

Quality of Antenatal Care According to Perspective of patient and Midwives in Sukamulya Public Health Centre, Tangerang City

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ABSTRACT

Mother mortality is one of indicator of women's health in Indonesia. The high procentage of mother mortality become urgency for healthcare professional. Midwives as one of healthcare professional who in charge in antenatal care need to improve knowledge and skill in providing excellent antenatal care. Antenatal care is important factor during pregnancy in order to prevent the risk factor from pre natal phase untill post natal phase. Excellent of antenatal care could minimize the procentage of mortality of infant and mother, prevent obstretic complication and ensure early risk detection during pregnancy. This study was conducted to indentify quality of antenatal care from perspective of patients (waiting time and facilities) and midwives (knowledge and skill) in first view Public Health Centre. Quantitative study by using purposive sampling technique with 11 midwives and 76 pregnant women. Data analysis showed that significancy for each variable by using smart PLS 2.0 (Partial Least Square) with knowledge (t = 7,6371) and skill (t = 10,631). However, attitude (t= 75,2818), facilities (t = 7,2763) and waiting time (t= 3,7903) with quality of antenatal care. Quality of antenatal care in first tier public health care influenced by skill and knowledge of midwives compared to facilities and waiting time. Primary healthcare should monitor and evaluate performance of midwives. moreover, seminar and skill examination are needed to develop knowledge and skill.

Key words: antenatal; Public Health; Quality; Midwives; Patients

INTRODUCTION

Maternal health becomes basic indicator according to Sustainable Development Goals (SDGs). Indonesia as developing country has pregnant women populations as much as 5.382.779. moreover, from social demography aspect, maternal mortality in Indonesia has reached 305/100.000 birth. majority women pregnant population maximum obtained senior high school for educational beckground. It was not inline with recent number of first tier healthcare facilities in providing antenatal care during pregnancy because the majority of healthcare were women and children hospital (33,02%)¹.

One of attempt to suppress mother mortality and morbidity is implementation better antenatal care. Providing better antenatal care will grow level of awareness for pregnant women. Evaluation has arosen from patient expression after antenatal care. Departemen of Health of Indonesia has fixed the frequencies of visit to get antenatal care those been K1 and K4. Term of K1 has been used to describe visit frequency (1x per month) in first trimester. Moreover, K4 describes visit frequency, minimum 4x during second trimester until forth trimester². A previous study showed that patient evaluation towards quality of ANC in Kendal still has reached 55% on satisfaction³. This result explained that still lack of optimalization of antenatal care in Indonesia. Implementation of ANC supported by helathcare professional such as doctor, nurses, and midwives. Despite, 57,3% obtain lack of emphaty aspect in providing antenatal care⁴. Those things could influence quality of maternal health. From the level of health

awareness until the understanding of helath condition during pregnancy⁴.

Indonesia is a country at risk of maternal health should concern and beware towards antenatal care. An anticipation attempts should be done to handle any risk factor during pregnancy through antenatal care improvement from fundamental aspect such as credibility and quality of provider.

Conceptual framework: Figure 1 describes about conceptual framework that bulid correlation over each variables. This study develop a model that could evaluate quality of ANC from midwives quality and patient perception. The result of figure 1 showed variable from midwives such as knowledge and skill as parent variable (blue circle) have reflective variable on its left. . It obtained score outer loading score >0,7 from yellow box (reflective variabel) and blue box (parent variable). From algorithm, this study evaluated discriminant validity seen through cross loading factopr (score >0,7) as written in table 1. Ensuring more about validity from each variable, AVE measurement has been done as written in table 1.

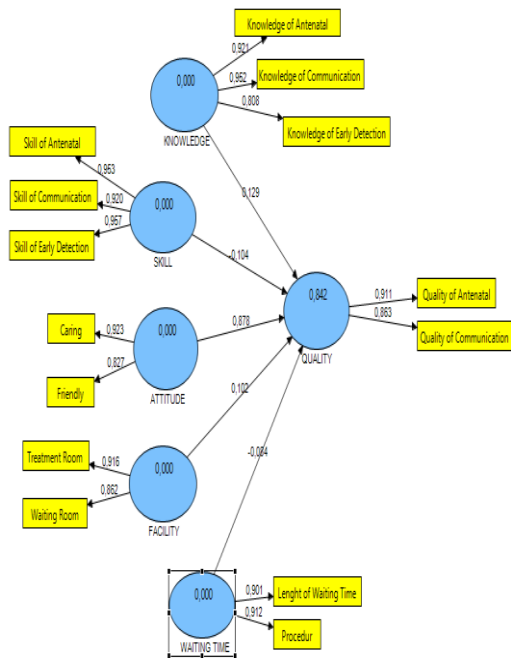
METHODOLOGY

This study is quantitative by using quota sampling technique and cross sectional method with 76 pregnant women and 11 midwives in primary healthcare in Sukamulya Tangerang was choosen randomly. Location of this study was in Puskesmas in Kresek, Tangerang District. Questionare as tool of this study filled by respondent and divided into 2 questinare those are for midwives and patient. The questionnaire of midwives consist of knowledge of ANC, skil of ANC, early detection of pregnancy, and interpersonal communication variable. Furthermore, questionnaire of patients consist of attitude of midwives, facilities, and waiting timeby using PLS 2.0.

