

Attracting and Retaining Village Midwives in Indonesian Remote Postings : “The Success Case” from West Nusa Tenggara

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The Content

1. What is my research about?
2. Why did I conduct this research?
3. How did I conduct this research?
4. What did I find?

What is my research about?

The aim of the research is to explore key factors in the recruitment and retention of village midwives in remote areas of Indonesia and includes an examination of effects that various government policies have had.

Why did I conduct this research?

- The ratio of midwives in Indonesia has fluctuated
- The density of Skilled Birth Attendants (SBAs) is less than 22.8 per 10,000 population
- Coverage of births attended by SBAs is less than 80%

Why did I conduct this research?

Table 1: Health Services for Pregnant Women Urban versus Rural

Health service	Percentage
Births attended by skilled health personnel (%) Midwives and/or Doctors	Rural: 67% Urban: 88%
Antenatal care of at least 4 visits by midwives (%)	Rural: 75% Urban: 90%

Source: WHO, 2013

In Indonesia, although maternal and infant mortality have decreased from 5,019 women in 2013 to 4,809 women in 2015, and 23,703 infants in 2013 to 22,267 infants in 2015 the statistics are still alarming.

(The MoH, 2016),

Research Questions:

1. What are the factors that influence the recruitment and retention of midwives in remote areas of Indonesia?
2. To what extent do the policies and programme of the GoI respond to and facilitate factors that influence recruitment and retention of midwives in remote areas of Indonesia?

How did I conduct this research?

Success Case Method (SCM)

- Looks at what is working well and why
- Focusing on the positive rather than a deficit model
 - But also explores what isn't working and why

(Brinkerhoff, 2003)

Using 'The Success Case Method'

Locating potential success cases

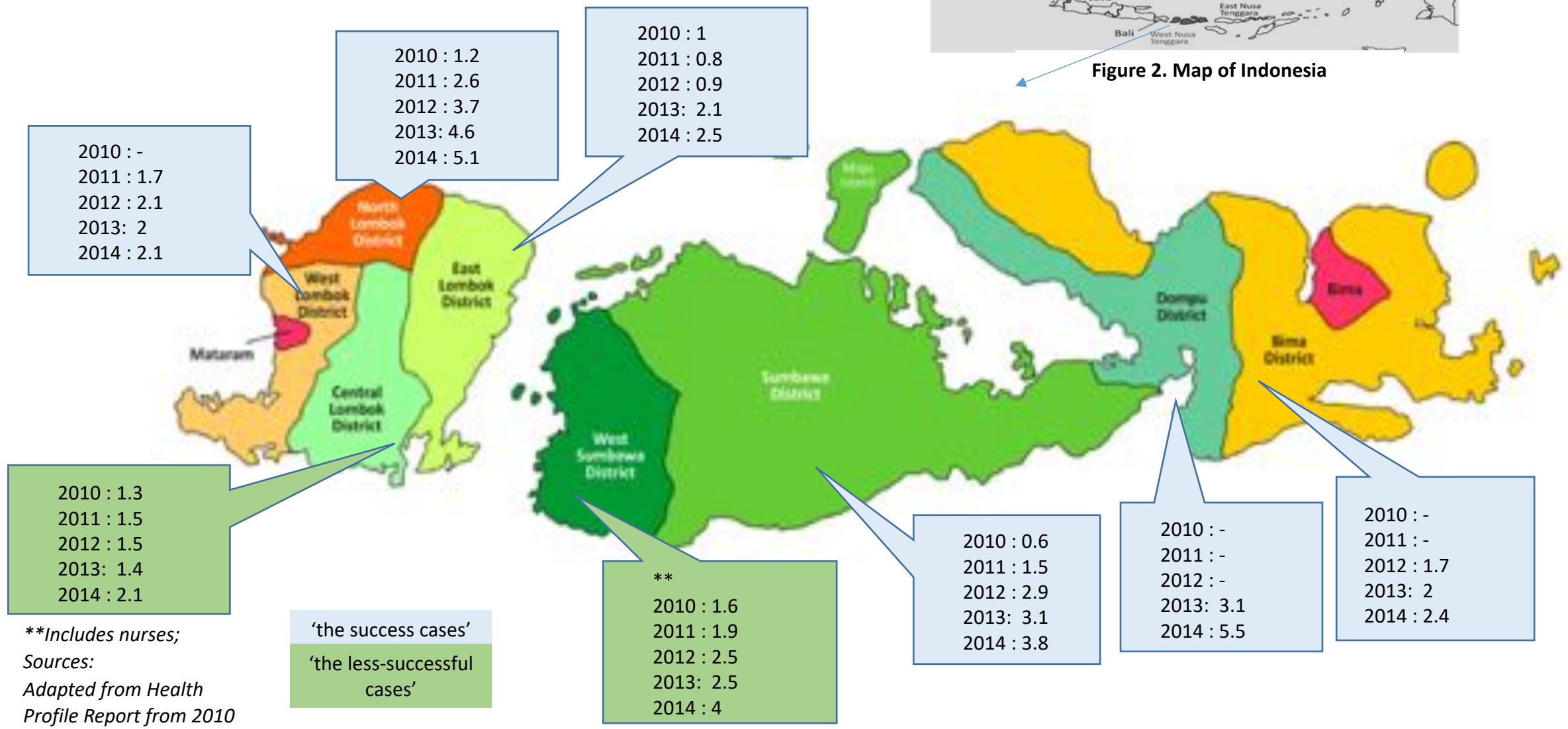
- Desk Study on the coverage of midwives and the geographical situation.
- Sources of data: The Ministry of Health of the Republic of Indonesia; District Health Office in NTB; The Ministry of Rural Development of Disadvantaged Regions, and Transmigration Republic of Indonesia.

