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Pelayanan Kesehatan Anak Balita Dalam Konteks Sosiokultural Di Kabupaten Jayapura

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Abstract

The purpose of implementing modern and professional health services is to pay attention to local cultural values and adopt these cultural values in an effort to adapt to the culture of society in achieving the goals of modern health services. There are two research methods used by researchers within the scope of social sciences, namely quantitative methods and qualitative methods. This process provides an overview of the researcher's efforts in processing data in depth and elaborating the research database until the researcher succeeds in building a complete set of data. In this process, researchers involve respondents interactively. The results of the study show that health services are carried out with MTBS standards. Access to referrals from puskesmas to hospitals is quite far, as a result, help for MTBS patients in severe conditions is difficult to handle, and this is the contributor to the large infant mortality rate. The variables of officer characteristics from the counseling element only, other factors from outside the child fever treatment studied, maternal behavior.

Keyword: *Health Services, Diseases, Management, Indonesia, Child, Jayapura*

Introduction

In 1990 the Integrated Management of Sick Toddlers (MTBS) has been used as a service standard as well as a service guideline for health workers, especially in basic health care facilities, but its implementation has not been optimal infant mortality rate is still in the high category. Most of the causes of death of toddlers are preventable diseases, such as pneumonia,

diarrhea, malaria, measles or a combination of these diseases and motivated by malnutrition.

Based on the 2012 Indonesian Health Demographic Survey (IDHS), Indonesia (2014) The leading cause of infant mortality under five years old (toddlers) in Indonesia is a problem *Neonatus* (asphyxia, Low Birth Weight Baby (BBLR) and *Sepsis*) pneumonia and diarrhea problems as well as malaria endemic areas (Ministry Health of Indonesia, 2008). BBLR according to (Proverawati and Ismawati, 2010), Low Birth Weight is a baby with a birth weight of less than 2500 grams regardless of age. As for the size of the weight of a normal baby born more than 2500 grams Ministry Health of Indonesia (2008). BBLR is one of the biggest supports of the Toddler mortality rate, as for the definition of AKBA (Toddler mortality rate) are 19/1000 live births (KH), 34/1000 KH and 44/1000KH. It can be explained if in one year in an area toddler who die exceed 19 toddlers from the number of s4 to 44 total toddlers born. Indonesia has shown significant progress in the decline in the Infant Mortality Rate (AKBA) since 1990, although the downward trend shows a slowdown in recent years namely 40 deaths per 1000 Live Births (KH) and Infant Mortality Rate (AKB) 32 per 1000 KH in 2012. The 2012 IDHS also noted. as many as 15 (fifteen) out of 33 (thirty-three) provinces in Indonesia have AKABA higher than the national average, ranging from 42 per 1000 live births in Riau Islands Province to 115 per 1000 live births in Papua IDHS Province (2012). This shows the huge differences nationally and the big challenge to address the issue of justice (*equity issue*), (Indonesia, 2014). In the book Implementation of Integrated Management of Community-Based Sick Toddlers

Table 1: Development of MTBS Implementation in Indonesia Globally

No	Year	Infant Mortality Rate (AKABA)	Infant Mortality Rate (AKB)	Su:mber
1.	2003	10.6 million 46/1000	35/1000	IDHS in research (Dasuki & Wibowo, 2012)
2.	2007	44/1000	34/1000	IDHS report, The 2011 edition of the 2011 edition of the 2011 edition of the
3.	2009	7.5 million 49.3/1.000	27/1000	In research (Gera et al., 2012)
4.	2012	40/1000	32/1000	IDHS report, Indonesia (2014)

Source: Prepared by the author, (2024)

The World Health Organization (*WHO)* has formulated efforts to improve the quality of basic health services, especially for toddlers. *WHO* and *the United Nations Children's Fund* (*UNICEF*) developed a comprehensive classification and therapy handpack, combining these separate interventions into a single package of MTBS. The reason for prioritizing the management of toddlers is that at this age the morbidity and death rates are very high while the cause is mainly by five main types of diseases, which are actually very likely to be cured with good management. MTBS is not a health program, but a standard of service and management of sick toddlers in an integrated manner at basic health facilities. WHO introduced the concept of the MTBS approach which is a health service effort strategy aimed at reducing infant and infant and toddler mortality and morbidity in developing countries.

Papua's socio-demographic condition which is very full of limitations, both facilities and human resources will be very unfavorable if it is still carried out separately / not integrated with the MTBS fixed protocol, so that the results of MTBS when carried out the success assessment / evaluation of MTBS the results will be very bad. For example: the service is not in accordance with the service flow, it can be ascertained that the examination stage has been passed, the flow of recording patient complaint data is continued with the examination, if the examination flow is not passed, from recording directly the administration of drugs to patients, there can be errors in drug dosing. It can be described that the results can be misdiagnosed and can even be malpractice. The MTBS service officer who is responsible, for the MTBS service as a result is very protective of the assessment because they feel they have done the maximum so that this first factor that the researcher gets at the beginning of the research observation and has received a point (opening the closure / protection of service officers) for improvement MTBS services, patients are served according to the MTBS fixed protocol flow. Not to mention exacerbated by the views of some Papuans who have perceptions of inappropriate health services, namely in health services "if you don't get an injection it means it hasn't been treated**",** this is very contrary to the evidence-based service system. In this case the socio-cultural community or only incidental, but this is very unfavorable for very basic health services.

