

Gender Mainstreaming In Midwifery Program Studies Cipto Mangunkusumo Polytechnic Jakarta III

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Abstract

Gender Mainstreaming education is an innovative and effective approach, to educate prospective midwife graduates in order to demonstrate their skills to be qualified midwives in providing maternity care in respecting human rights, sensitive to the specific needs of both women and men throughout their life processes. The education system through several stages of developing nine students and gender teachers guide modules, faculty training programs and the implementation of the learning process on scholarship. This program is useful for faculty and scholarship, implementing gender mainstreaming in midwifery education, the faculty members and the scholarship to be improved especially on the knowledge of gender and issues of gender and controversial topics of reproductive health. The faculty to be better understanding and skills to discuss gender reproductive health and leadership issues. The core value that is being transferred the skills to internalize or actualize respect for women's rights as human rights, reproductive rights and perceive a s part of women's human rights.

Key word: gender mainstreaming, leadership and human rights, gender modules, faculty training, scholarship

INTRODUCTION

Maternal Mortality Rate (MMR) is an indicator related to the sensitivity of reproductive right. Throughout the world women face poverty, discrimination, and gender inequalities. These factors contribute to poor reproductive health and unsafe motherhood even before a pregnancy occurs, and they make it worse once pregnancy and childbearing have begun. High levels of maternal mortality are a symptom of neglect of women's most fundamental human rights. So, we need protecting and promoting women's rights, empowering women to make informed choices, and reducing social and economic inequalities are all key to safe motherhood. (Garg BS, 2006)

Reproductive health and rights is involves the entire cycle of human life during his life, the start of pregnancy, birth, childhood, youth, adults up to the elderly. In addition to its long life span of reproductive health problems are very complex, ranging from problem pregnancies and childbirth, sexually transmitted diseases and degenerative diseases. Looking at the causes of the background is also diverse, issues ranging from education, health, religion, social culture where including the issue of gender inequality in the family and society.

As a global commitment (ICPD, Cairo 1994;Fourth World Conference on Women Beijing,1995),gender mainstreaming also be national program in 2000 leading directly by Indonesian President through his amandemen. But, still many policies, programs and activities are bias gender. In fact, women and men have different needs and health different interests, as well as gender roles and relations are still likely put women "under" men, so that the situation lead to different implications in terms of access, participation, benefits, and control over health efforts. (MOH, 2010).

Midwives play an important role as one of women's partner and health care professionals in the strategic improvement of maternal and child health in Indonesia. According to the Ministry of Health of Indonesia in 2010 the number of midwives is 175.124 midwives, spread across a variety of health care and education arrangements (hospital, Primary Health Care, village midwives, Private Midwives, educational institutions and other institutions). Basic National Survey 2010 showed 75% of births attended by skilled health personnel conducted by midwives). In family planning services 32.2% were performed in Private Practice Midwives.

To address the complex situation faced by women, especially related to gender inequality, the midwife is not only required to have clinical skills, but also must have the ability to analyze problems of non-clinical and socio-cultural effect on the quality of women's reproductive health, as well as the ability empowerment, advocacy and negotiation (IBI, 2011). Midwives are gender sensitive not only look at the mother and child as an individual but also consider environmental factors in which the mother lived. Midwives gender sensitive not only deal with physical problems only because the midwives realized that gender is a key issue in improving women's quality of care. (Module YPKP, 2006).

Lumadi (2010) states that gender sensitivity can be improved through a variety of ways include workshops, classroom discussions, inserted into the education syllabus, educational materials analysis and studies related to the issue of gender. To establish gender-sensitive midwives then have to start from the stage of *pre-service training* (education) and continued on *in-service training* (academic paper Midwifery Education System, 2011).

Midwifery Diploma Cipto Mangunkusumo Polytechnic Jakarta III is one of the institutions of four midwifery institutions in Indonesia which used of nine modules that integrate gender, leadership and reproductive rights in the midwifery curriculum. The module was conducted since 2003 on cooperation Women's Health Education Foundation (YPKP), the Indonesian Midwives Association (IBI), the Ford Foundation, the Ministry of Health and supported by some women NGOs.

