



The Comparison of the Service Gap in Midwife Practice Between Village and City

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Abstract. Background: Health services in Indonesia are still uneven, especially midwifery practice services on maternal and child health. The improvement of basic health services is still seen to be slow and varies greatly from one region to another so that it has an impact on the quality of health services. To bridge the gap in the quality of midwifery services, adequate and up-to-date information/data is needed, which is needed as the basis for formulating programs and planning for health development in urban and rural areas, especially remote areas.

Aim: This study aims to identify and identify gaps in the quality of health services in remote and urban areas. The methodology used in this study is a literature review study aimed at investigating gaps in midwifery practice. The databased used in the source search is Google Scholar. The search for articles was carried out by collecting themes about gaps in midwifery practice services in rural and urban areas.

Results: The health status of people in rural areas is generally worse than in urban areas. Differences in health infrastructure, shortages of necessary medical equipment, medicines and other supplies, time and economically expensive long distance travel to health facilities in villages, and emergency transportation, have led to gaps in midwifery practice in rural and urban areas. There are gaps in midwifery practice in rural and urban areas. This gap is caused by several factors. Differences in health infrastructure, shortages of necessary medical equipment, medicines and other supplies, time and economically expensive long distance travel to health facilities in villages, and emergency transportation, have led to gaps in midwifery practice in rural and urban areas.

Conclusion: There are gaps in midwifery practice in rural and urban areas. This gap is caused by several factors. Differences in health infrastructure, shortages of necessary medical equipment, medicines and other supplies, time and economically expensive long distance travel to health facilities in villages, and emergency transportation.

Keywords: Gaps · midwifery practice services

1 Introduction

Health services in Indonesia are still uneven, especially midwifery practice services on maternal and child health. Public access to healthcare facilities is the right of everyone

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to access healthcare resources, including issues of access to healthcare facilities [1]. In many provinces and districts, the improvement of basic health services is still seen to be slow and varies greatly from region to region.

The quality of midwifery services varies widely due to the unequal distribution of health workers between urban and rural areas. A ratio of at least 1 midwife for every 1,000 inhabitants in a village is sufficient. Midwifery aptitude criteria are equivalent to physician aptitude criteria. There are still many areas where the aptitude of doctors and midwives is not fully demonstrated. Only a few federal states have slightly better rates for midwifery aptitude. DKI Jakarta has the lowest percentage of regions with adequate midwives, followed by West Java, DI Yogyakarta and West Papua [2].

The problem of birth and pregnancy is closely related to cultural elements in Indonesian society [3–5]. The government has issued Permenkes No. 97 of 2014 concerning Maternal Health Services which are already quite comprehensive, coupled with the Minister of Health Regulation No. 4 of 2019 concerning Technical Standards for Fulfilling Basic Service Quality in the Health Sector. However, there are still gaps in its implementation, especially regarding innovations by local governments (provinces, districts/cities) which are currently related to regional autonomy issues [6].

Efforts to improve access of rural residents to health services in reality run into various obstacles. The locations of a number of health facilities (such as Puskesmas, hospitals, maternity homes, pharmacies, drug stores, midwife practices and so on) are often located in places that are difficult for villagers to access. The impact is that there is a gap in health services, in the sense that rural residents receive worse health services than urban residents. The location of health facilities, of course, is not the only factor that causes the gap in health services. Other factors such as financial ability, availability of medical equipment, adequacy of medical and paramedical personnel, information about health conditions [7].

To bridge the gap in the quality of midwifery services, adequate and up-to-date information/data is needed, which is needed as the basis for formulating programs and planning for health development in urban and rural areas, especially remote areas. With this data and information, improvement efforts can be made through the development of a public health system at the district and sub-district levels [8]. For this reason, a survey is needed that is able to reveal the gaps in health services in urban and rural areas, especially in remote areas. This study aims to identify and identify gaps in the quality of health services in remote and urban areas.

2 Method

The methodology used in this study is a literature review study aimed at investigating gaps in midwifery practice. Service in rural and urban areas. The peer review process begins by identifying journal articles relevant to your research topic. The database used for source search is Google Scholar. Articles were searched through a collection of topics discussing gaps in midwifery practice in rural and urban settings. Search terms were midwifery practice gaps, rural midwifery practices, urban midwifery practices, and rural-urban maternal and child health care gaps.

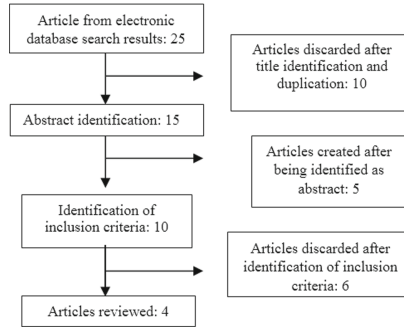


Fig. 1. Article identification process

3 Results and Discussion

Literature searches through electronic databases yielded 25 articles with potential for review. After identifying the Article 15 abstract, the article was selected. An additional 10 identifications will be performed in more detail to determine which articles are relevant and meet the inclusion criteria for this literature review. This identification gives rise to Article 4, which is reviewed in this study. The item identification process is illustrated in Fig. 1.

Articles selected for review in this study are relevant to the research topic. A summary of the articles reviewed in this survey is provided in Table 1.

A remote location usually refers to a location some distance from the aid. The health status of these local communities in the region is generally worse than in urban areas [9]. Pregnant women's lack of decision-making capacity to seek health services for themselves is another obstacle, as they do not have the power to determine the expenditure of family resources. Distance to health facilities was cited as one of the barriers to her participation in ANC for women unable to make decisions about resources, as the presence of ANC services requires minimal travel costs. I'm here. In addition to the associated costs, customers often claim that they are short of shipping when making this assessment.

