



Factor analysis of implementation of Antenatal Care (ANC) service standards by midwives at the Banda Raya health center Banda Aceh City

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ABSTRACT

The maternal mortality rate in Banda Aceh City from 2014-2018 experienced fluctuation when in 2014 there were 5 deaths, in 2015 there were 6 deaths, in 2016 there were 2 deaths, in 2017 there were 2 deaths and in 2018 there were 3 maternal deaths. The aim of the research is to investigate The Implementation Factors of Antenatal Care (ANC) Service Standard done by midwives at the Banda Raya Community Health Center, Banda Aceh City. The research method used is descriptive analytic with a cross-sectional study design. There were 30 population of midwives which were selected by a sampling technique, namely non-probability sampling. Analysis of this data used the Chi Square statistical test with computerized assistance. The significance value (p) was 0.05 with a confidence value of 0.95. The research results showed variables which were related to the implementation of ANC 10 T were midwife knowledge (p 0.046), length of service (p 0.011) and Midwife training Update (p 0.019), while unrelated variable was midwife education (p 0.411). The Conclusion of this research is that there is a relationship between midwives' knowledge, length of service and Midwifery training Update with the implementation of ANC 10 T in the Banda Raya Community Health Center working area and there is no relationship between midwife education and the implementation of ANC 10 T in the Banda Raya Community Health Center work area. Thus, Midwives are expected to increase their knowledge and skills regarding ANC standards through training or further education.

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1. Introduction

The maternal mortality rate (MMR) is the number of maternal fatalities per 100,000 live births that occur during pregnancy, childbirth, and the postpartum period that are caused by these events or their management and are not related to other causes such as accidents or falls. Globally, maternal mortality rate (MMR) is used as a gauge to assess how well maternal health initiatives are working in a nation or area (Ministry of Health of the Republic of Indonesia, 2016).

The World Health Organization (WHO) reported in 2017 that 810 mothers worldwide pass away every day from illnesses or problems associated with pregnancy and childbirth that may have been avoided (WHO, 2018). Lisbet (2016) reports that every year in Indonesia, problems during pregnancy or childbirth result in approximately 20,000 maternal deaths. Prenatal care, namely antenatal care (ANC), can help avoid pregnancy problems, which are the leading cause of maternal death (WHO, Rachmawati, 2017). Antenatal care, also known as prenatal care, is provided by qualified medical professionals at least

four times during a pregnancy in order to prevent and identify problems in the fetus and the expecting mother early on and avoid unfavorable outcomes later on.

The coverage of K1 and K4 in Aceh Province seems to rise annually. In 2015, K1 coverage was 86% and K4 coverage was 79%; in 2016, K1 coverage was 87% and K4 coverage was 78%; and in 2017, K1 coverage was 91% and K4 coverage was 82%. Nevertheless, during the Covid-19 pandemic, there was a decrease in K4 visits, specifically 62% (Aceh Health Office, 2020).

Over the past five years, Banda Aceh City's pregnant women's K4 coverage has changed. This indicates that 2019 has fallen short of the 97% target set by the Banda Aceh City Health Service Strategic Plan. Kopelma Health Center had the lowest K4 coverage at 79%, followed by Kuta Alam Health Center at 81.9%. The greatest K4 coverage was 102.8%, followed by Jeulingke Health Center at 98.1%. The challenges in providing prenatal health services to expectant mothers include not only the issue of access, but also the need to improve the quality of care, which includes meeting all requirements for visit-based health services.

Based on the Banda Aceh City Health Center's coverage of K1 and K4 visit services in 2020, it is evident that Jaya Baru Health Center has the lowest percentage of K1 and K4 visits, at 75.6% and 71.0%, respectively. According to Banda Aceh City Health Office (2020), the Meuraxa Health Center had the highest K1 visits with 100.6%, and the Bandar Raya Health Center had the highest K4 visits with 96.6%.

According to data from the Banda Aceh City Health Service, there were two cases of pregnant women dying in 2020; both cases occurred at the Meuraxa Health Center and the Ulee Kareng Health Center's operating regions. In the meantime, there were two instances of neonatal deaths, which occurred in the Jeulingke Community Health Center and the Banda Raya Community Health Center's operational regions. α

2. Methods

This study design is cross-sectional and employs descriptive analysis. The study's population consisted of thirty midwives who were selected using a saturation selection technique (non-probability sampling) such that all thirty midwives who worked at the Banda Raya Community Health Center in Banda Aceh City were included in the sample. With the use of computers, this data analysis employs the Chi Square statistical test. With a confidence level of 0.95, the significance value (α) is 0.05.

