holistic early-aged children can be created by: (1) the complement of service to fulfill children’s essential needs based on the age segmentation (from 0 to 6 years old), (2) the quality aspect of all service for children, including: health and nutrient, education, nurture and protection for them. Meanwhile, the service for holistic and integrative early-aged children can be created by (1) the corporation of early childhood development institutes to fulfill children’s essential needs well, (2) the implementation of early childhood development in one institution.

## III. RESEARCH METHOD

This research uses qualitative approach by taking some samples from a population using questionnaires about maternal and child health care center. The respondents for this case are the active members of maternal and child health care center. The sample is taken with cross-sectional using Slovin formula.

$$n = \frac{N}{1 + N(e)^2} = \frac{191}{1 + 191(0,01)} = \frac{191}{2,91} = 65,64 \approx 66 \text{ people}$$

Note:

n : sample size

N : population size

e : the percentage of not being careful in sampling that can be tolerated at least 10%

In this research, the writer only takes 126 members who are leading the management of maternal and child health center as the representative for the population in Sampang.

## IV. RESULT AND DISCUSSION

### 4.1 Management

The management of maternal and child health care center include the plans, implementations, and coordination concerning its activities so that it will be running as well as its plans. This management also aims to achieve the goals of maternal and child health care center.

**Table of respondent distribution toward maternal and child health care center management in Sampang 2017**

Management	Yes	No	Total
a. Organization			
1. Organization structure	(100%) 126	-	Very effective (Yes, >80%)
2. Job division based on the organization structure	(100%) 126	-	

	3. The officer's commutation based on the organization structure	(100%) 126	-	
		<b>100%</b>	<b>0%</b>	<b>100%</b>
<b>b. Plans</b>				
	1. Well plans	(100%) 126	-	<b>Not effective (40%-59,99%)</b>
	2. Target determination/ goals for the plans	(25,39%) 32	(74,61%) 94	
	3. Plans change	(53,17%) 67	(46,83%) 59	
		<b>59,52%</b>	<b>40,48%</b>	<b>100%</b>
<b>c. Implementation</b>				
	1. Plans compatibility	(100%) 126	-	<b>Very effective (Yes, &gt;80%)</b>
	2. Preparation	(100%) 126	-	
	3. Job division	(100%) 126	-	
	4. Officers' activeness and creativeness	(100%) 126	-	
	5. Target compatibility	(100%) 126	-	
	6. House visits	(100%) 126	-	
	7. Evaluation	(100%) 126	-	
	8. Activity report	(100%) 126	-	
		<b>100%</b>	<b>0%</b>	<b>100%</b>
<b>d. Control</b>				
	1. Controlling	(100%) 126	-	<b>Very effective (Yes, &gt;80%)</b>
	2. Educative	(100%) 126		
	3. Routine	(70,63%) 89	(29,37%) 37	
		<b>90,21%</b>	<b>9,79%</b>	<b>100%</b>
<b>e. Monitoring and evaluation</b>				
	1. Monitoring and evaluating	110 (87,30%)	16 (12,70%)	<b>Very effective (Yes, &gt;80%)</b>
	2. Routines	110 (87,30%)	16 (12,70%)	
	3. Evaluation standard	126 (100%)	-	
	4. Feedback	126 (100%)	-	
		<b>93,65%</b>	<b>6,35%</b>	<b>100%</b>

Source: primer data of 2017

The organization management on maternal and child health care center is seen by its structure and job division. The data above shows that 126 or almost 100% respondents said that the maternal and child health care center has clear organization structure even the officers' regeneration. It shows that its management has been effective due to the existence of organization

structure and job division there. By this, it is hoped that there will not be any responsibility missing in among the members of maternal and child health care center organization. It is appropriate with Robbin's opinion (2009) that organization structure determines how the job is divided, reports slot, formal coordination mechanism and interaction form followed. Meanwhile, Kusdi (2009) mentioned whether the organization structure is a way to organize the elements in an organization as well in order to achieve the goals (Gammahendra, et.al, 2014)

The plan here means all things about how things are well-planned, goals determinations, and plan to change. Based on the data above, 126 (100%) respondents have done the activity of maternal and child health care center. Unfortunately, those plans are not balanced with the goals in the active management, that is 94 respondents or 74,61% respondents said that there is no goals determination in plans. This case will cause the infectivity of maternal and child health care center management in term of plans which then affects activity's failure. Similar to the previous case, the change of plans, while the activity is ongoing, will also cause its failure. 59 respondents or 46,83% respondents said that the structured planned in the first is chanced due to the evaluation after the activity conducted. To make the maternal and child health care center management effective in its utility, there must be good plans so that the organization plans can find obvious goals based on their capability.

This case is in contrast with the research of Nurhapna and Setya (2014) that strategic plans can give whole control for all jobs, functions, roles, and motto from hospitals. It also can strengthen the focus of organization so that the organization sources can be used optimally to serve hospital mission. The existence of strategic plans will ease the leaders to make good decisions. Good work starts with good plans.

Implementation included how appropriate the activity with the plans, checking the preparation, members' involvement including their activeness and creativity, goals and activity appropriation, home visits to family who does not attend and activity reports. The data above shows that 126 respondents or about 100% members have conducted effectively the activity of maternal and child health care center. This effectiveness may be possible to affect society to then utilize the existence of maternal and child health care center. Similar to Akbar Nasution's research (2015) who stated that there is an influence among good governance principles toward the affectivity of member's working performance in Unified Investment Service Unit, Medan. Further, the improvement of good governance principles affectivity will better the members' performance.