In toddler services, for example, there are still many things that are very concerning, namely in toddler services there is one indicator, namely "Exclusive Breast Milk" which is given to toddlers for at least the first six months, using the "*kangaroo method*" where toddlers are carried in bags using scarves or if in Papua using noken which is similar to baby kangaroos, but this is less desirable to most Papuan mamas because they do not want to be confused with animals.

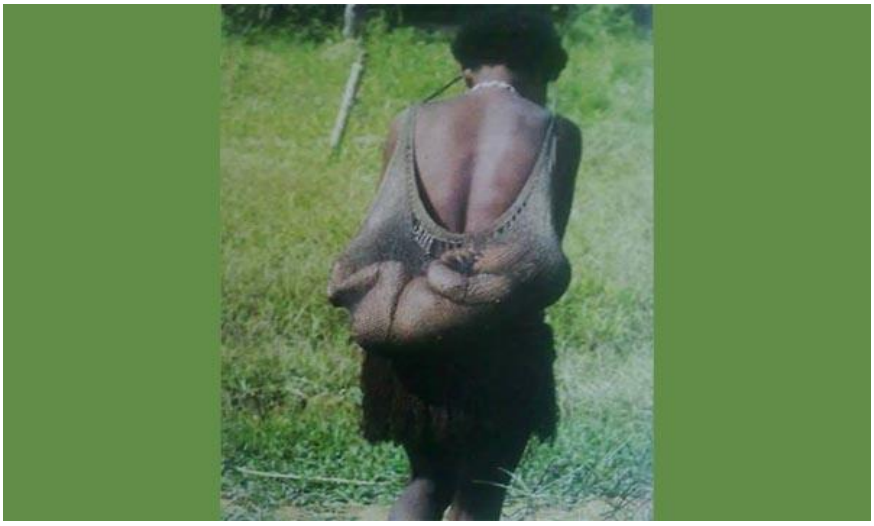
Figure 1: The baby in the noken was taken by his mother to get immunization at the Lereh Health Center, Kaureh District

Source: Lereh Health Center officers

Figure 2: Mama in Papua (Tabi tribe, one of the tribes in Jayapura Regency) carrying toddlers from the tradition that was previously carried on their backs, gradually switched to the kangaroo method.

Source: Suara Cenderawasih, December 11, 2013. Indigenous Papuans use noken to hold children who cannot walk and put piglets (Figure: Malik May 11, 2018, Tabloid Suara Perempuan)

Figure 3: Mama in Kaure Districtholding a baby with noken, Tablod Satu Harapan On March 22, 2014



Source: Kaureh District

The author by Bayu Probo the photo was taken during the author's supervision to the Kaureh Health Center, the photo was used as a collection by Kaureh Puskesmas officers in the Puskesmas wall magazine, as well as learning media, the photo was used as an example of how to hold the baby on the back of the back moved to the front of the mother using the kangaroo method noken, To change the tradition of the baby being carried behind his back, when the baby is in care, the mother always carries him into the noken.

Figure 4: Mama in Kemtuk Gresi District after receiving services from Sawoy Community Health Center officers, Kemtuk Gresi District, photo source from researchers during assistance and supervision at Sawoy Community Health Center on March 24 2019.

Source: Kemtuk Gresi district

Figure 5: Papuan mothers holding babies in noken, bringing the baby to Posyandu in Kemtuk Gresi District Source from Suara Perempuan Papua, 22 August 2011.

Senin, 22 Agustus 2011

Beginilah Mereka Mengendong Bayi

Tak ada sesuatu yang berbeda dengan perempuan ini ketika masuk ke ruangan ini. Ia membawa sebuah tas, atau masyarakat setempat biasa menyebutnya noken yang disangkutkan di kepalanya. Demikianlah kebiasaan masyarakat Papua pada umumnya. Tapi kemudian ada sesuatu yang menarik hatiku untuk mengetahui apa sih yang ada dalam noken tersebut??

Teryata bukan hanya isi noken tersebut yang membuatku kaget tapi juga perempuan yang membawanya, karena teryata baru aku ketahui ada sesosok bayi mungil yang ada dalam noken tersebut. Bayi tersebut baru berusia tiga hari, tapi dia sudah di bawa kemana-mana. Termasuk juga sang ibu, yang terlihat bugar, tak nampak kalau tiga hari yang lalu dia telah berjuang antara hidup dan mati untuk melahirkan seorang anak yang mungkin saja tanpa

Noken yang digunakan untuk menggendong bayi (Foto: womantalk.com)

Orang Papua umumnya menggunakan noken untuk membawa hasil pertanian seperti sayuran dan umbi-umbian ke pasar. Disamping itu, noken juga digunakan untuk membawa barang lainnya tergantung ukurannya. Ukuran paling besar sering digunakan para ibu untuk mengangkut hasil pertanian atau mengangkut kayu bakar. Sedangkan yang ukuran sedang digunakan sebagai tempat buku dan alat tulis oleh anak sekolah. Bahkan, noken juga dipakai untuk menggendong anak yang belum bisa berjalan dan tempat menaruh anak babi, *loh*!

