

SERVICE QUALITY OF ANTENATAL CARE SERVICES WITH MIDWIFE BEHAVIOR

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ABSTRACT

Midwifery services are an effort to reduce maternal mortality. In Indonesia, there are still high obstetric complications due to the low number of ANC visits caused by pregnant women who are not satisfied with the services provided by midwives who provide services. The purpose of this study was to determine the relationship between the service quality of the assurance dimension and the behavior of midwives in ANC services. The research design used was correlational analytic with a cross sectional approach. The subjects studied were pregnant women in February – July as many as 30 respondents. The instruments used are questionnaires and check lists, data analysis using the Spearman rho test. The results of the study obtained was a relationship between the quality of service in the assurance dimension and the behavior of midwives in ANC services. The conclusion is that the better the quality of service, the better the behavior of the midwife. With many clients who are still not satisfied with ANC services at Polindes, it is necessary to improve the quality of services that must be provided to consumers in midwifery services by way of midwives being more active in participating in training and training.

Keywords : Pregnant women class, motivation, education



Received : Nov 8, 2021

Received in revised form : Nov 20, 2021

Accepted : Nov 21, 2021

INTRODUCTION

Behavior is all human activities or activities, whether directly observed or not observed by outsiders. The behavior of midwives in providing services to clients is health maintenance behavior, namely behavior or efforts to maintain or maintain health so as not to get sick and efforts to heal when sick.¹

The behavior of midwives in providing midwifery services in accordance with their autonomy is an integral part of

health services as an effort to realize quality family health. Quality midwifery services are an effort to reduce the maternal mortality rate (MMR) in Indonesia to reach 305 per 100,000 live births. This result is still far from the goal of achieving the 2015 MDGs, namely the MMR of 102 per 100,000 kh. In the 2014-2019 RPJMN, the government targets a reduction in the MMR from 205/100,000 births to 276/100,000 live births. The target for reducing MMR globally by

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2030 based on the Sustainable Development Goals (SDGs) is 70 deaths per 100,000 live births. The maternal mortality rate in Indonesia is still quite high and increasing.²

This effort is carried out by providing maternal and neonatal services for the community which is focused on the 3 key messages of Making Pregnancy Safer, namely that every delivery is assisted by trained health personnel, every obstetric and neonatal complication receives adequate services and every woman of childbearing age has access to effective pregnancy prevention. unwanted and treatment of complications of miscarriage. Obstetric complications that occur in pregnant women can be prevented by routine examinations during pregnancy. Obstetric complications in Indonesia are still high, namely 34% of the number of pregnancies. The high number of pregnancy complications shows the low number of antenatal care (ANC) visits by pregnant women. Low ANC visits as an indication of low ANC services caused by various factors, including: pregnant women are not satisfied with the behavior of midwives in providing services, culture, attitudes of pregnant women and low knowledge of pregnant women.³

National ANC visit data in 2012 reached 65.91% for K1 and 62.12% for K4. In East Java province the coverage of K1 only reached 77%, while for K4 it was 78%. Kediri Regency K1 reached 84% and K4 reached 87%. From the results of achieving ANC nationally to the district area, it is still far from the target of 95%. In the Tiron Health Center area, the achievement of K1 only reached 85% and K4 reached 73%. The ANC achievement in the Tiron Health Center work area cannot be separated from the ANC achievement at the Tiron Community Health Center Polindes, of the 9 Polindes in Tiron Health Center the lowest ANC achievement is at Tiron Village Polindes for K1 68% and K4 reaching 67%.⁴

An initial study of 10 clients who visited the Tiron Village Polindes using open interviews about services, using simple questions, namely how the behavior of the midwife in providing services and whether they were satisfied with the services provided by the midwife, got the results that 3 clients (30%) felt the behavior of the midwife in providing patient services and mothers are satisfied with the services provided, while 7 clients (70%) assess the behavior of midwives in providing services is not in accordance with the mother's expectations, because

midwives are always in a hurry in providing services so that pregnant women who carry out examinations at the Village Polindes Tiron is not satisfied.

The satisfaction of pregnant women in carrying out ANC examinations is strongly influenced by the quality and behavior of midwives in providing services. The quality of midwifery services is generally determined in 5 dimensions of service quality, namely direct evidence (tangible) is physical evidence, equipment, personnel and communication materials, reliability is the ability to carry out the promised services reliably and accurately, responsiveness, namely willingness to help patients or clients and provide services quickly, assurance, namely the knowledge and courtesy of service providers and their ability to generate trust and confidence and empathy, availability to care, give personal attention to patients.^{5,6} Of the five dimensions The lowest public perception is from the dimension of assurance and certainty (Assurance). This is because the community is often

disappointed with the estimates of childbirth that are often explained by the midwife whose results do not match reality.

The behavior of the midwife in practice will have an impact on the number of client visits. In addition to the client's distrust of the midwife, it also results in a change of choice in checking or seeking delivery assistance at a traditional birth attendant, if this happens, the wider impact is an increase in maternal and child mortality because delivery assistance is not carried out by midwives but by traditional birth attendants.^{7,8}

MATERIAL AND METHOD

The research design used correlational analytic by using cross sectional method. The research was conducted at the Polindes, Tiron Village, Banyakan District, Kediri Regency and was carried out in February - July. The population in this study was taken by all pregnant women in Tiron Village, Banyakan District, Kediri Regency, totaling 30 pregnant women.

