

MIDWIVES' KNOWLEDGE OF THE MINIMUM INITIAL SERVICE PACKAGE (MISP) FOR REPRODUCTIVE HEALTH DURING HEALTH CRISES IN BOJONGPICUNG DISTRICT, CIANJUR REGENCY

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Abstract

Introduction: In emergency disaster situations, reproductive health concerns are frequently neglected. Women face heightened risks during childbirth, often having to deliver without the support of skilled healthcare professionals. Additionally, the potential for sexual violence, unintended pregnancies, and the spread of HIV can increase under such conditions. Ensuring access to reproductive health services during disasters is crucial for saving lives. The implementation of the Minimum Initial Service Package (MISP) for reproductive health can play a key role in mitigating these risks in disaster scenarios. This study aims to assess the knowledge of midwives regarding the MISP for reproductive health during health crises in Bojongpicung District, Cianjur Regency. **Methods:** The type of research used is descriptive research. The population in this study were midwives of Bojongpicung District with a total of 38 people and a sample of 38 people. The sampling method in this study was carried out using total sampling. The research instrument used a questionnaire as many as 25 questions. **Results:** The results of the study were 29 respondents with a presentation of 76.3%. then those with sufficient knowledge were 8 respondents (21.1%) and lack of knowledge consisted of 1 respondent (2.6%). **Conclusion:** Based on the results of data analysis that has been carried out, it can be concluded that most respondents have good knowledge about PPAM (Minimum Initial Service Package) in health crises in Bojongpicung sub-district, Cianjur Regency as many as 29 respondents (76.3%).

Keywords: Midwife, reproductive health PPAM, health crisis.

1. INTRODUCTION

In emergency disaster situations, reproductive health concerns are frequently neglected. Women face heightened risks during childbirth, often having to deliver without the support of skilled healthcare professionals. Additionally, the potential for sexual violence, unintended pregnancies, and the spread of HIV can increase under such conditions. Ensuring access to reproductive health services during disasters is crucial for saving lives. The implementation of the Minimum Initial Service Package (MISP) for reproductive health can play a key role in mitigating these risks in disaster scenarios. This study aims to assess the knowledge of midwives regarding the MISP for reproductive health during health crises in Bojongpicung District, Cianjur Regency (Nora Veri et al. 2020).

Reproductive health services in disaster emergencies are implemented through the Minimum Initial Service Package (MISP) at the onset of the disaster. The *Minimum Initial*

Service Package (*MISP*) for Reproductive Health is a coordinated set of essential programs designed to prevent and manage the consequences of sexual violence, reduce the spread of HIV, prevent high maternal and child mortality and morbidity, and plan adequate prenatal health services in the first days and weeks of an emergency. (Nora Veri et al. 2020). PPAM is a series of reproductive health programs that must be implemented quickly during medical emergency response to save the lives of vulnerable groups. *MISP/PPAM* is a global intervention that is now part of the minimum disaster/humanitarian response standards called SPHERE standards. SPHERE standards are a set of humanitarian standards compiled by international aid agencies with the aim that disaster victims (refugees) can live in a decent and dignified manner.(Ministry of Health 2021)

Reproductive health is a crucial component of overall human well-being that requires focused attention. In Indonesia, reproductive health challenges remain significant, particularly in less developed regions. The situation has become even more complicated due to the COVID-19 pandemic, which has limited access to services like antenatal care, childbirth assistance, and postpartum care, as a result of social distancing measures and lockdowns. To address this issue, the Indonesian Ministry of Health introduced a new policy in the form of a minimum initial service package for reproductive health during health crises. This initiative is designed to ensure that communities can still access essential and affordable reproductive health services. The package includes services such as pregnancy check-ups, childbirth assistance, postpartum care, and contraception, all provided under strict health protocols to minimize the risk of COVID-19 exposure for those seeking care.