Documenting, observation, and interviews

- Eighty three interviews were conducted (midwives and the government officials).
- The sample was drawn from both 'the success cases' and 'less-successful cases' from districts categorised as underdeveloped.



Figure 2. Map of Indonesia



**Includes nurses;
Sources:
Adapted from Health Profile Report from 2010 to 2014 from 8 DHOs in NTB.

'the success cases'
'the less-successful cases'

'The Success Cases' and 'The Less-Successful Cases' of West Nusa Tenggara

The location of the research

Jakarta

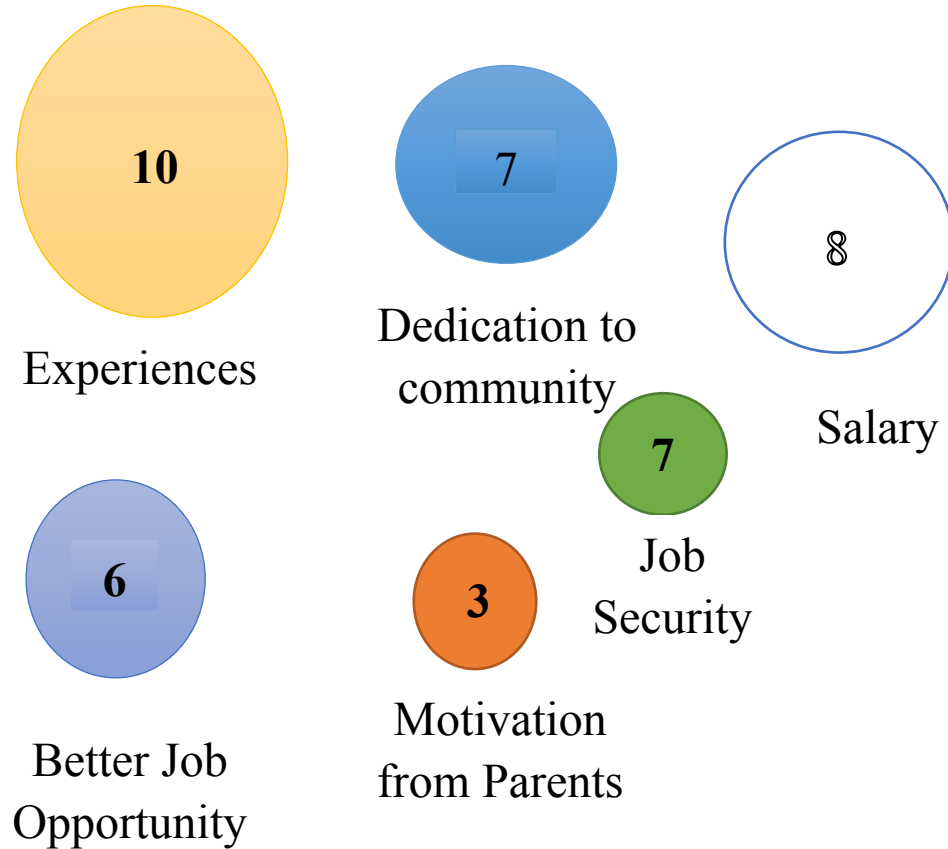
(Capital City of Indonesia)