Source: Kemtuk Gresi District Officers in Kemtuk Gresi Health Center Wall Magazine, author's collection.

Figure 6: Papuan mama holding baby with noken, checking her baby at Puskesmas Harapan in East Sentani District

Source: the author's collection

The patient's parents came with less manners shouting for first, asking for quick service, because they felt they owned the land/landowner/territory owner, they feel prominent figures in their caste. The traditional leadership system in Papua according to Ondikeleuw and Ma'rif (2015), divided into several types including 1. The king's type of leadership or the system of leadership on the basis of inheritance, 2. Leadership system, or authoritative man and 3. Mixed leadership, Ondikeleuw and Ma'rif (2015), The three leaderships as outlined by the researcher, Ondikeleuw and Ma'rif (2015) Often termed *Ondoafi* (who owns the territory/landlord, and must be exalted and lorded) The parents of the toddler patient do not see the social environment of queuing who both want to get services, even though between fellow indigenous Papuans, especially with migrant communities, they consider the order of service the last priority, because they still think that migrants only live and the caste is at the bottom of the indigenous Papuan group. There are differences in cultural mindsets and behaviors of indigenous people

who are still cultured want to be landlords/*Mindset ondofolo*, wanting to take precedence over others, feeling that oneself must be exalted and mastered to receive that service, as in research Ondikeleuw and Ma'rif (2015) the authority of customary law communities to carry out certain actions, hereditary land rights (all land is considered ancestral heritage), the strongest and fullest that people can have on land, the whole land even though it is owned by the government, individuals, or private is customary customary land of a village. All activities include health care activities on customary customary land rights that have been passed down for generations. Mama's Milk and Milk *Ondofolo* in the sense of a place to do all their activities such as: settlement, hunting, farming and other survival activities, Tokoro, 2014 in Ondikeleuw and Ma'rif (2015). Appear The thought of the service officer, as soon as possible to be served so that he quickly left the service facility, and not long in the anger of the patient's parents. Then came the pattern of service from officers who ignored the flow, the protocol remained for handling sick toddlers.

Finally, poor service behavior of service personnel is formed. In Papua, people often use the term cut compass, fixed protocols (protap) are not carried out entirely by service personnel, for example such as actions that are actually carried out after the patient is checked for body temperature, recorded on the MTBS form, entered into the MTBS service room, laboratory examinations and continued with observation and therapy of patients, observation stages and therapy / patient actions are eliminated or not applied / carried out, After the laboratory results come out, the drug is immediately administered and the patient is allowed to go home. Because of the culture of cursing the patient's parents to the officer, negative thoughts arise, rather than being cursed for a long time, it is better to solve it as soon as possible. The cultural mindset of the patient's parents themselves, which is still a little primitive with no patience, gave rise to a new paradigm in the officer environment, with the term cut compass, and ultimately formed a culture of officer service that was not empathetic, ignorant, and lost social spirit.

Socio-cultural conditions that are the product of thought or just attitudes and behaviors and culture for a moment suddenly that underlie the mindset until they are cultured that do not support the profession as health care workers, as service implementers and are considered determinants of the success of health services in this land of Papua, especially Jayapura Regency which some indigenous Papuans consider Papua a gift, A small paradise that fell to earth, so any service should be like heaven. If studied further about the concept of health and illness according to the cultural perspective of Papuans *"rationalistic*" namely seeing healthy and sick due to intervention from nature, climate, water, soil, and others as well as human

behavior itself such as poor social relations, psychiatric conditions, and others related to human behavior

Another fact that we have often obtained that may also be felt by health workers elsewhere in Eastern Indonesia is how parents perceive seeing their children if they can still play even though this child has a fever, or children can still eat and drink even though they have cold stones, are not considered sick, or even children are scolded if for no reason the child always cries, this is a very unfavorable limitation of people's thinking for their own children, sick Papuan children, who are in need of health workers' help but are not considered *urgent*, who urgently need the attention and treatment of health workers.

People's view of the meaning of healthy is also the same, in the past when their children were sick, people had the assumption that it was because of an angry spirit, As stated by Anderson/Foster (Year)...,(1986) based on scope his human life, look concept Sehat-sakit Is *"Supernatural"* means seeing health-sickness due to interference from a supernatural power, it can be a supernatural being or spirit, or a supernatural power derived from humans, Dumatubun (2002). But the current generation has abandoned such thinking, among the people of Jayapura Regency in urban areas there is also no longer a perception that if they experience headaches or joint pain that is unbearable, they will take action to bleed, because they think it is caused by dirty blood.

