Factors that Affect the Performance of the Midwife in Conducting Early Detection of High Risk on Pregnant Women in the Health District of Jayapura

Ruth Yogi[1], Muji Lestari[2]

[1, 2]Midwifery School, Health Polytechnic of Jayapura, Jayapura city, Papua, Indonesia

Abstract: *A high risk pregnancy is a pregnancy occurring circumstances deviations from normal, directly causing the pain and death of the mother or baby. Early detection is required by health workers and the public about the presence of risk factors and complications. But in fact the target high risk pregnant mothers who found and handled by the village midwife Regency Jayapura only amounted to 116 (20.7%). While according to the target of 80% of the minimum service standard. This type of research is research explanatory research with approach of quantitative study cross sectional, with a population of the research was the whole village midwife Regency Jayapura 92 number of midwives, village, and total sample of 32 village midwife. The data were analyzed using univariate, bivariate using Chi Square, while for multivariate analysis using logistic regression. The results showed that 93.8% of the village midwife knowledge good, 53.8% has a high motivation, 71.9% of the village midwife good compensation, 93.8% supervision of village midwives good perception, 96.9% of the workload is high, the village midwife 75.0% of village midwives do not have facilities are less complete, 59.4% of the village midwife performance in detecting pregnant women at high risk is good. Bivariate analysis results indicate that the variables related to the performance of the village midwife is the knowledge, motivation, supervision, compensation, workload, and facilities. The results of the multivariate analysis showed that the variables that affect the performance of the village midwife together is the knowledge (p 0.001, Expel B 5.467), motivation (p 0.003, expel B 4,043), compensation (p 0.001, expel B 4.870), supervision (p 0.013, expel B 4.621), load work (p, expel B 2.143 0.035).*

Keywords: performance, early detection of high risk, Midwife

1. Introduction

Maternal mortality is used in monitoring deaths associated with pregnancy. This indicator is affected one namely Ministry of pregnancy. This can be seen in the Indonesia Health profile data the year 2010 that AKI is 240 per 100,000 live births. While the target is the global agreement *(Millennium Development Goals/MDGs)* in 2015 lowering AKI became 102/100,000 KH. The figure indicates that the mother mortality rate is still below target. While AKI province of Papua shows the same thing i.e. year 2007 amounted to 362/100,000 live births, the year 2012 i.e. 356/100,000 live births (Wijono d. 2008).

The direct cause of maternal mortality according to the report the monitoring routine Local Area in 2007, is bleeding (39%), eklampsi (20%), infection (7%) and others (33%) (SDKI, 2007). From year to year the causes of maternal death in the same case dominated still in Jayapura, that showed in 2012 and 2014 year of maternal deaths caused by cases of bleeding, infection, and eklampsi (Government Health Profile Jayapura , 2014).

High risk pregnant mothers who handled is high risk pregnant mothers on one work-area clinics at a certain period which dealt with appropriate standards by trained health care personnel (Safrudin, H.D. 2009.). In accordance with the competence of the third midwife is providing a high-quality antenatal care to optimize health during pregnancy which include; early detection, treatment or referral of certain complications (Rochyati, 2000). This action was supported by the Government, namely issuing by Ministry of Health with number 938/Menkes/SK/VIII/2007 about the standards of care of obstetrics and Ministry of Health no 1464/Menkes/X/2010 about permissions and conducted practice of midwifery (Health 2009 RI.)

Based on the profile of the Jayapura district health coverage data PSW-KIA in mind that the year 2014 visits pregnant women the first, fourth and the detection of high risk by health workers, already shows the targets that have been set. It indicates that the utilization of the services of midwives by community is already increased in early detection; handling of pregnancy complications; pregnant women, husbands, families and communities know the danger signs of pregnancy and know what to do. But in fact the target of high risk pregnant women/maternal complications were found and handled only amounted to 116 (20.7%). While according to the target of 80% of the minimum was service standard (Safrudin, H.D. 2009). This indicates that the presence of midwives in society health center performance in finding and addressing high risk pregnant mothers has not been optimal.

Based on explanation above, researchers want to find out and analyze the factors – factors that affect the performance of midwives village in the early detection of high risk pregnant women in the Health District of Jayapura.