Remote Areas



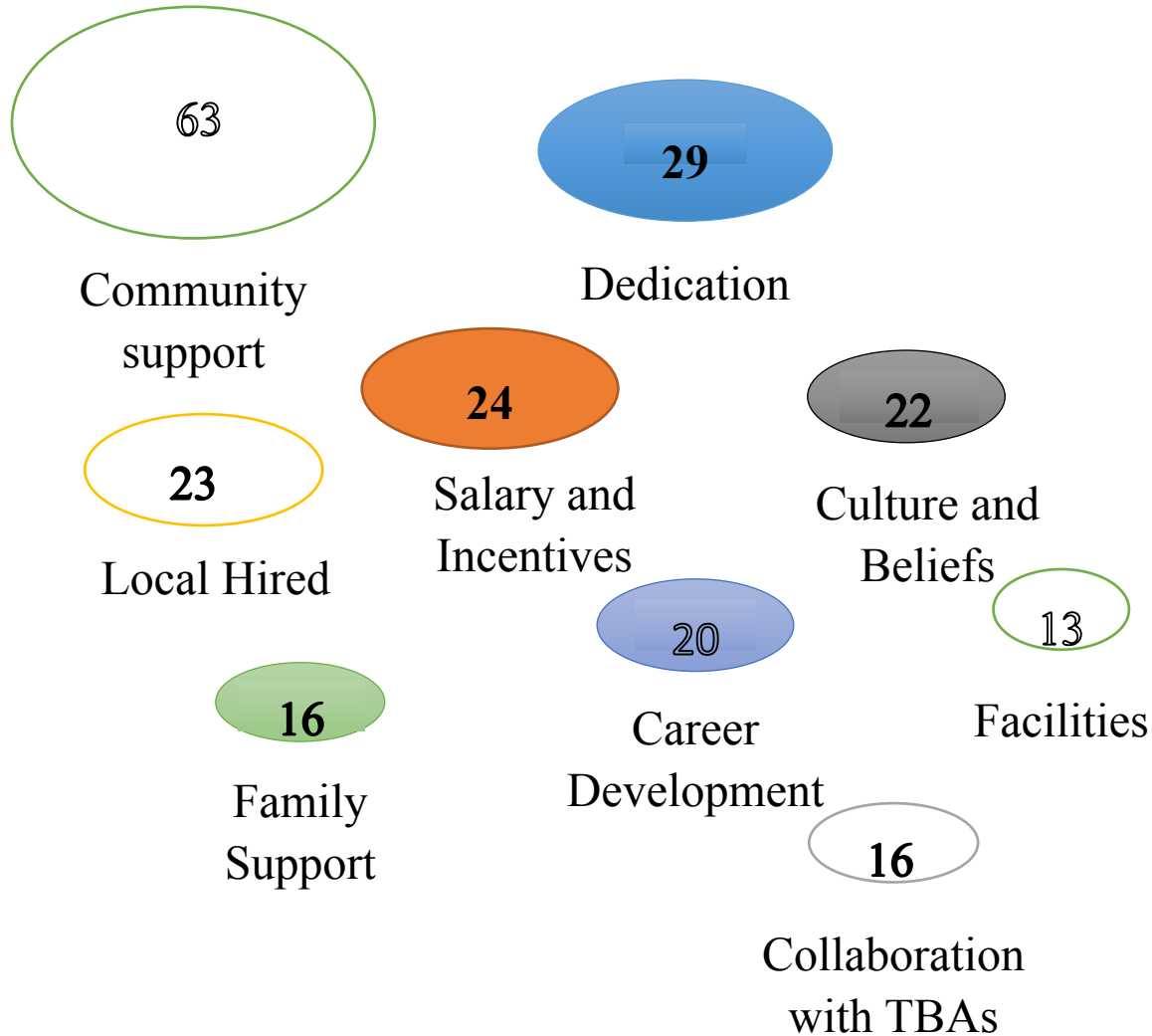
Key Factors that Attract Midwives to Remote Postings