MTBS in Jayapura Regency has been started in 2002. Jayapura Regency is one of the selected districts in Papua Province UNICEF for MTBS implementation. Jayapura Regency has a land area of 17,516.60 km² which is divided into 19 districts, 144 villages, and 5 villages, based on their geographical characteristics. Administrative region Jayapura Regency is grouped into 4 (four) Development Area I be rural geographic area around Lake Sentani. It is a rural area that surrounds the lake and countryside on small islands in the middle of the waters of Lake Sentani (Griapon & Ma'rif, 2016), In the Development I area there are 3 (three) Sentani Health Centers, Hope, Dosay. Development Area II is the rural geographical area of the North Sea coast. Kaupaten Jayapura. It is a rural area along the coast north directly facing the Pacific Ocean, this region is isolated by The Cycloop Mountains and gently sloping hills stretch from Muaif village in the west to Ormu village in the east. Development Area II has 6 (six) Puskesmas, namely Puskesmas Depapre, Kanda, Demta, Ebungfau, Yokari, Ravenirara. Development Area III is a rural geographical area of hills and valleys Grime-Sekori-Muaif. It is a rural area with vast fertile plains. In the Development III area, there are 6 (six) Puskesmas, namely Puskesmas Kemtuk, Kemtuk Gresi/Sawoy, Nimboran, Nimbokrang, Namblong, Gresi Selatan/Seduyap. Development Area IV is a hilly rural geographical area and the upper reaches

of the Nawa and Wirwai rivers which are the southernmost region Jayapura District, has a wide and lush square. Part of this region Still isolated because there has not been built a connecting land road infrastructure the area around the area is mainly in Airu District. In Airu District there are 2 (two) Puskesmas, namely Airu Health Center, Pagai.

Development Area I, included in the urban category, behavior and culture of community modernization has been formed and modern health services will experience fewer obstacles compared to Development Areas II, III, IV. However, the adjustment of community culture to the culture of service by officers, for development areas II, III, IV it is necessary to build the character of the community that is still a little primitive / not yet modern, service officers also need guidance that can see the conditions of the cultural reality of the community to be served. It is expected not to clash with the culture of the local community, supporting the research carried out, Isniati (2012) Professional health services can be carried out in certain regions or cultures by adopting local culture and modifying with modern and professional health service procedures, Isniati (2012). By sticking to the MTBS standard such as statements, Ministry Health of Indonesia (2008). Researchers combine MTBS standards and modern medicine by paying attention to local cultural patterns before providing services to patients treated with MTBS standards to be able to achieve optimal service targets in each case of toddler disease treated with MTBS.

This district has 20 Puskesmas consisting of 6 inpatient Puskesmas (Sentani, Genyem, Demta, Lereh, Unurumguay, Yapsi) and 14 outpatients Puskesmas (Depapre, Dosay, Sawoy, Harapan, Nimbokrang, Kanda, Ebungfau, Namblong, Yokari, Kemtuk, Ravenirara, Airu, Pagay, South Gresi). Each Puskesmas is located in one District/District, only Airu District has 2 (two) Puskesmas namely Pagai and Airu due to its very remote geographical location.

The number of MTBS officers in 20 Puskesmas Jayapura Regency is 492 people consisting of 26 general practitioners, 206 nurses, 145 midwives, 26 public health servants, 33 nutritionists, 33 lab experts, 19 pharmacists, 4 pharmacy people. From the data from the Profile of the Jayapura Regency Health Office (2018), it shows that the practice of MTBS in the Jayapura Regency Health Center runs routinely only in urban health centers, namely Sentani Health Center and Harapan Health Center.

Infant Mortality Rate (AKB) is 24 per 1,000 live births and the Infant Mortality Rate (AKBAL) is 16 per 1,000 live births recorded in the health profile of Jayapura Regency in 2018 (p: 18). This figure is far above the average throughout Indonesia 40 deaths per 1000 live births (KH) and rates infant mortality (AKB) 32 per 1000 KH in 2012 (IDHS 2012). As many as 15 (fifteen) out of 33 (thirty-three) provinces in Indonesia have AKABA higher than the national

average, ranging from 42 per 1000 live births in Riau Islands Province to 115 per 1000 live births in Papua Province (IDHS 2012) Indonesia (2014). In Jayapura Regency according to the results of the 2018 report, as many as 9,648 toddlers were weighed (Jayapura Health Office, 2018). There is a very wide difference in the results of the 2012 IDHS research from Indonesia (2014) and the Profile data of the Jayapura Regency Health Office in 2018, the author wants to parse the truth of the data presented, especially the MTBS data of Jayapura Regency.

There are 3 (three) components in implementing the MTBS strategy, namely: Component I: improving the skills of health workers in the management of cases of sick toddlers (doctors, nurses, midwives, health workers) Component II: improving the health system so that the management of diseases in toddlers is more effective Component III: Improve family and community practices in home care and efforts to seek help for cases of sick toddlers (increasing family and community empowerment, known as "community-based Integrated Management of Sick Toddlers"), (2008, 2008)

Efforts made to improve the health care system enable health workers to apply MTBS skills in basic service facilities well. The effort is to develop and implement new strategies to prevent and treat diseases with MTBS (3, 2011). These strategies include: 1) Improve the skills of health workers in the management of cases of sick toddlers (doctors, nurses, midwives, health workers). 2) Improve the health system so that disease management in toddlers is more effective. 3) Improving family and community practices in home care and efforts to seek help for toddler cases.