EXPERIMENTAL

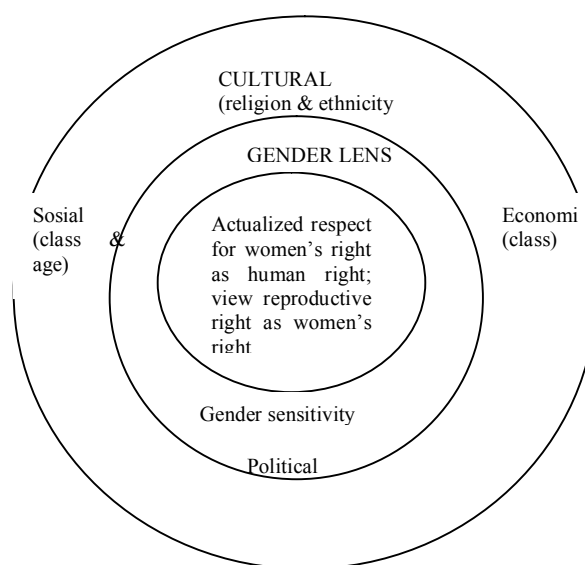
The term a gender that word comes from the Latin *genus* (not a *gene*) which means race, derivative, group or class (Prent, et al, 1969). To understand the concept of gender, then it must be able to distinguish between the word gender to sex (gender). Definition of sex (gender) is a division of the sex, biologically determined human attached to a particular gender. For example, that the human male sex is a man whose penis, Adam's apple, and to produce sperm. Women have reproductive organs like uterus, produce eggs, have a vagina, and have the tools to breastfeed. It is biologically inherent in the human female and male. It means that biologically these tools can not be exchanged between the inherent biological tools in human males and females. Permanently changed and it is not a biological or provision is often said to be the nature or terms of God (Fakih, 2003). Biological difference is the nature of God that are permanently different from the definition of gender. Gender is a difference in behavior between men and women are socially constructed, the difference created by man (not nature) through social and cultural processes that long. (Fakih, 2003). In the *Women's Studies Encyclopedia* explains that gender is a cultural concept that seeks to make a distinction in terms of roles, behavior, mentality, and the characteristics of men and women who thrive in society (Umar, 1999).

Lips (1993) defines gender as the cultural expectations of men and women. Gender as a cultural construction social cultural inherited and internalized a belief handed down from generation to generation and is believed to be an ideology.

However, the expectations of the community, trait boys and girls are subject to change. Changes in characteristics and traits that may occur from time to time and from place to place. Changes can also occur from a class to a different class of people. All things that can be exchanged between the nature of women and men who may change from time to time as well as different, from place to place, and differ from one class to another, which is known as the concept of gender (Fakih, 2003). Based on the various definitions, we can conclude that gender should be distinguished by sex (gender). Sex (gender) is a grouping of people into groups of men and women based on biological attributes that can not be changed and exchanged. While it is a distinction in terms of gender roles, behavior, mentality, and the characteristics of men and women who thrive in a society that is internalized into an ideology which is believed to be handed down from generation to generation. The difference is not a nature, so it can be shaped and changed in accordance with the place, class and time, and can be exchanged between men and women.

The definition of gender mainstreaming Education in Midwifery Studies Cipto Mangunkusumo Polytechnic Jakarta III, is implementation of programs to integrate gender issues, leadership and women's reproductive rights into education Midwifery Diploma in Midwifery Program Studies Cipto Mangunkusumo Polytechnic Jakarta III. Objective of the Program, in order to educate prospective midwife graduates are able to demonstrate their skills to be qualified midwives in providing maternity care in respecting human rights, sensitive to the specific needs of both women and men throughout their life processes. Has the leadership ability to manage reproductive health in the community and be able to promote gender equality on every order of service of health.

The concept framework, this program was developed from a framework of concepts built from gender sensitivity program framework combined with reproductive health and human rights. The following conceptual framework is ;



YPKP, 2003

Indicators of success, there are 2 (two) indicators that were examined, the faculty as educator / facilitator and graduate programs. Lecturer indicators: (a) 100% of lecturers teaching at every level have been trained, (b) Number of teachers who use the learning modules gender, (c) Number of teachers who implement the module correctly. While indicators graduates are: (a) 90% of participants can complete the scholarship program of education, (b) 90% of its graduates return to their home village and is able to provide obstetric services, and (c) 70% of graduates can work as both government and private employees.

With support from curriculum from The Ford Foundation, the transformation of the midwifery is being undertaken by a Task Force Comprising of medical and health professionals, health social scientist, and representatives of Non-Government Organizations (NGOs) that advocate for improved reproductive health Indonesian and rights for women and men. Headed by Prof. Dr.dr.Gulardi Wiknyosastro Hanifa, SPOG, 2000-2003 President of the Indonesian Society of Obstetrics and Gynecology (POGI) and Chairperson of the Women's Health Education Foundation, and by Prof.Dr.dr. Sudraji Sumapraja, SPOG from Yayasan Bina Library Sarwono Prawirohardjo-the Task Force is leading the development of more skills-based pre-service midwifery curriculum that strengthens the clinical skills of the graduates. It work closely with the Indonesian Midwifery Association.