Then, controlling included activity controls related to the plans' goals, routines and mentoring the activity of maternal and child health care center. In fact, the data above shows that 126 respondent or resemble 100% respondents implied that the control has been conducted very well. Unfortunately, about 37 respondents or 29,37% respondents said that the controls can not commitevery day. However, the control is still effective according to 80% respondents' interview results. According to Areros (2015), top-down control really affects the affectivity of bureaucracy which is supported by Nawawi's theory (1995) that t down control is the process of controlling, checking and evaluating toward the faction of all components to achieve maximally activity performance of maternal and child health care center. Furthermore, Nawawi (2015) also stated that society can also participate in top-down control such as giving critics, suggestions and questions so that the controllers can serve people better based on the regulation of maternal and child health care center.

Meanwhile, monitoring and evaluation include how often it is conducted, its indicators presence, and feedbacks. 93,65% respondents from the data above, the monitoring and evaluation have been well done. As seen from its service improvement feedback. It is alike with Nindy Syafrilia, et.al (2013) that the monitoring and evaluation of merit service conducted in Kulon Progo regency are effectively done.

#### 4.2 Regulation and Letter Decision of Maternal and Child Health Care Center

The regulation and letter decision of maternal and child health care center aim to strengthen the position of it as an activity that purposes to detect children's growth as country's generation.

**Table of respondents distribution toward regulation and letter decision of maternal and child health care center in Sampang**

Regulation and Letter Decision		Yes	No	Total
1.	Letter decision to strengthen the existence of maternal and child health care center	(100%) 126	-	Very effective (Ya, >80%)
2.	The changing of letter decision and regulation annually	-	(100%) 126	
		<b>50%</b>	<b>50%</b>	<b>100%</b>

Source: primary data of 2017

Based on the table above, 126 or 100% respondents said that the regulation and letter decision for maternal and child health care center already existed. Its regulation and letter decision is seldom to change which means the existence of maternal and child health care center is accepted already among the society. By this, the management of maternal and child health care center has been effective. It is similar to Cincy's, et.al research (2017) that the influence of letter decision existence can better the affectivity of maternal and child health care center performances to give better service to people. Alike with Cincy, Noviyanti (2016) also stated that the existence of letter decision also affects the taxpayer responsibility of paying and reporting its tax.

#### 4.3 Budget

The budget here means organization funding to conduct the activities in achieving the goals. It includes the funding from maternal and child health care center itself and outside maternal and child health care center.

**The table of respondents distribution toward the budget of maternal and child health care center management in Sampang**

Budget		Yes	No	Total
1.	Budget of maternal and child health care center itself	(100%) 126	-	Very effective (Ya, >80%)
2.	Members' honorarium	(100%) 126	-	
3.	Budget report	(100%) 126	-	
4.	Budget from outside of the organization	(84,13%) 106	(15,87%) 20	
		<b>96,03%</b>	<b>3,97%</b>	<b>100%</b>

Source: primary data of 2017

Based on the table above, 126 or 100% respondents explained that the maternal and child health care center has fulfilled the budget related to member's honorarium, activities, and its development. Yet, there are 106 or 84,13% respondents get budget help from other for maternal and child health care center management. Overall, the budget estimation of maternal and child health care center in Sampang has gone 96,03% effective.

#### 4.4 Members' Performance

Members' performance includes their active involvement toward structure organizing of maternal and child health care center, their involvement of making plans, conducting activities and making reports of all things related to maternal and child health care center activities.

**The table of respondents' distribution toward the members' performance of maternal and child health care center management in Sampang**

Members' Performance		Yes	No	Total
1.	Structure organizing involvement	(100%) 126	-	Very Effective (Ya, >80%)
2.	Plans making involvement	(86,51%) 109	(13,49%) 17	
3.	Active and creatively involve activities	(100%) 126	-	
4.	Reports making involvement	(100%) 126	-	
5.	Appropriation of conducting the activities	(86,51%) 109	(13,49%) 17	
6.	Trainings	(27,78%) 35	(72,22%) 91	
7.	Corporative characters	(100%) 126	-	
		<b>85,72%</b>	<b>14,28%</b>	<b>100%</b>

Source: primary data of 2017

Based on the table above, 100% respondents explained that almost all members' or maternal and child health care performance have performed professionally. About 109 respondents have involved in plans making of maternal and child health care center. Then, 35 Or 27,78% respondents have got training of concerning their performance which then affects the development of maternal and child health care center management. Overall, the members' performance has already been effective because about 85,72% respondents actively manage the maternal and child health care center. As Mayamin (2014) stated that workers' performance affects the service of village chief office of Sako, Palembang so that they can give better service to the society.

## V. CONCLUSIONS

The effectivity of maternal and child health care center management depends on its organization, plans, implementations, monitoring, evaluation, regulation and letter decision, budget and members' performance. Most maternal and child health care center management in Sampang has gone effective. Only few of them are still less in making plans for its development. About 77,89% maternal and child health care center management has gone effective, 59,52% less managing and 66,84% in trial to increase their affectivity. The budget of maternal and child health care center in sampan has reached 96,03%.

## VI. SUGGESTIONS

1. There should be plans prior to managing the maternal and child health care center in order that the activities run well.
2. There should be regular monitoring or control toward its activities.
3. There should be corporation among related institutions in one place so that children's essential need can be fulfilled and coordinated very well.

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