2. The Purpose of Study

Analyze factors that affect the performance of the village midwife in the early detection of high risk pregnant women in the area of public health District Jayapura

3. Method of Study

The design of the p enelitian this is a quantitative study with approach *cross sectional* Population in this research is the entire village midwife who was in Jayapura Regency area a number of 94 people. Of the 94 respondents will be taken as a *proportional random sampling of* midwife in the village of 7 clinics with easy access to the mileage traveled. After done *proportional sampling* then sampling from each of these clinics is done using a random lottery. A large Sample of 19 clinics in the regencies of Jayapura was 32 midwives, village.

4. Result

The respondents in this study are the whole Midwife village in the Regency Jayapura while samples taken are a midwife.
a. Characteristics Of Respondents Based On Age
Table 4.1 Characteristics of Respondents Based on Age in the Region of Village Midwives Jayapura Regency of clinics in 2016

Number	Age Groups (Years)	Frequency (f)	Percentage (%)
1	< 20 years	2	6.2
2	21 – 30 years	15	46.9
3	31 – 40 Years	11	34.4
4	> 40 Years	4	12.5
The total number of		32	100

Source: primary Data, 2016

Based on table 4.1 indicates that respondents based on age group Midwife Jayapura Regency village in the most aged 21-30 years (46,9%) and the least aged > 20 years (6.2%).

b. Characteristics of respondents based on Final Education

Table 4.2: Characteristics of Respondents Based on Education Level of Village Midwives Jayapura Regency health centers in the region in 2016

Number	Level of education	Frequency (f)	Percentage (%)
1	Midwife D3	22	68.8
2	Midwife P2B	10	31.2
The total number of		30	100

Source: primary Data, 2016

Based on table 4.2 shows the respondent based on the level of education of midwives, village in the Jayapura District Clinics most is the level of education of Midwives D3 i.e. as many as 22 people (68.8%).

c. Analysis of Knowledge Village Midwife Regency Jayapura Year 2016.

Table 4. 3: Knowledge Village Midwife about Early Detection of High Risk Pregnant Women in Jayapura Regency Health Centers Area in 2016.

Number	Knowledge	Frequency (f)	Percentage (%)
1	Good	30	93.8
2	Not Good	2	6.2
The total number of		32	100

Source: primary Data, 2016

Based on table 4.3 indicates the village Midwife who is knowledgeable about early detection of high risk pregnant women in the area of public health District Jayapura as many as 30 people (93.8%), while the Knower is not good as much as 2 people (6.2%).

d. Analysis of the motivation of the village Midwife Regency Jayapura Year 2016

Table 4.4: The Village Midwife About Motivation Early Detection Of High Risk Pregnant Women In Jayapura Regency Health Centers Area in 2016

Number	Motivation	Frequency (f)	Percentage (%)
1	High	23	71, .9
2	Low	9	28.1
The total number of		32	100

Source: primary Data, 2016

Based on table 4.4 shows the Village Midwives are highly motivated about early detection of high risk pregnant women in the area of public health District Jayapura as many as 23 people (71.9%), whereas a low motivation as much as 9 people (28.1%).

e. Analysis of supervision of midwives, village of Jayapura Regency Year 2016.

Table 4.5: Supervision Of Midwives, Village Of Early Detection Of High Risk Pregnant Women In Jayapura Regency Health Centers Area in 2016

Number	Supervision	Frequency (f)	Percentage (%)
1	Good	31	96.9
2	Not Good	1	3.1
The total number of		32	100

Source: primary Data, 2016

Based on table 4.5 shows a Village Midwife answer supervision is good about early detection of high risk pregnant women in the area of public health District Jayapura as many as 31 people (96.9%), whereas the answer supervision is not good as much as 1 people (3.1%).

f. Analysis of the existing facilities in Jayapura Regency of clinics of the year 2016

Table 4. 6: On-site clinics in Jayapura Regency Area in Early Detection Of High Risk Pregnant Women in 2016

Number	Facilities	Frequency (f)	Percentage (%)
1	Complete	19	59.4
2	Not Complete	13	40.6
The total number of		32	100

Source: primary Data, 2016.