Initially, I wanted to get lots of experiences, but moreover, bigger opportunity to be a village midwives here [NTB province]... (Nationally contracted midwife – LSC)

I [a village midwife] decided to apply for a remote posting because the salary is bigger compare to 'normal' areas. The salary more than doubled the 'normal' areas. In 'normal' areas receive IDR 1.4 million (NZD 160) and for remote areas, it is IDR 3.2 million (NZD 340)... (Nationally contracted midwife – SC)

Key Factors that Retain Midwives to Remote Postings



...community who makes me stay here. Even though I come from a different island (Java Island), I can feel that we (the community members and me) have a really close relationship... It's even closer than my own relatives or siblings (Volunteer midwife – SC).

One of the reasons is 'ikhlas', 'ikhlas' to do your job. 'ikhlas' to do anything, every job has ups and downs, the important thing is 'ikhlas' to help others. I [a village midwife] believe it will get better. If we only chase for the money, it will not last long because when you found a problem [e.g. the difficult patients and difficult working areas] you will give it up easily (Volunteer midwife – LSC)

Key Factors from the National and Local Government's Policies or Strategies 1989-2012

Financial Incentives

Fixed Monthly
Income

11

Retirement
Package

1

Insurance

1

Direct Financial
Incentives

6

Capitation

5

Number of