MTBS is an intervention that *cost effective* to overcome the problem of infant mortality caused by Acute Respiratory Infection (ARI), diarrhea, measles, malaria, malnutrition, which is often a combination of these conditions. The MTBS approach in Indonesia was initially used to improve the quality of health services in basic health outpatient units (Puskesmas and its networks including Pustu, Polindes, Poskesdes), The 2011 edition of the 2011 edition of the 2011 edition of the.

From the 3 (three) basic concepts of the MTBS strategy that the author has described on page 11 (eleven) in the first point, according to the author, it is necessary to add elements of officer culture. The culture of the officer in question is the culture of officers in providing health services such as empathy in service, attentiveness, patience, tepo sliro. The practice in the field is that many officers do not apply this culture, so many examination procedures are missed either intentionally or unintentionally, as a result of which the disease is not diagnosed. Similarly, there are several therapies / actions that should be done for neglected patients, worse still have a major influence on writing the health status of children under five, and the largest

contributor to RDA is high. The culture of officers is not good based on the opinion of researchers formed due to the local socio-cultural environment.

Based on data on high mortality and morbidity in toddlers, it is important to evaluate health services, especially MTBS services. As well as research carried out (Kiplagat et al., 2014). Things that affect the quality of service include facilities, funds and Human Resources (HR) conducting research on the support of facilities and funds in the implementation of MTBS. As well as the influence of counseling such as research conducted (Darwati et al., 2016) In Jayapura Regency which is one of the areas selected by UNICEF for its implementation and implementation. To evaluate MTBS services, it is also necessary to evaluate human resources related to quality, especially the characteristics of MTBS officers including education, knowledge, age, length of work and training, and socio-culture that have never been done before. The quality of MTBS services can be assessed based on satisfaction, using infant and toddler management forms and making direct observations. This reason underlies researchers conducting research on the quality of toddler services by health workers with an Integrated Management of Sick Toddlers (MTBS) approach in Jayapura Regency, Papua Province.

The implementation of MTBS in the development area I category of urban areas, one of which is the Sentani City Health Center, located in Hinekombe Village, Kampung Kemiri, the number of MTBS patient visits is 30 – 40 patients under five, who are served with a fixed MTBS protocol of 10 patients. MTBS service officers are 70 people, patient visits other than MTBS every day are approximately 150-200 visitors. MTBS service personnel also serve other general patients, in addition to MTBS patients. The results of the author's search at the Sentani health center, MTBS have been running, but due to the large number of patient visits, officials ignored the MTBS fixed protocol, the infant mortality rate is 0 (zero) because most infant patients who cannot be handled at the Sentani Health Center are referred to the Yowari Regional General Hospital or other hospitals, based on officer information, and infant referral data. Service workers have been touched by MTBS training, only the social culture of caring for community services needs strengthening from the supervision in this case the Health Office.

In Development Area I included in the urban geographical transition of the Kanda Health Center, the infant mortality rate is quite high at 9 babies for one year from the target number of babies in the Kanda Health Center, which is 895 babies, while service officers are 28 officers. Geographically, access to referral facilities is not too far between Puskesmas and Urban Hospitals. Even worse, there is no MTBS clinic, so MTBS patients are served like a fixed protocol for adult patients. Service personnel carry out duties just to carry out duties, the social spirit of serving with the heart is no longer visible.

Similarly, the Demta Health Center is located in the Development III area, the coastal area. The infant mortality rate is 12 babies die in one year in 2018, while the target of live babies is 506 babies. MTBS is not running as well as the unavailability of MTBS clinics. The number of MTBS officers is 21 people. MTBS patients are served the same as adult patients, the culture of serving with MTBS standards has not been animated in service personnel, although the MTBS clinic has not been prepared. Geographically, to get to reference access is very far and the terrain is difficult.

Puskesmas Kemtuk with an infant mortality rate of 13 patients in 2018, as for the target of Puskesmas Kemtuk babies only 335 babies, MTBS officers 26 people, MTBS service clinics are not operational, it should be with a small number of patients and adequate officers the implementation of MTBS can run. The culture of serving with fixed MTBS protocols has not been formed at all, while the 5 service officers have received MTBS services. Access to referrals from puskesmas to hospitals is quite far, as a result help for MTBS patients in severe conditions is difficult to handle, this is the contributor to the large infant mortality rate.