Based on table 4. 6 shows the health facilities in District Jayapura answered by Village Midwives complete as many as 19 people (59.4%) about early detection of high risk pregnant women in the area of Jayapura District health centers, while the Village Midwife who answered the facility does not complete as many as 13 people (40.6%).

g. The analysis of the workload of the existing Midwives in the Health District Jayapura Year 2016

Table 4.7: The workload of the existing Village Midwife clinics in Counties Jayapura in Early Detection Of High Risk Pregnant Women in 2016

Number	The Workload	Frequency (f)	Percentage (%)
1	The weight of the	24	75.0
2	Not Heavy	8	25.0
	The total number of	32	100

Source: primary Data, 2016.

Based on table 4.7 shows the workload heavy Village Midwife who answered as many as 24 people (75.0%) about early detection of high risk pregnant women in the area of Jayapura District health centers, while the Village Midwife who answered the workload is not heavy as many as 8 people (25.0%).

h. Analysis of the Compensation that is in the Village Midwife Clinics Jayapura Regency Year 2016

Table 4.8: Compensation of existing Village Midwife clinics in Counties Jayapura in Early Detection of High Risk Pregnant Women in 2016

Number	Compensation	Frequency (f)	Percentage (%)
1	Good	30	93.8
2	Not Good	2	6.2
	The total number of	32	100

Source: primary Data, 2016.

Based on table 4.8 shows the compensation received the Village Midwife replied either as many as 30 people (93.8%) about early detection of high risk pregnant women in the area of Jayapura District health centers, while the Village Midwife who respond the compensation is not good as many as 2 people (6.2%).

i. Performance analysis of an existing Village Midwives in the Health District Jayapura in 2016

Table 4.9: The performance of the existing Village Midwife clinics in Counties Jayapura in Early Detection Of High Risk Pregnant Women The year 2016

Number	The Workload	Frequency (f)	Percentage (%)
1	Good	20	62.5
2	Not Good	12	37.5
	The total number of	32	100

Source: primary Data, 2016

Based on table 4. 9 shows the Village Midwife workload that answer either as many as 20 people (62.5%) about early detection of high risk pregnant women in the area of Jayapura District health centers, while the Village Midwife who answered the workload is not good as many as 12 people (37.5%).

1. Bivariat Analysis of Research Results
a. The relationship between knowledge with the performance of the midwife in the village Early Detection of High Risk Pregnant Women in the health area of the Regency Jayapura.

Table 4.10: Frequency distribution table about the relationship of knowledge village midwives with the performance in the Early Detection of High Risk Pregnant Women at Jayapura Regency area health centers in 2016

Knowledge	The performance of the				Total	
	Good		Not Good			
	f	%	f	%	f	%
Good	18	60.0	12	40.0	30	93.8
Not Good	2	10.0	0	0	2	6.2
Total	20	62.5	12	37.5	32	100
X^2 : 3,280 *p value* : 0050 Ho = accepted						

Source: primary Data, 2016

Based on table 4.10 mentioned that good village midwife with a performance on good knowledge of as many as 20 respondents (60.0%), bigger than on performance is not very good with good knowledge that is of 12 respondents (40.0%), while in the performance of good knowledge is not good as much as 2 respondents (10.0%). While the results of the statistical tests can be viewed from the value of the *chi square* 3,280 with *df* = 1 retrieved the value of the *chi square* criticism of 3.84 to significance level of 5%. With *chi square* 3,280, meaning less than the value of the critique of *chi square* value 3.84, while p:0.050 is equal to 0.05 means there is a connection between the knowledge with the performance in the village midwife early detection of risk-pregnant women High in Jayapura Regency area clinics.

b. The relationship between motivation to performance in the village midwife Early Detection of High Risk Pregnant Women in the health area of the Regency Jayapura.