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RESULTS

According to quantitative result will explain more about correlation of intra and inter variable affected antenatal care satisfaction by using PLS 2.0 (Table 2).

Table 1: AVE measurement (Average variance Extracted-AVE)

Variable	Result		Test > 0,50
	AVE	\sqrt{AVE}	
skill	0,8278	0,9098	Valid
Quality	0,8649	0,930	Valid
Knowledge	0,8117	0,9009	Valid
Facilities	0,7217	0,8495	Valid
Attitude	0,8195	0,9052	Valid

Table 2: Cross Loading Factor (Cross Loading (Discriminant Validity))

Variable	Laten variable						Test
	Skill	Quality	Knowledge	Facilities	Attitude	Time	
Skill of ANC	0,9457	0,0743	0,0747	0,1243	0,0629	0,0057	Valid
Skill of early detection	0,9478	0,0793	0,1506	0,0981	0,0411	-0,0443	Valid
Skill of communication	0,831	0,0136	0,1037	0,1464	0,0001	-0,0666	Valid
Quality of ANC	0,1198	0,9409	0,2446	-0,0604	0,9222	0,4625	Valid
Quality of Communication	0,0147	0,919	0,1183	0,1845	0,782	0,3375	Valid
Knowledge of ANC	0,1372	0,2379	0,9926	-0,0272	0,1936	0,0749	Valid
Knowledge of early detection	0,1789	0,0349	0,8371	0,0492	0,0406	-0,0716	Valid
Knowledge of communication	-0,0987	0,0339	0,8656	-0,0695	0,0627	0,0208	Valid
Treatment room	0,056	0,0571	-0,0942	0,9176	-0,0095	-0,2525	Valid
Waiting room	0,1819	0,036	0,0958	0,7755	-0,0025	-0,3085	Valid
Caring	0,0183	0,8907	0,2156	0,0107	0,9196	0,4175	Valid
Friendly	0,0778	0,7701	0,0795	-0,0277	0,8908	0,4862	Valid
Length of waiting	0,0085	0,317	0,1803	-0,2136	0,4007	0,8755	Valid
Procedure	-0,0663	0,4558	-0,0632	0,3561	0,4893	0,9430	Valid

Table 3: R-Square

Variable	R Square
Quality	0,8552

Sumber: Smart PLS 2.0 report, 2016

DISCUSSION

Patient as main objective of antenatal care could evaluate quality of antenatal care. From perspective patient, quality of antenatal care could be measured from several aspect such as attitude of provider, waiting time, and facilities in primary healthcare to obtain antenatal care. Primary health care as first line healthcare facilities in Indonesia become first destination for society to undergo regular and periodic antenatal care⁵.

Moreover, quality of provider is important in antenatal due to accuracy intervention from each patient towards maternal health. Generally, patient expectation greater that reality from what they got in antenatal care. In this study

described that waiting time has been being one of aspect in evaluating quality of antenatal care. Gap from expectation and reality⁶ becomes experience to measure the quality of antenatal care. Majority of patient complained that they waiting time more than 1 hour with mean 85 minutes⁷ and they will express satisfaction if the waiting time less than 30 minutes⁸.

Attitude of midwives as provider get to concern from patient. A tangible aspect could be seen by patient. Patient will choose and satisfy with midwives who has good personality especially how the way communicate with patient. Patient saw that still some midwives have low attitude for their responsiveness. Responsiveness as dimension

of quality become to an will affect others. There were affective aspect that have been seen while undergoing antenatal care such as confidence and privacy⁹. In spite of, attitude also related to empathy as affective aspect. Patient would feel more comfortable and open when midwives create such a friendly environment. From patient perspective, preference in choosing healthcare professional and facilities related to perceived appraisal and trust on midwives while undergo antenatal care¹⁰.

Other aspect affected quality of antenatal care is about facilities. Patient will more comfort if they are waiting the queue on good facilities such as comfortable sofa, television, and spacious waiting room. Besides, treatment room become concern in this study. Physical environment, equipment, and provider belong to tangible dimension¹¹. Indonesia as developing country generally has low standardized facilities. It inlines with a previous study reported that quality of healthcare facilities still low due to lack of procedural implementation¹².

Midwives' perspective: Majority the number of antenatal care has provided by midwives being the biggest proportion of human resource in primary healthcare 30,67%¹. Recently, in Indonesia, educational background of midwives still vocational level as majority. Predominance aspect of vocational midwives is skill for doing antenatal care and all about pregnant women health from prenatal until post natal. Vocational midwives could provide a comprehensive and responsive skill to decline the complain from patient.