Of the three Puskesmas, as the largest contributor to infant mortality, the first Puskesmas Kemtuk 13 babies, the second Puskesmas Demta 12 babies, Puskesmas Kanda 9 babies. The three of them have not been running at all and have not been cultured in the Puskesmas officers, for various reasons, ranging from complicated reasons, taking a long time, no financial support, difficult. All patients are served the same as other general patients, while infants are required to receive MTBS services. The more out of urban areas the strengthening of social culture serves the lower, supported by a culture that still adds the appendage of supernatural power, pain not only from health problems but interference from evil spirits, as well as in research Dumatubun (2002). In addition, ondoafi culture is still attached, as the author explains as well as in research Ondikeleuw and Ma'rif (2015). This is also cultural in service officers, to reduce the fixed protocol of service so as not to be scolded by parents of MTBS patients, so it is necessary to strengthen areas outside the city to maintain social culture in service workers and strengthen the community to live a healthy lifestyle, leaving a culture of illness due to supernatural powers / evil spirits.

From the cultural phenomenon of the community, in this case the patient's parents, who want to be hosted, the culture of service officers who are still reluctant to use their abilities and skills to serve with MTBS, the culture of cutting compasses/not carrying out the overall fixed protocol, Riskesdas 20012 and profile data of the Health Office of the Jayapura District Health Office in 2018 based on studies from 4 Puskesmas contributing to the high infant mortality rate in three puskesmas (Kanda, Kemtuk and Demta) The author tries to unravel the global problem

of service culture and served in Jayapura Regency on the basis of three Sick Toddler Management Standards (MTBS) added with elements of patient culture and social culture of good service workers, a community-based health culture pattern approach in this case the patient's parents with a persuasive approach to socialization to 20 puskesmas points in Jayapura Regency. Meanwhile, to instill a social culture of caring for others, 20 Puskesmas service officers through synchronization are required to apply MTBS standards and assistance that refers to the permanent protocol of MTBS services as a whole by instilling a social culture for all MTBS patients, both native Papuan and non-native Papuan / immigrant patients. From these problems, the author is interested in taking the title of Health Services for Children Under Five in the Socio-Cultural Context in Jayapura Regency.

Research Method

There are two research methods used by researchers within the scope of social sciences, namely quantitative methods and qualitative methods, Quantitative research according to Robert Donmoyer in Prajitno, (2015), are approaches to empirical studies to collect, analyze, and display data in numeric form from narratives.

While in Qualitative Research and Research Design according to, Creswell (2013) presents five approaches in qualitative research that are elaborated comparatively to provide a theoretical and applicable foundation for anyone wishing to carry out qualitative research with one of the five approaches. The five approaches are narrative, phenomenology, grounded theory, ethnography, and study approaches case. The following will be described at a glance about the five approaches both in terms of definition, types, prosedumya, and data analysis in qualitative research reports. Furthermore, these five approaches will be applied to examine the phenomenon of officers in 3 puskesmas in the Jayapura Regency area

The definition of qualitative research can be found in many literatures. Qualitative methods emphasize more on observing phenomena and more examining the substance of the meaning of the phenomenon. Analysis and acumen of qualitative research are greatly influenced by the strength of words and sentences used.

Research approach

This research uses qualitative approach method. Creswell (2014) Explaining that research that uses qualitative approach methods has characteristics, researchers go directly to the field to meet respondents who experience firsthand who experience problems. Therefore, researchers

will go directly to the field to meet respondents and look for data or main problems by communicating directly to respondents and paying attention to respondents' behavior, so that direct conversations occur (face-to-face). It is this method that according to Creswell qualitative research is carried out on the natural environment.

In this context, qualitative research that researchers will conduct uses instruments: collecting their own data through documentation studies, behavioral observations, or interviews with respondents, from 3 (three) samples of puskesmas that differ geographically in Jayapura Regency related to socio-cultural in 3 (three) Puskesmas in 3 (three) different geographical areas and different customary areas in Jayapura Regency.

Data is then collected from the three Puskesamas, then the researcher reviews all the data that has been collected and translates each data obtained, and manages it into the results of data collection inductively and deductively by building categories, and the results in the evaluation are assessed, from the lowest and highest assessments, then from the data the researcher processes the data into a more real data summary between initial observations and in-depth research through In-depth tracing both through interviews, and researchers directly descended direct observation.

This process provides an overview of the researcher's efforts in processing data in depth and elaborating the research database until the researcher succeeds in building a complete set of data. In this process, researchers involve respondents interactively.

Research location

This research was conducted in Jayapura Regency, with a sample of 3 (three) Puskesmas in three indigenous Papuan tribes which are the people of Jayapura regency, namely Sentani Health Center located in Development Area I (urban), Kemtuk Health Center in Development Area II (pegungunangan), Depapre Health Center located in Development Area III (on the coast) related to MTBS health views with sociocultural, researchers will make observations to the OAP community, non OAP in 3 (three) Puskesmas.

The author's interest in conducting this research on three Puskesmas in Jayapura Regency, due to socio-cultural differences in the three Puskesmas, Development Area I has experienced cultural intermingling, Development II area mountainous geography close to the city but socio-cultural Indigenous Papuans, Development Area III geographically remote beaches of Indigenous Papuans. As a result of this community dominance, it is alleged that it has had an impact on the concept of understanding the sociocultural health of MTBS indigenous Papuan culture communities or OAP (Indigenous Papuans) and MTBS health views on the culture of

Non-OAP / immigrant communities and OAP communities that have been elaborated by Non-OAP communities in three District Health Centers that researchers make locus.