Facility traffic is one potential barrier to participation in ANC services. Insufficient numbers and types of service providers required at all levels, lack of friendliness and acceptance, timely delivery of services, absenteeism from work and delays in service providers are some of the obstacles mentioned above. These barriers have a significant impact on the sustainable use of services in institutions [7].

In Nigeria, there are various levels of rural-city disparities in factors associated with ANC underutilization. Distance to fitness centers and access to health facilities were always associated with lower ANC use in both rural and concrete settings. an excessive amount of difference in strength.

In Nigeria, there are rural and urban differences in factors related to underutilized ANC. Inequalities in get entry to to health centers/offerrings in rural and urban areas of Nigeria may give an explanation for this discrepancy. Rural citizens are usually at a drawback when having access to healthcare facilities/offerrings in Nigeria because of

Table 1. Summary of articles

Author	Country	Research Title	Research methods	Results
(Crowther S, 2018)	New Zealand	Unsettling Moods in Rural Midwifery Practice.	Hermeneutic phenomenology study was conducted in New Zealand (NZ).	The uneasy atmosphere revealed in this study highlights the tensions between rural midwives and urban and professional-based health infrastructure systems which can negatively affect practice and threaten relationships.
(Tsegaye ZT, 2021)	Ethiopia	Contributing Barriers to Loss to Follow up From Antenatal Care Services in Villages Around Addis Ababa: a Qualitative Study.	Qualitative study design.	The inability to provide needed prenatal care services, largely due to shortages of necessary medical equipment, medicines and other consumables, is a major obstacle to the continued existence of prenatal care services, and lack of care, delivery Respect and acceptance of the individual follows. Lack and cost of transportation, approvals and support from partners are also cited as major obstacles.

(continued)

Table 1. (continued)

Author	Country	Research Title	Research methods	Results
(Adewuyi EO, 2018)	Nigeria	Prevalence and Factors Associated with Underutilization of Antenatal Care Service in Nigeria: A Comparative Study of Rural and Urban Residences Based on The 2013 Nigeria Demmographic and Health Survey.	Analyzed them 2013 Nigeria demographics A health survey dataset with adjusted sample weights and survey cluster design.	The prevalence of the underutilized ANC was 46.5% in Nigeria, 61.1% in rural areas and 22.4% in rural areas. city life.
(Daellenbach R, 2020)	New Zealand	Rural Midwife Practice in Aotearoa/New Zealand: Strengths, Vulnerabilities, Opportunities and Challenges.	Mixed methods approach	Rural midwives and the women who care for them are often economically costly due to long travel times and distances. Bad weather, canceled flights cellular coverage and differentiated access to emergency transport are other factors to consider rural midwife.

poor insurance. may be lacking. Distance to health centers was similarly statistically significant in all settlements, but more likely in rural areas. Traditional beliefs, under-resourced and under-staffed health facilities, and poor socio-economic conditions are some of the factors that underutilize maternal health services such as ANC in rural areas.

Rural-city variations exist in the use of ANC services, and to various levels, elements associated with under-use of ANC in Nigeria Distance to health centers was similarly statistically big in all residences however with greater odds in rural regions. Conventional ideals, sick- equipped/staffed fitness centers, and poor socioeconomic conditions are some of the alternative elements that may contribute to the underutilization of maternal fitness offerings along with ANC in rural regions. Rural-city differences exist within the use of ANC services, and to numerous tiers, factors associated with below-use of ANC in Nigeria Distance to health centers was equally statistically big in all homes but

with extra odds in rural regions. Conventional ideals, sick-ready/staffed health facilities, and bad socioeconomic conditions are a number of the other elements that can make a contribution to the underutilization of maternal fitness offerings including ANC in rural regions. Rural-city versions exist inside the use of ANC services, and to various degrees, elements related to under-use of ANC in Nigeria [7].

Rural midwives and the women who care for them are often economically costly due to long travel times and distances. Bad weather, lack of mobile phone coverage and intermittent access to emergency transport are other factors to consider in rural midwifery practice. In addition, many participants identified challenges at the rural-urban interface related to referral or delegation of care for women and/or infants. Strategies identified to support midwives in rural New Zealand include: Providing referral and mentoring services, networking with other health professionals, support from social services and community health service providers, building supportive relationships with other rural midwives, and rural placement of student midwives [10].

There seems to be an air of despair in perusing the literature on rural motherhood. However, rural births are reported to be dynamic environments and often innovative around the world. A number of challenges have been identified in the international literature, such as the geographic isolation identified in the Icelandic study by Haraldsdottir et al. As clearly emphasized, rural midwives continue to provide the safest midwifery care in difficult situations. While it is important not to identify rural mothers as an endemic problem, concerns related to the provision of sustainable rural obstetric care in rural and remote communities need to be addressed. Deserved. A study by Haraldsdottir et al. It emphasizes the importance of maintaining skilled quality of care as locally as possible to improve outcomes for women and infants. How rural mothers are perceived by others with little or no understanding can isolate and harm those who work and live in rural areas [11]. Efficient management and provision of support are key components of quality care. It was found that support and coordination between facilities and managers was weak, unable to provide required basic services in a timely manner, and that the knowledge and skills of service providers were not improving. A qualitative study conducted in the Jimma region of southwestern Ethiopia found tenuous relationships between a midwife and her HEW due to limited resources and poor infrastructure [12].

4 Conclusion

There are gaps in midwifery practice in rural and urban areas. The gap is caused by several factors such as health infrastructure, shortage of required medical equipment, medicines, and other supplies, time and distance of long and economically expensive travel to health facilities, and emergency transportation.

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