3. Results and Discussion

Table 1

The distribution of the implementation frequency of ANC 10 T in Banda Raya Community Health Centers

| No | ANC implementation | Frequency (f) | % |
|----|--------------------|---------------|-----|
| 1 | Appropriate | 16 | 53 |
| 2 | Inappropriate | 14 | 47 |
| | Total | 30 | 100 |

Based on table 1, it shows that most respondents who implemented ANC in appropriate with the 10 T standard were 16 people (53.4%).

Table 2

The distribution of Midwives' Knowledge frequency in Banda Raya Community Health Centers

| No | Midwives' Knowledge | Frequency (f) | % |
|----|---------------------|---------------|-----|
| 1 | High | 19 | 63 |
| 2 | Low | 11 | 37 |
| | Total | 30 | 100 |

Based on table 2, it shows that most respondents had high knowledge, 19 people (63%).

Table 3
The distribution of Midwife Education frequency in Banda Raya Community Health Centers

| No | Midwife Education | Frequency(f) | % |
|----|-------------------|--------------|-----|
| 1 | D-IV Midwifery | 12 | 40 |
| 2 | D-III Midwifery | 18 | 60 |
| | Total | 30 | 100 |

Based on table 3 above, it shows that most of the respondents' last education was D-III Midwifery education as many as 18 people (60%).

Table 4
The distribution of Midwives' Job Stress frequency in Ingin Jaya Community Health Centers

| No | Job Stress | Frequency (f) | % |
|----|------------|---------------|------|
| 1 | Normal | 36 | 55,4 |
| 2 | Low | 29 | 44,6 |
| | Total | 65 | 100 |

Based on table 4 above, it shows that most midwives experience normal stress, namely 36 people (55.4%).

Table 5
The distribution of Midwives' Working Period frequency in Banda Raya Community Health Centers

| No | Midwife Working Period | Frequency (f) | % |
|----|------------------------|---------------|-----|
| 1 | More than 9 years | 19 | 63 |
| 2 | 3-8 years | 11 | 37 |
| | Total | 30 | 100 |

Based on table 4, it shows that most respondents worked for more than 9 years as many as 19 people (63%).

Table 6
The Effect of Job Satisfaction on Midwives' Performance in Ingin Jaya Community Health Centers

| No. | Job Satisfaction | Midwife Performance | | | | Total | P Value | |
|-----|------------------|---------------------|----|------|----|-------|---------|------|
| | | Excellent | | Good | | | | |
| | | f | % | f | % | | | |
| 1 | Satisfied | 17 | 74 | 6 | 26 | 23 | 100 | 0,04 |
| 2 | Dissatisfied | 14 | 33 | 28 | 67 | 42 | 100 | |

Table 6 presented the research findings, which indicated that 17 out of the 17 midwives (74%), who were satisfied with their work, performed excellent, while 28 out of the 67% who were not satisfied with their work performed good. Following the use of a statistical test (Chi-Square), the p-value was 0.04 indicating that job happiness had an impact on midwives' performance in Ingin Jaya Community Health Centers

Table 7
The Effect of Job Stress on Midwives' Performance in Ingin Jaya Community Health Centers

| No. | Job Stress | Kinerja Bidan | | | | Total | P Value | |
|-----|------------|---------------|----|------|----|-------|---------|------|
| | | Excellent | | Good | | | | |
| | | f | % | f | % | | | |
| 1 | Normal | 24 | 67 | 12 | 33 | 36 | 100 | 0,02 |
| 2 | Low | 7 | 24 | 22 | 76 | 29 | 100 | |

Table 7 presents the research findings, which indicate that 24 midwives with normal stress levels worked excellent, and 22 midwives with low stress levels (76% of the sample) functioned good. It can be inferred from the statistical test (Chi-Square) that work stress has an impact on midwives' performance because the p value was 0.02. Ingin Jaya Kabupaten Aceh Besar

Table 8
Relationship between Work Period and Implementation of ANC 10 T at Banda Raya Community Health Center

| Working Period | ANC implementation 10 T | | | | Total | P Value | |
|-------------------|-------------------------|----|-----------------|----|-------|---------|-------|
| | Appropriate | | Not Appropriate | | | | |
| | f | % | f | % | | | |
| More than 9 years | 14 | 74 | 5 | 26 | 19 | 100 | 0,011 |
| 3-8 years | 2 | 18 | 9 | 82 | 11 | 100 | |

Based on table 8 above, the research results show that respondents with a working period of more than 9 years are dominant in implementing ANC according to the 10 T standard (74%), while respondents with a working period of 3-8 years are dominantly not implementing ANC according to the 10 T standard (82%). After carrying out a statistical test (Chi-Square), the p value was 0.011 ($p < 0.05$) so it can be concluded that there is a relationship between length of service and the implementation of ANC 10 T in the working area of the Banda Raya Community Health Center.