The socio-cultural differences between OAP and non-OAP communities are important to be united, because due to modern changes and the intermingling of OAP and Non OAP can bring a change in mindset. Therefore, the main observation in this study is all OAP and Non OAP community groups in 3 (three) Puskesmas that the researchers carried out with the main analysis is the behavior of social life of the community and health workers observed both OAP and Non OAP.

Data collection and analysis techniques

According to Creswell (2013), in carrying out data collection procedures, a researcher is limited to collecting information through observation, and structured and unstructured interviews in terms of conducting documentation studies, visual materials, and efforts to design protocols to record information by recording.

In carrying out data collection steps, the location of the study and the individuals who will be involved as respondents are chosen deliberately and fully planned. Therefore, Miles and Huberman (1994) say that in this case a researcher needs to pay attention to four aspects: (1) setting (location of research), (2) actors (who will be observed or interviewed), (3) events (what events are felt by actors that will be used as interview and observation topics), and (4) processes (the nature of events perceived by actors in research settings).

Furthermore, Creswell explained that a researcher in making qualitative observations, it means that a researcher will go directly to the field of research. In this study, researchers will go down to meet respondents in eight tribes to observe every behavior and activity at the research site. In conducting observational activities, researchers will record, take notes by asking research questions. Then interviews were conducted face-to-face directly between researchers and respondents. In addition, during the research process, researchers can collect documents (document studies) in the form of newspapers, papers, and office reports. In addition, data in the form of audio and visual materials.

From all the data that has been collected, researchers then analyze these data. Creswell (2007), Rosman and Rallis (1998) explain that: Data analysis is an ongoing process that requires continuous reflection on the data, by which a researcher asks analytical questions, and writes short notes throughout the study. The point is that when researchers go down at the research location to meet the respondents in collecting data by interviewing the respondents, the researcher can already analyze the data obtained.

Research tools

A researcher needs to prepare himself. As for research aids that must be prepared by a researcher, in addition to preparing physically and spiritually, it is also necessary to prepare supporting facilities to arrive at the research location such as double-axle vehicles and sufficient fuel, because the round-trip distance to the Puskesmas is approximately 9 hours by land with fairly heavy terrain. In addition, a researcher needs to pay attention to the characteristics of a research area including its people. Likewise, technical equipment must be prepared from home, including instrument sheets, pens, books for taking notes, cameras. Because in the Kemtuk District the electricity network is very limited, for instruments related to photocopiers must be prepared from home. In addition, the Puskesmas kemtuk area has not been fully reached by telecommunication signals, cell phone signals appear to sink / or are unstable and even lose signal.

Especially for the location of OAP dominance research, an approach to indigenous figures is needed. In addition, researchers need the preparation of contact materials such as areca nut whiting as a contact tool in communicating. In research Pamungkas (2018), strategies to build social resilience of the Asmat people in particular and Papuans in general are key words to save the future of Papuans.

Results and Discussion

Based on the results of research by several researchers, Wardani (2016), Hardanti (2015), (Mustikaningsih et al., 2019), The results of the study show that health services are carried out with MTBS standards.

Research conducted Wardani(2016)Among other things research The implementation of MTBS at the Halmahera Health Center in Semarang City has met the standards seen from the input component of officers understanding what MTBS is,

Hardanti (2015) In his research at the Kapuas Health Center, it shows that the Kapuas Health Center in Sanggau Regency has implemented MTBS guidelines well, one of which is using a management sheet for sick toddlers aged 2 months to 5 years. Other research results What to do Hardanti (2015) also showed that most respondents considered MTBS service standards to be running well.

Research conducted by Mustikaningsih et al. (2019) In the Puskesmas Working Area of the Bandung Regency Health Office, MTBS has been implemented with the flow and protocol of MTBS, it was revealed with the results that in the Bojongsoang Health Center by 65%,

Dayeuhkolot Health Center by 90%, Rthreatyar Health Center by 80%, Cangkuang Health Center by 75%, Sumber Sari Health Center by 90%, Uglyong Health Center by 70%, Banjaran Kota Health Center by 65%, Baleendah Health Center by 80% this situation can be caused by most of the implementation of MTBS Always carry out examinations on sick toddlers in accordance with the steps in the integrated management approach of sick toddlers.

However, scientific investigations by other researchers, MTBS are not carried out according to fixed standards/protocols (*Protap*), like research (Kiplagat et al., 2014; Gera et al., 2012; P & Kusbandiyah, 2014; Puspitarini & Hendrati, 2013; Irwan, 2018)

In his research (Kiplagat et al., 2014) in the Tanzanian city of Mwanza pointed out that MTBS guidelines were not fully adhered to by health workers.