Besides, findings obtained a relation between quality of antenatal care and communication. The excellence of antenatal care could be develop early on because it could determine mother and fetus health. As first line healthcare facilities, Puskesmas become first destination for performing delivery as 70% Indonesian done previously². Towards to interpersonal communication skill, it is very important for midwives while performing antenatal care. Interpersonal communication as a key to build patient perception on midwives. Attitude as part of interpersonal communication will be formed when midwives do it continuously such as collaboration with patient to make a problem solving, decision, and empathy so it can build a great relation¹³.

CONCLUSION

Primary health care provided by government of Indonesia has been chosen by pregnant women to obtain antenatal care. Midwives as dominance provider in performing antenatal care was evaluated by measuring skill and knowledge towards quality of antenatal care. Besides, patients as objective of antenatal care could evaluate quality of antenatal care through facilities, waiting time, and attitude from provider. In this study, all of either parent variable and reflective variable showed significant and positive correlation towards quality of antenatal care.

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REFERENCES

1. Ministry of Health Republic of Indonesia. (2015). Infodatinpusat data dan informasikementerian kesehatan RI. *Situasi Gangguan Penglihatan dan Kebutaan. Jakarta Selatan*.
2. Broek, N. R. Van Den. (2016). *Maternal and newborn health. Report UNICEF 2016*. <https://doi.org/10.1016/B978-1-4160-4390-4.00016-3>
3. Wulansari, S. (2012). Hubungan kualitas pelayanan antenatal care dengan kepuasan ibu hamil terhadap pelayanan ANC di BPRB fitri griya husada sewon bantul. Yogyakarta: STIK Aisyiyah.
4. Pelayanan, K., Care, A., & Pelayanan, K. (2014). Kepuasan Ibu Hamil Dan Persepsi Kualitas Pelayanan Antenatal Care Di Puskesmas Tanjung Kabupaten Sampang Madura, 174–181.
5. Dimovska, E. O. F., Sharma, S., & Trebble, T. M. (2016). Evaluation of patients' attitudes to their care during oral and maxillofacial surgical outpatient consultations: The importance of waiting times and quality of interaction between patient and doctor. *British Journal of Oral and Maxillofacial Surgery*, 54(5), 536–541. <https://doi.org/10.1016/j.bjoms.2016.02.022>.
6. Thompson, D. A., & Yarnold, P. R. (1995). Relating patient satisfaction to waiting time perceptions and expectations: The disconfirmation paradigm. *Academic Emergency Medicine*, 2(12), 1057–1062. <https://doi.org/10.1111/j.1553-2712.1995.tb03150.x>.
7. Umar, I., Oche, M. O., & Umar, A. S. (2011). Patient waiting time in a tertiary health institution in Northern Nigeria. *Journal of Public Health and Epidemiology*, 3(2), 78–82. Retrieved from <http://www.academicjournals.org/jphe>.
8. Handler, A., & Rosenberg, D. (2016). Health care characteristics associated with women satisfaction with prenatal care. *Jstor*, 36(5), 679–694.
9. Dimovska, E. O. F., Sharma, S., & Trebble, T. M. (2016). Evaluation of patients' attitudes to their care during oral and maxillofacial surgical outpatient consultations: The importance of waiting times and quality of interaction between patient and doctor. *British Journal of Oral and Maxillofacial Surgery*, 54(5), 536–541. <https://doi.org/10.1016/j.bjoms.2016.02.022>.
10. Rajesh Balkrishnan, Elizabeth Dugan, F. T. . C. and M. A. . (2016). Trust and satisfaction with physicians, insurers, and the medical profession. *Lippincott Williams & Wilkins*, 41(9), 1058–1064.
11. Shafii, M., Rafiei, S., Abooe, F., Bahrami, M. A., Nouhi, M., Lotfi, F., & Khanjankhani, K. (2016). Assessment of service quality in teaching hospitals of Yazd University of medical sciences: Using multi-criteria decision making techniques. *Osong Public Health and Research Perspectives*, 7(4), 239–247. <https://doi.org/10.1016/j.phrp.2016.05.001>
12. Kruk, M. E., Leslie, H. H., Verguet, S., Mbaruku, G. M., Adanu, R. M. K., & Langer, A. (2016). Quality of basic maternal care functions in health facilities of five African countries: an analysis of national health system surveys. *The Lancet Global Health*, 4(11), e845–e855. [https://doi.org/10.1016/S2214-109X\(16\)30180-2](https://doi.org/10.1016/S2214-109X(16)30180-2)
13. Petrovici, A., & Dobrescu, T. (2014). The Role of emotional intelligence in building interpersonal communication skills. *Procedia - Social and Behavioral Sciences*, 116, 1405–1410. <https://doi.org/10.1016/j.sbspro.2014.01.406>.