Table 4.11: Frequency distribution table about the relationship of motivation of the village midwife with the performance in the Early Detection of High Risk Pregnant Women in Jayapura Regency area health centers in 2016

Motivation	The performance of the				Total	
	Good		Not Good			
	f	%	f	%	f	%
High	11	34.4	12	37.5	23	71.9
Low	9	28.1	0	0	9	28.1
Total	20	62.5	12	37.5	32	100
X^2 : 7,513 *p value* : 0.006 Ho = rejected						

Source: primary Data, 2016

Based on table 4.11 mentioned that good village midwife with performance on a high motivation as much as 11 respondents (34.4%), smaller than the performance isn't good with high motivation, namely of 12 respondents (37, 5, 0%), while in the performance of good with low motivation as much as 9 respondents (28.1%). While the results of the statistical tests can be viewed from the value of the *chi square* 7,513 with df = 1 retrieved the value of the *chi square* criticism of 3.84 to significance level of 5%. With *chi square* *7,513* means greater criticism of the value of *the chi square* value 3.84, while p: 0.006 is less than 0.05 means there is a connection between the motivations of the village midwife with the performance in the early detection of risk-pregnant women High in Jayapura Regency area clinics.

c. The relationship between the village midwives with the performance of supervision in the Early Detection of High

Risk Pregnant Women in the health area of the Regency Jayapura

Table 4.12: Frequency distribution table of supervision with the performance of midwives in the villages Early Detection of High Risk Pregnant Women in Jayapura Regency area health centers in 2016

Supervision	The performance of the				Total	
	Good		Not Good			
	f	%	f	%	f	%
Good	19	59.4	12	37.5	31	96.9
Not Good	1	31.1	0	0	1	31.1
Total	20	62.5	12	37.5	32	100
X^2 : 0619 *p value* : 0431 Ho = accepted						

Source: primary Data, 2016

Based on Table 4.12 mentioned that good village midwife with performance on supervision either as much as 19 respondents (59.4%), bigger than on performance is not very good with good i.e. supervision of 12 respondents (37, 5, 0%), while in the performance of good with supervision is not good as much as 1 respondents (31.1%). While the results of the statistical tests can be viewed from the value of the *chi square* 0619 with *df* = 1 retrieved the value of the *chi square* criticism of 3.84 to significance level of 5%. With *chi square 0619* mean is smaller than the value of the critique of *chi square* 3.84, while the value of p:0.0431 is greater than 0.05 means there is a connection between the village midwife with the performance of supervision in the early detection of risk-pregnant women High in Jayapura Regency area clinics.

d. The relationship between the performances of facility with a midwife in the village Early Detection of High Risk Pregnant Women in Jayapura Regency area clinics.

Table 4.13: Frequency distribution table of the relationship with the performance facilities in Early Detection of High Risk Pregnant Women in the health area of Jayapura Regency 2016

Facilities	The performance of the				Total	
	Good		Not Good			
	f	%	f	%	f	%
Complete	9	28.1	7	21.9	6	50.0
Not Complete	11	34.4	5	15.6	9	50.0
Total	20	62.5	12	37.5	32	100
X^2 : 5,700 *p value* 0.020: Ho = rejected						

Source: primary Data, 2016.

Based on table. 4.13 mentioned that good village midwife with performance on a full facilities as much as 9 respondents (28.1.4%), bigger than on performance is not good with full facilities i.e. of 7 respondents (21.9%), while in the performance of good with the facilities was not complete as many as 11 respondents (34.4%) is greater than not good with incomplete facilities as much as 5 respondents (15.6%). While the results of the statistical tests can be viewed from the value of the *chi square* 5,700 with *df* = 1 retrieved the value of the *chi square* criticism of 3.84 to significance level of 5%. With *chi square 5,700* means greater criticism of the value of *the chi square* value 3.84, while p: 0.020 is less than 0.05 means there is a connection between the performances

of facility with the village midwife in the early detection of risk-pregnant women High in Jayapura Regency area clinics.

e. The relationship between compensation performances with midwives in the villages Early Detection of High Risk Pregnant Women in the health area of the Regency Jayapura

Table 4.14: Frequency distribution table of compensation with the performance of midwives in the villages Early Detection Of High Risk Pregnant Womenin Jayapura Regency area health centers in 2016

Compensation	The performance of the				Total	
	Good		Not Good			
	f	%	f	%	f	%
good	20	65.5	10	31.2	30	93.8
Not good	0	0	2	6.2	2	6.2
Total	20	62.5	12	37.5	32	100
X^2 : 3,556 *p value* : 0049 Ho = rejected						