The high MTBS budget results in MTBS standards not being fully applied by service units. Research (Gera et al., 2012) of Tanzania,

World Health Organization 1998 in research (Gera et al., 2012) has shown that the first level health facility in Indonesia LMIC (*Low and Midlie Incomes Countries*), assessments by health care workers are poor, care facilities are inadequate, and parents receive inappropriate advice

Research conducted by P and Kusbandiyah (2014) at the Malang City Health Office, shows that the performance of midwives of the Malang City puskesmas in service (MTBS) is still not optimal, where 30-40 sick toddlers who seek treatment at the puskesmas are only 10 toddlers who are actually done by service, sometimes officers do not fill out the MTBS form because they have memorized it. All midwives stated that in working with pharmacy officers, it has not been optimal, especially in terms of providing counseling on teaching mothers how to administer oral drugs at home and they need guidance and evaluation from superiors and still found 2 puskesmas have not carried out MTBS services in accordance with the established standards.

Puspitarini and Hendrati (2013) in their research at the Candipuro Health Center found that the MTBS pattern has not been implemented properly and has not integrated the services provided to sick toddlers. The compliance of officers meets the standards less for the Candipuro Health Center, the supervision that is specific to MTBS does not exist.

Things that are not too different also happen at the Majene Health Center where MTBS is not carried out according to standards. This can be seen from the results of Irwan's research (2018) that the handling of toddlers with diarrhea is not handled by service officers at the Majene Health Center, but other factors from outside MTBS that tend to be prioritized, namely

the knowledge of mothers of infants aged 0-9 months on the low achievement of polio immunization, the affordability of facilities on the low achievement of polio immunization, and the influence of family support factors on the low achievement of polio immunization.The researchers who examined officer characteristics, flow factors, compliance with MTBS service standards include:

From previous MTBS research conducted Hardanti (2015), Puspitarini and Hendrati (2013), less that is < 60%.

The implementation of MTBS lacks support from the Health Office, both the adequacy of facilities and infrastructure as well as supervision activities that still need to be improved. In addition to the characteristics of officers, researchers also examine the flow, compliance with MTBS standards, infrastructure facilities and supervision of superiors, namely, Health Office Supervision officers.

P and Kusbandiyah (2014), Kiplagat et al. (2014),Gera et al. (2012) examine the MTBS evaluation factor from the characteristics of MTBS service officers. However, the author supports the research conducted by Gera et al. (2012), Puspitarini and Hendrati (2013) In addition to officer characteristics, there are other integrated factors that must be examined to evaluate MTBS, because MTBS can be evaluated for success from other integrated factors The 2011 edition of the 2011 edition of the 2011 edition of the. There are 3 components in implementing the MTBS strategy, namely: Component I: improving the skills of health workers in the management of cases of sick toddlers (doctors, nurses, midwives, health workers) Component II: improving the health system so that the management of diseases in toddlers is more effective Component III: Improve family and community practices in home care and efforts to seek help in cases of sick toddlers. Demikin also research conducted by (Gera et al., 2012), IMCI strategy includes curative and preventive interventions Targeted ventilation to improve health practices in health care facilities, at home, and in the community. This strategy includes three main components of Tulloch (1999): (1) improvement in this case of management skills of health care staff through the provision of local adaptation guidelines on IMCI and activities to promote their use; (2) improvements in the overall health care system necessary for efficient effective management of childhood diseases; and (3) improvements in family and community health care practices. The study did not look at the characteristics of service officers who were built in their work environment, due to habits that became officer culture, so that MTBS was carried out but only a formality of official responsibility, there was no moral responsibility for social spirit to help the community / patients. More roughly MTBS is done carelessly. This can be seen in the results of research that has implemented MTBS but

still has not achieved maximum hail according to the MTBS target. I am interested in researching the variable characteristics of service personnel with social and cultural factors in the environment where they work. In my opinion, by instilling a high sense of social help to MTBS service officers and instilling a popular service culture, while still juxtaposing the cultural studies of coastal, coastal and urban areas. In research Isniati (2012). Culture is closely related to society, these socio-cultural elements are scattered and encompass many human activities, Isniati (2012). The purpose of implementing modern and professional health services is to pay attention to local cultural values and adopt these cultural values in an effort to adapt to the culture of society in achieving the goals of modern health services Isniati (2012). According to Fabrega Health Anthropology in Isniati (2012) is an explanatory study of problems of illness and disease with an emphasis on patterns of behavior. Professional health services can be carried out in certain regions or cultures by adopting local cultures and modifying modern and professional health care procedures Isniati (2012). The author is guided by the theory of ethnology / socio-cultural anthropology, studying human behavior, be it individual behavior or group behavior. To instill socio-cultural service in MTBS officers, What is learned here is not only the activities that can be observed with the eyes, but also what is in their minds.

Conclusion

From the scientific studies that the author traced, the author did not support the research conducted Mustikaningsih et al. (2019), Irwan (2018), P and Kusbandiyah (2014), Dewi (2015), only examine the characteristics of officers from one of the MTBS service health workers only, Mustikaningsih et al. (2019) researching the characteristics of nurse service personnel, (P & Kusbandiyah, 2014) researching the characteristics of midwife service officers, Irwan (2018) examine factors beyond the mother's knowledge, affordability, and family support, Dewi (2015) examined the variables of officer characteristics from the counseling element only, other factors from outside the child fever treatment studied, maternal behavior.

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