The Task Force has engaged a group of Indonesian writers from NGOs, midwifery and other health education institutions, to write modules and student learning that teachers' guide that integrate gender, reproductive health and rights issues. Integration means building into the current pre-service midwifery course new concepts, theories, research finding, teaching methods and technique to enhance the substance and pedagogy of the selected courses. The learning material will not only build gender, reproductive health and right, relevant women's autonomy issues in selected course but also other non-health topics particularly (a) community leadership and personal development in social work practice, (b) social planning and development; (c) supervision of human resource and productivity; (d) community organization and development, (e) selected theories and practice in a non-judgmental counseling; (f) practicum of individual and family counseling in the cultural context; (g) budgeting and financial management; (h) volunteer management, and (i) comparative analysis of social service delivery. Innovative and interactive teaching technique will also be utilized to include role-playing, workshops, class discussions, films and slides showing, field immersion.

Before engaging the selected module writers in preparing the module student learning and teachers' guide materials, the Task Force agreed with its partners on the scholarship program's conceptual framework and the terminal as well as intermediate competencies of the enhanced pre-service midwifery curriculum.

The terminal competencies specify that at the end of the three-year training, the midwifery student shall be Able to (1) provide skillful and quality midwifery care and services that show respect for human rights and particular sensitivity to the needs of men and women in every stage of the reproductive health and other social services; and (3)

promote gender equity in every phase of their work. The intermediate competencies at every year level are as follows.

At the end of the first year level, the midwifery student shall be Able to: (1) explain the basic concept on gender, reproductive health and sexuality; (2) Demonstrate interest in question, issues related to gender, reproductive health and sexuality as shown in the in the question, responses and initiatives of the student, (3) identify gender dimension of reproductive health and sexuality concerns in their family and community.

Second year students, the students shall be to (1) analyze gender, reproductive health and sexuality issues in the context of the conceptual framework that women's rights are human rights and reproductive rights as womens'right; (2) question of gender-based inequality; (3) exhibit interest in using gender-sensitive tool in the conduct of counseling, and other research-related work midwifery;(4) describe reproductive health situation of women in their community, (5) identify gaps in midwifery practice making more gender sensitive and concerned with the promotion of reproductive health and rights oductive Repr.

Third year student shall be Able to: (1) related humanization of midwifery practice in the context of the framework-women's rights as human rights and reproductive rights as women's rights, (2) formulate a plan of action that shall Engender midwifery practice and make it an effective instrument in the promotion of reproductive health and rights; and (3) Demonstrate ability in the use of gender-sensitive and culture- tools in midwifery practice and in research and evaluation.

The student learning modules are being teachers'guide a nd pre pare with technical assistance from a team of Filipino social health Scientists and health professionals who received support from The Ford Foundation. The learning modules and teachers' guide have been completed, they are:

No.	Module Title	Subject to be integrated
1.	Endgendered Human Being and Midwifery Care	Midwifery Concept
2.	Reproductive Health	Reproductive Health
3.	Religion	Religion
4.	Reproductive Health Counseling	Communication and Counseling
5.	Analysis with Gender Equality Perspective for Community Midwifery	Community Midwifery
6.	Professional Ethics and Health Law	Professional Ethics and Health Law
7.	Violence Against Women and Children	Reproductive Health
8.	Psychological	Psychological
9.	Autonomy Midwifery Services Management	Health Organization & Management

Number of midwifery teachers who Participate in training programs are year-I 6 persons, 5 person year II, and III year 4 persons. S cholarships are 22 young women from poor far-flung villages in Kepulauan Seribu, Banten and Jakarta. An important requirement is that these women are related to traditional birth attendance or a health provider and are committed to return to their villages upon completion of their midwifery course. All of the scholars have recently graduated and have returned to their home

Constraints, they work in the village, midwives operate with poor health facilities, and inadequate supplies Including family planning commodities. Because of distance and scarcity of resources Including transportation facilities, maternal support for emergency cases is highly constrained. The unique role of village midwives as health providers and community leaders, they are first and foremost women in a predominantly patriarchal society. Midwives as women have responsibilities as daughter, wives, mothers.

RESULT AND DISCUSSION

Lecturers who will be teaching have been trained, but not all teachers are able to implement modules for various reasons. In general, three-year program's objectives have been achieved. Nine students and teachers'guide modules had been developed by a task force with assistance from several experts and team of consultants from Philippines. These will be improved the knowledge of the faculty members and the scholars, especially on the issues of gender and controversial topics of reproductive health. Become The teacher better understanding and skills to discuss gender reproductive health and leadership issues. After the training, the teacher show more interesting teaching methods, but not one way communication approaches. These more participatory methods were found to be effective in keeping the interest and active involvement of the student. The core value that is being transferred the skills to internalize or actualize respect for women's rights as human rights, reproductive rights and perceive as part of women's human rights. All scholarship can complete on time, understanding of gender, pass 100%, returning to their villages, although need to advocate to be government employee.

CONCLUSION

Gender mainstreaming in Midwifery Program Studies Cipto Mangunkusumo been achieved despite many obstacles, during the education process, supporting and monitoring the graduation.

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