Source: primary Data, 2016

Based on table. 4.14 mentioned that good village midwife with a performance on good compensation as much as 20 respondents (65.5%), bigger than on performance is not very good with good i.e. compensation of 10 respondents (31.2%), while the performance is not both with compensation is not good as much as 2 respondents (6.2%). While the results of the statistical tests can be viewed from the value of the *chi square* 3,556 with *df* = 1 retrieved the value of the *chi square* criticism of 3.84 to significance level of 5%. With *chi square 3,556* means greater criticism of the value of *the chi square* value 3.84, while p: 0.049 is less than 0.05 means that there is a relationship between compensation performances with midwife village in the early detection of risk-pregnant women High in Jayapura Regency area clinics.

f. The relationship between the workload performances with midwives in the villages Early Detection of Mother High Risk Pregnant in Jayapura Regency area clinics

Table 4.15: Frequency distribution table of the relationship of the workload of the village midwife with its performance in Early Detection of High Risk Pregnant Women in Jayapura Regency area health centers in 2016

The workload	The performance of the				Total	
	Good		Not Good			
	f	%	f	%	f	%
The weight of the	14	43.8	10	31.2	24	75.0
Not heavy	6	18.8	2	6.2	8	25.0
Total	20	62.5	12	37.5	32	100
X^2 : 5,711 *p value* : 0035 Ho = rejected						

Source: primary Data, 2016

Based on Table 4.15 mentioned that good village midwife with performance on a heavy workload as much as 14 respondents (43.8%), bigger than on performance is not good with the workload does not weight that is of 6 respondents (18.8%), while in the performance of both facilities are not complete as many as 11 respondents (34.4%) larger than does well with the workload does not weight by as much as 2 respondents (6.2%). While the results of the statistical tests can be viewed from the value of the *chi square* 5,711 with df = 1 retrieved the value of the *chi square* criticism of 3.84 to

significance level of 5%. With *chi square 5,711* means larger than the value of the critique of *chi square* value 3.84, while p: 0.035 is less than 0.05 means there is a connection between the workload performances with midwives, village in the early detection of risk-pregnant women High in Jayapura Regency area clinics.

2. Multivariate Analysis Of Research Results

Multivariate test results using a binary logistic regression analysis by method enter, then retrieved the five most dominant variables that affect the performance of the village midwife in Early Detection Of High Risk Pregnant Women in the health area of the Regency Jayapura knowledge, facilities, compensation, motivation, and supervision, as shown in the table below.

Table 4.16: The most influential Factors on performance of midwives is in the villages Early Detection of High Risk Pregnant Women in Jayapura Regency area clinics

Variables in the Equation									
		B	S.E.	Wald	DF	SIG.	Exp (B)	95.0% C. I. for EXP (B)	
								Lower	Upper
Step 1[a]	kat_p	483.	3.216 E4	000.	1	000.	6,621	2,243	6,924
	kat_s	-21,539	4.019 E4	000.	1	013	4,000	4,800	6-. 033
	kat_fs	-762.	1,035	.. 542	1	000.	5,467	4,309	7,976
	kat_bk	-1,946	1,074	3,284	1	035.	2,143	5,321	6,321
	Kat_m	-22,022	1.504 E4	000.	1	003.	4,043	4,556	5,223
	kat_km	20,536	2,813 E4	000.	1	001	4.870.	3,083	6.251
	Constant	26,350	5670 E4	000.	1	000.	2.777 E11	2,684	6,684
The primary data source of 2016									

Based on The Table. 4.16 shows from some of the independent variables were analyzed using multivariate after regression test double logistics acquired:

1) The independent variables are the most dominant performance against Predictor which became a midwife in the village Early Detection of High Risk Pregnant Women in Jayapura Regency area clinics.

   a) The problem of knowledge influence on performance in the village midwife Early Detection of High Risk Pregnant Women in the health area of the Regency Jayapura because of the value of the *p value* 0000 and OR/exp (B) 6,621 means that knowledge has likely been met 6 times going on good performance compared to other factors.

   b) The issue of the influential great facilities on performance in the village midwife Early Detection Of High Risk Pregnant Women in the health area of the Regency Jayapura because of values p value 0000 and OR/exp (B) 5,467 means that facilities are met has the possibility of good performance occurs 5 times compared to other factors.