Table 9
Relationship between the Midwife Update Midwife Training and the Implementation of ANC 10 T at the Banda Raya Community Health Center

| Training of Midwefery Update | Implementation of ANC 10 T | | | | Total | P Value | |
|------------------------------|----------------------------|----|-----------------|----|-------|---------|-------|
| | Appropriate | | Not Appropriate | | | | |
| | f | % | f | % | | | |
| Participated | 14 | 70 | 6 | 30 | 20 | 100 | 0,019 |
| Never Participated | 2 | 20 | 8 | 80 | 10 | 100 | |

Based on table 9, the research results show that respondents who participated in the Midwefery Update training predominantly implemented ANC according to the 10 T standard (70%), while respondents who never participated in the Midwefery Update predominantly did not implement ANC according to the 10 T standard (80%). After conducting a statistical test (Chi-Square), the p value was 0.019 ($p < 0.05$) so it can be concluded that there is a relationship between the Midwefery Update training and the implementation of ANC 10 T in the Banda Raya Community Health Center working area.

Thus, the researcher can draw the conclusion that a midwife will adopt ANC in accordance with the 10 T standard to a greater extent the more information she possesses. One key component that is crucial for the development of positive behavior that is beneficial for an activity is knowledge. In this study, the conduct of midwives using the 10 T standard for ANC implementation is one that could be impacted by one's level of education.

Mulatsih (2017) presents Lawrence Green's theory, which holds that knowledge is both a backdrop (predisposing factor) that influences behavior change and a factor that facilitates it by supplying rational thinking or motivation for an activity.

This research contradicts hypothesis since it shows that education has little influence on behavior when applying ANC 10 T. The research findings also show that, out of the 12 midwife responders who completed their D-IV degree, 4 individuals (or 33%) were still deemed unfit to use ANC 10 T. It turns out that midwives who completed their D-IV degree did not start implementing the changes right away, allowing researchers to make conclusions. ANC 10 T. Other variables not covered by this study, such as infrastructure and facilities, talent, drive, etc., could be the reason of this.

Notoatmodjo (2014) asserts that education is crucial to a person's development of quality and knowledge. According to Lauren Green's theory, education is the predisposing element that determines

behavior. Education gives one's life meaning, hence the more educated someone is, the better able they are to assimilate new information and technologies.

The results of this research are in accordance with research conducted by Riza and Zain (2016), which states that there is no relationship between education and the implementation of Integrated ANC by midwives in Banjarmasin City (p value 0.861).

According to Hermanto (2012), tenure can be said to be employee loyalty to the company. Sufficient work period, equal to people who have extensive experience of both obstacles and successes. Time shapes a person's experience. So, work period is the time an employee has served while being a worker/employee of the company. Years of service provide work experience, knowledge, and work skills of an employee. Work experience makes a person have a work attitude that is skilled, fast, steady, calm, able to analyze difficulties and be ready to overcome it.

The study's findings support those of Wahyuningsih et al.'s (2018) research, which finds that there is a weak relationship between midwives' compliance with standard antenatal care in the city of Palembang and their length of service ($p = 0.000$). The value of $r = 0.34$ indicates that the relationship is weak, and the value (OR = 11.7) indicates that respondents with more than five years of experience are eleven times more likely to violate antenatal care standards.

According to researcher, midwives who receive Midwifery Update training will be better able to grasp new skills and provide ANC services in compliance with the 10 T requirements. Following Midwifery Update training, midwives will acquire new experiences that will eventually result in improved behavior when delivering services, particularly ANC services. will adhere to the 10T protocol. Six midwives (30%) out of the 20 who had attended the Midwifery Update course were nevertheless deemed unsuitable for adopting ANC using the 10 T criteria, according to the research findings.

This may be the result of midwives' unfavorable attitudes and lack motivation, which prevented them from implementing ANC in accordance with the 10 T norm.

As per Handoko's (2014) idea, the purpose of training is to accomplish pre-established work targets and bridge the gap between the officers' abilities and the demands of their jobs. Additionally, training will enhance proficiency in a variety of abilities and methods for performing specific tasks precisely, consistently, and in an informal manner.

4. Conclusion

Antenatal Care Service Standards implementation benefits the population as well as the health system in addition to the individual. Public health can benefit over time from ongoing efforts to ensure compliance with these standards and to continuously improve.

The use of ANC 10 T in the Banda Raya Community Health Center's work area in Banda Aceh City is correlated with the expertise of midwives (p value 0.046). The application of ANC 10 T in the Banda Raya Community Health Center's operating area in Banda Aceh City is unrelated to midwife education (p value 0.411). The use of ANC 10 T in the Banda Raya Community Health Center's operating area in Banda Aceh City is correlated with length of service (p value 0.011). There is a relationship between the Midwifery Update training and the implementation of ANC 10 T in the work area of the Banda Raya Community Health Center, Banda Aceh City (p value 0.019).

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