So far, there has been great progress in the implementation of PPAM in Indonesia. Reproductive health services during a health crisis, which were previously considered unimportant and rarely existed at the beginning of a health crisis, are now integrated in the national disaster response system in the health sector under the organization of Puskesmas. The coordination process, which is one of the important elements of PPAM, has also been successfully implemented by the reproductive health sector at the national and local levels through the involvement of various sectors including government agencies, non-governmental organizations (NGOs), professional organizations and other social organizations. The same applies to other aspects of PPAM such as prevention and control of sexual violence, prevention of increased maternal and child morbidity and mortality, prevention of STI and HIV transmission and prevention of unwanted pregnancies.(Ministry of Health 2021)

To ensure the provision of high-quality reproductive health services, particularly during health crisis emergencies, it is essential to establish effective coordination between relevant programs, sectors, and active community participation. This should be done across all levels of service delivery through research, planning, implementation, monitoring, and evaluation processes. Although there is currently no specific data or reports on the number of pregnant women in disaster-affected areas of Indonesia, past experiences in disaster management highlight that many women encounter pregnancy-related complications or give birth during such crises. For instance, during the 2009 Padang earthquake and the 2010 eruption of Mount Merapi in Yogyakarta, women gave birth under challenging circumstances. In Padang, some women were transported by trucks to deliver their babies amidst the earthquake. Birth attendants in disaster situations should be equipped with tools and resources to assist mothers outside their usual settings. (Nora Veri et al. 2020).

Based on this, this study was conducted to determine the extent of knowledge of health workers, especially midwives, about PPAM for reproductive health in a health crisis. For this reason, on this occasion, the researcher made a final project report related to the Overview

of Midwives' Knowledge of PPAM (Minimum Initial Management Package) for reproductive health in a health crisis in Bojongpicung District, Cianjur Regency.

2. RESEARCH METHODS

The type of research used is descriptive research. Descriptive research is research to see a description of the phenomena that occur in a particular population. Quantitative descriptive research is research in describing, where researchers use numbers with univariate analysis in the form of percentages and measures of central tendency such as mean, and standard deviation, then presented in the form of frequency distribution tables. Research with a crossectional approach is a study where variables are observed and observed at the same time. Where researchers only measure the description of midwives' knowledge of reproductive health PPAM in the health crisis in Bojongpicung District, Cianjur Regency.

3. RESEARCH RESULTS

The results of research on the Overview of Midwives' Knowledge of Reproductive Health PPAM in Health Crisis at Bojongpicung District, Cianjur Regency was conducted on May 15-21, 2023, so a sample of 38 respondents was obtained which was part of the entire population of 38 people. Sampling was done by *total sampling*. Data processing was carried out with the SPSS application using descriptive methods, namely research methods that intend to describe the characteristics of the problem under study and then draw conclusions based on the data obtained in the form of frequency distribution tables. The following will explain the frequency table based on the research variable on knowledge, which is as follows:

Table 1: Frequency Distribution of Midwives' Knowledge about PPAM

Midwife Knowledge	Health Crisis		PPAM Reproductive Health		Management of Reproductive Health PPAM		Reproductive Health PPAM in Health Crisis	
	F	%	F	%	F	%	F	%
Good	28	73,7	31	81,6	19	50,0	29	76,3
Simply	8	21,1	5	13,2	8	21,1	8	21,1
Less	2	5,3	2	5,3	11	28,9	1	2,6
Total	38	100,0	38	100,0	38	100,0	38	100,0

Based on table 1, the frequency distribution based on knowledge about health crises shows that out of a total of 38 midwife respondents, 28 respondents (73.7%) had good knowledge, 8 respondents (21.1%) had sufficient knowledge, and 2 respondents (5.3%) had poor knowledge. Based on the knowledge of midwives about PPAM Kespro, it shows that out of a total of 38 midwife respondents, 31 respondents (81.6%) had good knowledge, then 5 respondents (13.2%) had sufficient knowledge and 2 respondents (5.3%) had poor knowledge.

Based on the knowledge of midwives about the management of PPAM Kespro, it shows that out of a total of 38 midwife respondents, 19 respondents (50.0%) had good knowledge, then 8 respondents (21.1%) had sufficient knowledge and 11 respondents (28.9%) had poor knowledge. Based on the knowledge of midwives about PPAM Kespro in the health crisis, it shows that out of a total of 38 respondents, midwives with good knowledge were 29 respondents (76.3%), then those with sufficient knowledge were 8 respondents (21.1%) and poor knowledge consisted of 1 respondent (2.6%).