   c) The issue of compensation influence on performance in the

   d) village midwife Early Detection of High Risk Pregnant Women in the health area of the Regency Jayapura because of the value of the *p value* and the value of 0.001 OR/exp (B) 4,870 means that compensation had likely met 4 times going on good performance compared to other factors

   e) The problem of motivation influence on performance in

   f) the village midwife Early Detection Of High Risk Pregnant Women in the health area of the Regency Jayapura because of the value of the *p value* and value OR 0.003/exp (B) 4,043 means that motivation has likely met 4 times going on good performance compared to other factors.

   g) The problem of supervision effect on the performance of the midwife in the village Early Detection Of High Risk Pregnant Women in the health area of the Regency Jayapura because of the value of the *p value* 0.013 and OR/exp (B) 4,621 supervision means that the met had the possibility of good performance happens 4 times compared to other factors

2. The results of the binary logistic regression analysis to influence the probability of occurrence with the equation:
The probability of a village midwife performance there in the health district of Jayapura 0105 = 10.5%. This means that if the variable together a good knowledge, supporting facilities, a good compensation, motivation, supervision, and performance variables with categories either have possibilities against the implementation of village midwives in the early detection of High Risk pregnant women in Jayapura Regency area clinics.

5. Discussion

Based on the results of the research showed the performance of midwives in the villages Early Detection of High Risk Pregnant Women in the health area of the Regency Jayapura good as much as 24 people (75.0%). Greater than the performance wasn't good with good knowledge that is of 12 respondents (40.0%), while in the performance of either with knowledge is not good as much as 2 respondents (10.0%). While the results of the statistical tests can be viewed from the value of the *chi square* 3,280 with df = 1 retrieved the value of the *chi square* criticism of 3.84 to significance level of 5%. With *chi square* 3,280, meaning less than the value of the critique of *chi square* value 3.84, while p:0.050 is equal to 0.05 means there is a connection between the knowledge with the performance in the village midwife early detection of risk-pregnant women High in Jayapura Regency area clinics.

So knowledge is no relationship with the village midwife performance in Early Detection Of High Risk Pregnant Women in the health area of the County, when the village midwife in the low knowledge or less then in program implementation Early Detection Of High Risk Pregnant Women in the health districts will not maximum or did not go well.

Discussion of Motivation

Based on the results of research that the midwife village with good performance at high motivation as much as 11 respondents (34.4%), smaller than the performance isn't good with high motivation, namely of 12 respondents (37, 5, 0%), while in the performance of either with low motivation as much as 9 respondents (28.1%). While the results of the statistical tests can be viewed from the value of the *chi square* 7,513 with df = 1 retrieved the value of the *chi square* criticism of 3.84 to significance level of 5%. With *chi square 7,513* means greater criticism of the value of *the chi square* value 3.84, while p: 0.006 is less than 0.05 means there is a connection between the motivations of the village midwife with the performance in the early detection of risk-pregnant women High in Jayapura Regency area clinics.

The motivation of the village midwife in Early Detection Of High Risk Pregnant Women still lower or less, because there is no support in terms of HUMAN RESOURCES, this is evidenced by the lack of funds or budget is still required for program activities Early Detection Of High Risk Pregnant Women in addition, the infrastructure and facilities required for activities Early Detection Of High Risk Pregnant Women is not yet available. Besides that, they get no compensation either directly or indirectly, so that their work is not motivated, result in low performance appropriate village midwives.

So the motivation is no relationship with the village midwife performance in Early Detection Of High Risk Pregnant Women in the health area of the County, when the village midwife low motivation or less in the program Early Detection Of High Risk Pregnant Women in the health area of the County, then the event will not run with the maximum by midwife village.

Discussion of Supervision

The research results showed that good village midwife with performance on supervision either as much as 19 respondents (59.4%), bigger than on performance is not very good with good i.e. supervision of 12 respondents (37, 5, 0%), while in the performance of either with supervision is not good as much as 1 respondents (31.1%). While the results of the statistical tests can be viewed from the value of the *chi square* 0619 with df = 1 retrieved the value of the *chi square* criticism of 3.84 to significance level of 5%. With *chi square 0619* mean is smaller than the value of the critique of *chi square* 3.84, while the value of p:0.0431 is greater than 0.05 means there is no relationship between the supervision of midwives in villages with the performance of early detection of pregnant women High risk in Jayapura Regency area clinics.