RESULT

Table 1. Respondent Characteristics

Respondent Characteristics		n	%
Age	< 20 tahun	3	9,7
	20 – 35 tahun	26	87
	> 35 tahun	1	3,2
Education	Elementary School	19	63
	Junior High School	8	27
	Senior High School	3	10
Profession	IRT	8	27
	Swasta	17	56
	Farmer	5	17

According to the data, almost all of the respondents aged between 20-35 years, namely 26 mothers (87%), most of them had elementary school education, namely 19 mothers (63%), most of them worked in the private sector, namely 17 mothers (56%).

Table 2. Service quality assurance dimension

No.	Service quality assurance dimension	n	%
1.	Good	4	13
2.	Enough	14	47
3.	Less	12	40
Amount		30	100

Based on the table of 30 respondents, almost half of them assessed that the quality of the assurance dimension service was sufficient, namely 14 mothers (47%), while those who rated it less were almost half as many as 12 mothers (40%).

Table 3. Behavior of midwives in ANC services

No.	Behavior of midwives in ANC services	n	%
1.	Good	4	13
2.	Enough	13	43,5
3.	Less	13	43,5
Amount		30	100

Based on the table of 30 respondents, almost half of them 13 mothers (43.5%) stated that the behavior of midwives in ANC services was sufficient and 13 mothers (43.5%) also stated that the behavior of midwives in ANC services was lacking.

Table 4. Cross Tabulation service quality assurance dimension and behavior of midwives

Service Quality	Behavior Of Midwives						Total	
	Good		Enough		Less		n	%
	n	%	n	%	n	%		
Good	4	13,3	0	0	0	0	4	13,3
Enough	0	0	13	43,3	1	3,4	14	46,7
Less	0	0	0	0	12	40	12	40
Total	4	13,3	13	43,3	13	43,4	30	100

Based on the table of cross tabulation results, the service quality of the assurance dimension with the behavior of midwives in ANC services, almost half of them, namely 13 people (43.3%) have sufficient service quality and their behavior is also sufficient and almost half of them, namely 12 people (40%) have poor service quality. not enough.

DISCUSSION

The results obtained are $p < = 0.000 < 0.05$, meaning H_0 is rejected and H_1 is accepted, so the conclusion is that there is a relationship between Service Quality Dimensions of Assurance and Midwife Behavior in ANC Services at Polindes Tiron Village, Banyakan District, Kediri Regency, with a value of $(r) = 0.957$ which means that This means that there is a very strong relationship so that the better the quality of service, the better the behavior of midwives in ANC services.

This study is in line with research. This research is in line with the research of Shinta, Eliana, and Burhan (2016) that there is a relationship between the quality

of midwifery services and the regularity of ANC visits. A service is said to be of high quality if its application in service can provide satisfaction to the patient. The quality of midwifery services is oriented to the application of a code of ethics and standards of midwifery services.⁹ In addition, the quality of a midwife's service is also influenced by the responsiveness of officers, officers who are responsive in providing midwifery services have met patient expectations. This can be seen from the services provided by officers in responding to various complaints from patients.¹⁰

This research is also supported by the opinion of Harahap, Sikumbang, and Manalu (2020) that there is a relationship between the quality of midwifery services

(Jminan) and the level of satisfaction of postpartum mothers. Fulfillment of these service criteria will result in service users feeling free from risk.¹¹

According to the researcher, based on the results in the field, there is a relationship between the quality of midwifery services (guarantees) and the level of satisfaction of postpartum mothers. The guarantee can be reviewed based on the respondent's assessment of the certainty of services that can overcome patient complaints, namely the availability of health workers who have good knowledge, skills / abilities and good responses to patients and families, when the midwife has a good response the patient will feel comfortable and create confidence that the action given by the midwife is appropriate to the complaint and the patient will feel satisfied. In general, the midwife's guarantee has met the patient's expectations, but there are still those who state that the guarantee is not good so that the service received is not satisfied, this can be caused because the patient assumes that the midwife does not listen (less friendly) and the provision of inadequate communication can lead to communication gaps so that cause feelings of dissatisfaction, as well as guarantees for employees who have good

personality behavior in providing services so that patients can feel satisfied with the services provided.

The researcher's statement is in line with research conducted by Prastiwi (2019) that there is health education for midwives in changing the traditional behavior of Indonesian society. That the behavior of midwives is influenced by knowledge, support from policy providers, and information technology.^{12, 13, 14}

CONCLUSION

Quality of assurance dimension service at Polindes Tiron is quite good, as many as 14 mothers (47%) Almost half of the behavior of midwives, namely 13 (43.3%) stated that the mothers behaved quite well There is a relationship between the service quality of the assurance dimension and the behavior of midwives in ANC services

ACKNOWLEDGMENT

We would like to thank to Polindes Tiron Village, Banyakan District, Kediri Regency for giving us permission to conduct research and facilitating the needs of this research.

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