4. DISCUSSION

Based on the results of research conducted by researchers on May 15, 2023 in Bojongpicung, Cianjur Regency with the title "description of midwives' knowledge of reproductive health PPAM in health crises in Bojongpicung District, Cianjur Regency" obtained data on midwives' knowledge of health crises in table 1 as many as 28 (73.7%) respondents had a good category, 8 (21.1%) respondents had a sufficient category and 2 (5.3%) respondents were in the less category. The majority of midwives' knowledge is good regarding knowledge of the health crisis, although 2 of them are in the insufficient category, this may be due to the fact that the respondents are still in the stage of knowing the health crisis, so they do not really understand about the health crisis.

Based on table 1, the knowledge of midwives about PPAM reproductive health as many as 31 (81.6%) respondents had a good category, 5 (13.2%) respondents were in the sufficient category. These results are more improved when compared to the knowledge of midwives about the health crisis, although the knowledge of the poor category is the same as 2 respondents. Based on table 1 midwives' knowledge about the management of reproductive health PPAM, the number of midwives' knowledge decreased again with a total of 19 (50.0%) respondents having a good category, 8 (21.1%) respondents had a sufficient category and 11 (28.9%) respondents had a poor category. The level of knowledge is less than the proportion on questions regarding the management of reproductive health PPAM, which is as many as

11 (28.9%) respondents. This may be due to the management of PPAM that has not often been implemented. This is in accordance with the theory that experience is a way to obtain the truth of the knowledge gained by repeating the knowledge gained in the past. The experience that a person has gained can expand a person's knowledge because a person can take the positive things obtained as lessons while the negative things are not to be repeated. Based on table 4, the majority of midwives' knowledge about reproductive health PPAM in a health crisis has a good category, namely 29 (76.3%) respondents, 8 (21.1%) respondents have a sufficient category, and 1 (2.6%) respondent is in the poor category. According to these results, it can be seen that the majority of respondents have a good level of knowledge about reproductive health PPAM in a health crisis. This may be due to the majority of respondents' education in Bojongpicung Sub-district, Cianjur Regency, is tertiary education, causing the majority of respondents' knowledge to be good. This is also reinforced by the theory that education affects the learning process, the higher a person's education, the easier it is for people to receive information both from other people and from the mass media so that more information will be obtained. Respondents with higher education are easier to understand and accept or reject information provided by others.

Some respondents still demonstrated limited knowledge. These findings align with the research by Nora Veri (2020) titled "Education on the Minimum Initial Service Package (MISP) for Reproductive Health in Disaster Emergency Situations for Village Midwives in Langsa Lama District, Langsa City," which revealed that most respondents possessed a solid understanding of MISP for reproductive health. According to theory, knowledge is shaped by sensory perception, and inadequate understanding may stem from incomplete or insufficient exposure to relevant information. In some cases, midwives with lower levels of knowledge may not have participated in the MISP orientation sessions at local health centers, which could explain why their comprehension is less optimal. Proper sensory engagement is crucial for acquiring and retaining knowledge, as even when information is provided, a lack of attention or sensory processing can result in a shallow understanding. Additionally, memory retention is influenced by time, suggesting that some respondents may have forgotten

information when completing the questionnaire, which may have contributed to their lower scores. It is important to note that knowledge, gained primarily through the senses of sight and hearing, plays a crucial role in shaping an individual's actions and behavior.

5. CONCLUSIONS

The findings from research on midwives' understanding of the Minimum Initial Service Package (MISP) for reproductive health during health crises in Bojongpicung District, Cianjur Regency, indicate that most midwives possess a good level of knowledge regarding MISP, with 29 respondents (76.3%). Additionally, 8 respondents (21.1%) demonstrated a moderate level of understanding, while only 1 respondent (2.6%) showed a limited knowledge of the subject.

6. ADVICE

In the context of reproductive health during a health crisis, enhancing the knowledge and skills of midwives is essential. To achieve this, several strategies can be implemented, including providing training and workshops, ensuring easy access to relevant information, fostering collaboration between midwives and other healthcare professionals, and strengthening governmental support and involvement. These measures can help improve the quality of reproductive health services in crisis situations.

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