Less well Supervised midwives village in Early Detection Of High Risk Pregnant Women in the health area of the Regency Jayapura by superiors as head of clinics and the Department of health, because of the absence of a definite schedule of activities in supervision and the absence of a definite standard in doing the assessment in the supervision, so that they feel no guidance and direction are actually badly needed by the village midwife do its performance, whereas supervision is an activity evaluated of activities the village midwife in the early detection of High Risk pregnant women in Jayapura Regency area clinics are already conducted or not. Supervision activities should be done a minimum of three months, to assess whether the program is implemented or not, if it's not the problem. Supervision and evaluation of the work is very important in activity in the early detection of High Risk pregnant women in Jayapura Regency area health centers in order to run optimally.

So there is a relationship between the supervision of superior performance with midwives, village in Early Detection Of High Risk Pregnant Women in the health area of the County, if supervision from superiors are not going well in the program in the Early Detection Of High Risk Pregnant Women in the health area of the County, then those activities are not carried out properly or not even done random runs optimally.

Discussion Facilities

Research results that good village midwife with performance on a full facilities as much as 9 respondents (28.1.4%), bigger than on performance is not good with full facilities i.e. of 7 respondents (21.9%), while in the performance of good facility not complete as many as 11 respondents (34.4%) is greater than not good with incomplete facilities as much as 5 respondents (15.6%). While the results of the statistical tests can be viewed from the value of the *chi square* 5,700 with df = 1 retrieved the value of the *chi square* criticism of 3.84 to significance level of 5%. With *chi square 5,700* means greater criticism of the value of *the chi square* value 3.84, while p: 0.020 is less than 0.05 means there is a connection between the performances of facility with the village midwife in the early detection of risk-pregnant women High in Jayapura Regency area clinics.

So the existing facilities in the activities Early Detection Of High Risk Pregnant Women in the health districts there is a connection with the performance of the village midwife, if the facility is not complete or support activities in Early Detection Of High Risk Pregnant Women in the health districts , then the event will not run in accordance with the desired or appropriate standards already specified by the clinic.

Discussion of the Compensation

Research results that good village midwife with a performance on good compensation as much as 20 respondents (65.5%), bigger than on performance is not very good with good i.e. compensation of 10 respondents (31.2%), while the performance is not good with compensation is not good as much as 2 respondents (6.2%). While the results of the statistical tests can be viewed from the value of the *chi square* 3,556 with df = 1 retrieved the value of the *chi square*

criticism of 3.84 to significance level of 5%. With *chi square 3,556* means greater criticism of the value of *the chi square* value 3.84, while p: 0.049 is less than 0.05 means that there is a relationship between compensation performances with midwife village in the early detection of risk-pregnant women High in Jayapura Regency area clinics.

So there is a connection with the compensation performance of midwives, village in Early Detection Of High Risk Pregnant Women in the health area of the County, when compensation is received or desired by the village midwife in the program is not appropriate, then the program Early Detection Of High Risk Pregnant Women in the health districts will not run at maximum will be even at a standstill because of the need to charge enough to the event.

Discussion of Workload

Research results that good village midwife with performance on a heavy workload as much as 14 respondents (43.8%), bigger than on performance is not good with the workload does not weight that is of 6 respondents (18.8%), while in the performance of either with the facility is not complete as many as 11 respondents (34.4%) larger than does well with the workload does not weight by as much as 2 respondents (6.2%). While the results of the statistical tests can be viewed from the value of the *chi square* 5,711 with df = 1 retrieved the value of the *chi square* criticism of 3.84 to significance level of 5%. With *chi square 5,711* means larger than the value of the critique of *chi square* value 3.84, while p: 0.035 is less than 0.05 means there is a connection between the workload performances with midwives, village in the early detection of risk-pregnant women High in Jayapura Regency area clinics.

So the village midwife workload has anything to do with the performance of the village midwife in Early Detection Of High Risk Pregnant Women in the health area of the County, if the load is too heavy work in midwifery activity in Early Detection Of High Risk Pregnant Women , then the program is not running optimally, since the village midwife thinks such activities was too heavy with the amount of power that is still lacking.