Policies/Strategies

Non-Financial Incentives

On the Job
Training/
Experiences

7

Permanent
Employment

1

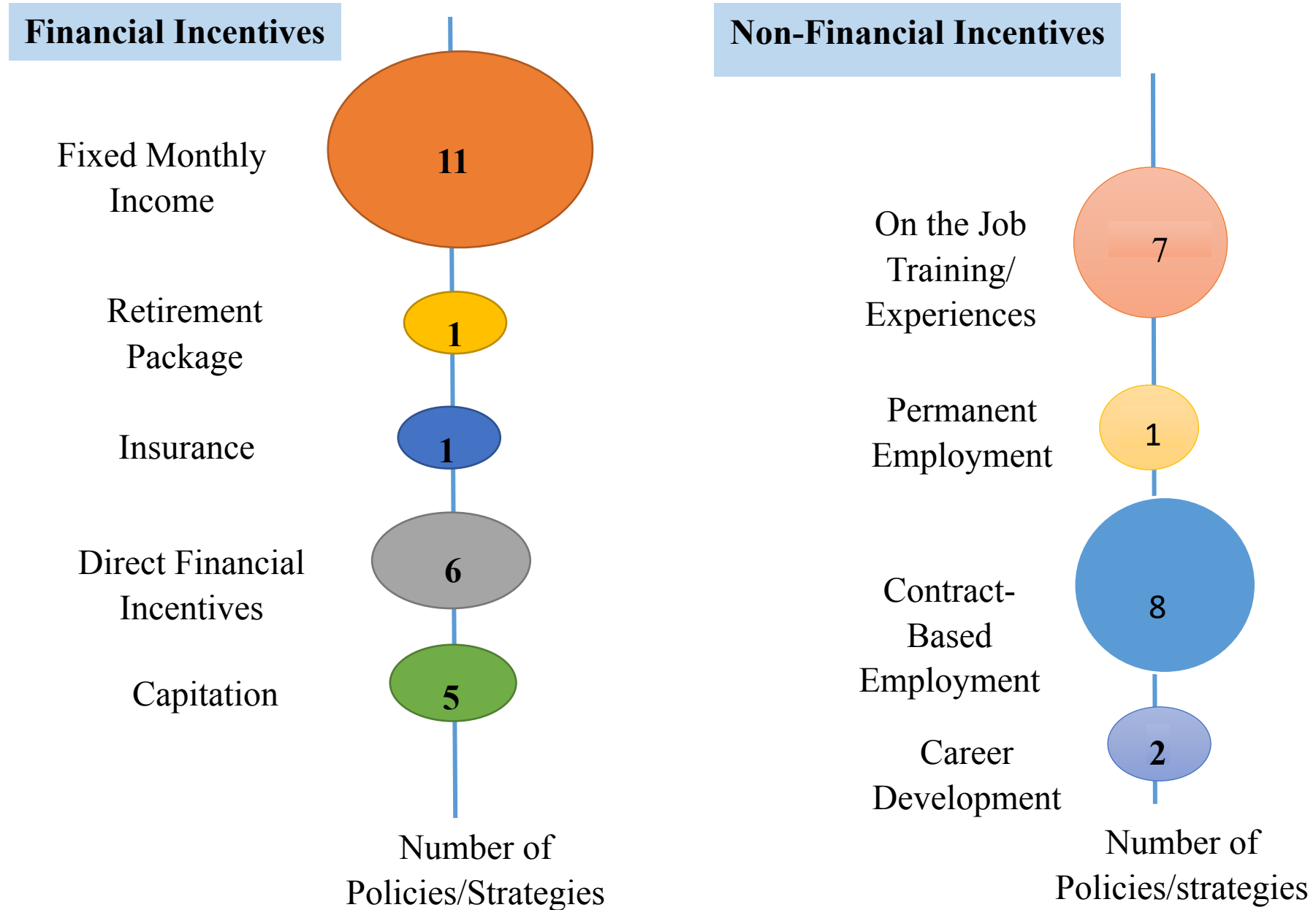
Contract-
Based
Employment

8

Career
Development

2

Number of
Policies/strategies



What did I find?


Most programmes and policies use financial incentives
as the main intervention

YET

There are many cultural, belief and context-specific
factors that contribute to the success of attracting and
retaining midwives in remote areas

Midwives' Employment Status

-  Volunteer
-  Regional Contracted-based
-  National Contracted-based in Remote Areas
-  National Contracted-based in Very Remote Areas
-  Civil Servant

-  Mothers, Children, and Other Community Members



"Wahls" Pride
Similarity in Culture
Less Ego
Employment Status
Grateful
"Wahls" Pride
Similarity in Culture
Less Ego
Employment Status
Grateful
"Wahls" Pride
Similarity in Culture
Less Ego
Employment Status
Grateful

Deployment
Independent
Financial Reason
Devotion to Community & Profession

Conscience
Community Support
Scholarship Scheme
Devotion to Community & Profession

Realistic
Homestown
Belief

Satisfaction in Helping Others
Community Leaders Support
Peerful Life
Fine
Skills Improvement

"Kuber" Support
Marrying Local

Prove Oneself Worth
Community Leaders Support
Marrying Local

MIDWIVES' EXPERIENCES, VIEWS, AND ATTITUDES

Thank You...

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