References

[1] Kemenkes RI, 2015. Buku ajar kesehatan ibu dan anak. Gavi, Jakarta http: //www.menegpp.go.id/ AKI pada Ibu
[2] Melahirkan Menurut SDKI 2007. (Akses tanggal 27 februari 2016).
[3] Wijono Djoko. 2008. *Manajemen Kesehatan Ibu dan Anak*. Duta Prima Airlangga. Surabaya.
[4] Safrudin, H.D. 2009. *Kebidanan Komunitas*. EGC. Jakarta.
[5] Rochyati, P. 2000. *Rujukan Terencana dalam Sistem Rujukan Paripurna Terpadu Kabupaten Kota.* Pusat Safe Motherhood RSUD dr. Soetomo / FK UNAIR. Surabaya.
[6] Dinas Kesehatan Jayapura , 2015. Profil dinas kesehatan Kabupaten Jayapura.
[7] Ohama, K, Melendez, V, Uehera, N, & Ohi, G. 2008. *Study of Patient Referal System in the Republic of Honduras.* Oxford University Press. Health Policy and Planning (Accessed 20 December 2010).
[8] Majoko, F., Munjanja, Nystra, L. & Lindmark, G. 2006. *Effectiveness of Referral System for Antenatal and Intra Partum Problems in Gutu Distric, Zimbabwe.* Journal of Obstetrics & Gynecology. (Accessed 20 Desember 2010).
[9] Gibson, James L, John M. Ivancevich, James H. Donelly. Jr. *Organization : Behavior, Structur, Processes,* 7th ed, Irwan, Bostom. 1996
[10] Prawirosentoro, S. 1999. *Kebijakan Kinerja Karyawan*. Yogyakarta Nursalam. 2000. *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan.* Salemba Medika. Surabaya.
[11] Maramis. 2006. *Perilaku dalam Pelayanan Kesehatan. Airlangga University Press.* Surabaya.
[12] Suryani, T. 2008. *Perilaku Konsumen*. Graha Ilmu. Yogyakarta.
[13] Simamora, Henry. 1995. *Manajemen Sumber Daya manusia*, Edisi 1, Cetakan 1, STIE YPKN. Yogyakarta.
[14] Handoko, T.H. 1992. *Manajemen Personalia dan Sumber Daya Manusia* Edisi 2. Yogyakarta.
[15] Depkes RI, 1997. *Pedoman Pembinaan Teknis Bidan di Desa*. Dit.Jend. Binkesmas, Depkes RI. Jakarta.
[16] Ilyas, Y. 2003. *Kinerja (Teori, Penilaian, dan Penelitian).* FK-UI. Jakarta.
[17] Muclas. M. 1997. *Perilaku Organisasi.* Yogyakarta.
[18] Soeprihanto, J. 2000. *Penilaian Kinerja dan Pengembangan Karyawan*. BPFE. Yogyakarta.
[19] Timpe, A.D. 1999. *Kinerja*. Elex Media omputindo. Jakarta.
[20] Martoyo, S. 2000. *Manajemen Sumber Daya Manusia* Edisi 4, BPFE. Yogyakarta.
[21] Depkes RI. 1998. *Modul Safe Motherhood*. Jakarta.
[22] Prawirohardjo Sarwono. 1999. *Ilmu Kebidanan*. Yayasan Bina Pustaka Sarwono Prawirohardjo. Jakarta.
[23] Nugroho Taufan. 2010. *Buku Ajar Obstetri*. Nuha Medika. Yogyakarta.
[24] Varney Helen. 2008. *Buku Ajar Asuhan Kebidanan volume 2*. EGC. Jakarta.
[25] Taber Ben-zion. 2002.*Kedaruratan Obstetri dan Gynekologi*. EGC. Jakarta.
[26] Permenkes Nomor 1464/MENKES/PER/X/2010. *Tentang Ijin Praktik Bidan.*
[27] Burhan Bungin. 2008. *Metode Penelitian Kuantitatif*. Kencana Prenada Media Group. Jakarta.
[28] Sugiyono. 2006. *Metode Penelitian Kuantitatif dan Kualitatif*. Alfabeta. Bandung.
[29] Jonathan, S. 2006. *Metode Penelitian Kuantitatif dan Kualitatif*. Graha Ilmu. Yogyakarta.