

Analysis of Factors Related to Performance of Midwife in Antenatal Care Services at the Community Health Center of Jayawijaya Regency

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Abstract: The purpose of this study was to determine the factors that influence the performance of midwives in antenatal care services in Jayawijaya Regency. The study used observational research with a cross sectional study design. The population consisted of all midwives at the Hom-Hom, Elekma, Walelagama, Asolokobal, Kurulu and Asologaima health centers. Data were obtained using a questionnaire and analyzed using chi square and binary logistic regression. The results showed that there was a relationship between age and the performance of midwives in ANC services with p-value = 0.046, there was a relationship between the status of midwives in ANC services and the performance of midwives with p-value = 0.018, there was a relationship between years of service and performance of midwives in ANC services. with p-value = 0.004, there is no relationship between knowledge and performance of midwives in ANC services with p-value = 0.479, there is a relationship between attitudes towards midwives' performance in ANC services with p-value = 0.001, there is a relationship between motivation and performance midwives in ANC services with a p-value = 0.011, there is no relationship between the leadership of the head of the puskesmas (Community Health Center) on the performance of midwives in ANC services with a p-value = 1,000, and there is a relationship between facilities and the performance of midwives in ANC services with a p-value = 0.008. Suggestions for the health office to evaluate the puskesmas facilities, and for midwives to carry out ANC services in accordance with a full sense of responsibility.

Keywords: Midwife Performance, Service, ANC

1. Introduction

Indonesia is one of the countries in the Association of South East Asian Nation (ASEAN) which has a high Maternal Mortality Rate (MMR). According to data from the Indonesian Demographic and Health Survey (IDHS) in 2017, the MMR in Indonesia reached 305/100,000 live births. Not only the MMR is high, but the Neonatal Mortality Rate (AKN) in Indonesia is also still very high, namely I85/day with AKN 15/1000 live births). Three-quarters of neonatal deaths occur in the first week, and 40% die within the first 24 hours (Kemenkes RI, 2019). The efforts of the Government of Indonesia, in this case the Ministry of Health, in order to suppress MMR and IMR as well as to improve the quality of maternal and child health services are seen in programs, one of which is through the Safe Motherhood Movement program, Delivery Planning Program and Complication Prevention (P4K). Initially, the program focused its activities on increasing the capacity of midwives. However, the program targets then shifted to improving and improving the performance of midwives, strengthening the quality of health services, especially for maternal and child health (Ministry of Health of the Republic of Indonesia, 2015).

ANC services are health services carried out by professional workers to pregnant women during their pregnancy which are carried out according to ANC service standards (Sukri, et al. 2020) The low coverage of the Maternal and Child Health (KIA) program is related to the results of their respective achievements in 29 Districts/Cities in Papua Province, including Jayawijaya Regency, which has 26 Health Centers. For the achievement of the MCH program in Jayawijaya Regency, based on the Minimum Service Standards (SPM) indicator, it shows that the coverage of pregnancy services at the percentage of K1 (65%) and K4 (43%) which shows the achievement of 80% ANC service standards in Jayawijaya Regency has not been able to meet the target.

In the aspect of health services, one of the causes of the high Maternal and Child Mortality Rate is because of antenatal care and delivery assistance by professional personnel who have not been able to reach all levels of society (Sukri and Samuel, 2018). The low achievement in the MCH program in Jayawijaya Regency is inseparable from the role of officers or the performance of employees. Performance in an organization is carried out by all existing human resources, both leaders and subordinates. Performance according to Gibson in Wijono (2018) is related to three variables, namely individual variables, organizational variables, and psychological variables. Individual variables are grouped into sub-variables of ability and skill, background and demographics. Sub-variable abilities and skills are the main factors that affect individual behavior and performance. Demographic variables have an indirect effect on individual behavior and performance. Organizational variables have an indirect

effect on individual behavior and performance. Organizational variables are classified into sub-variables of resources, leadership, rewards, structure and job design.

According to Gibson, the performance factors related to MCH services as revealed by Nisa (2018) that the factors related to the performance of midwives are incentives, motivation and workload. A person's performance is closely related to the work process and the factors that influence it (Sukri, 2007). Motivation is the most dominant factor related to the performance of midwives. Motivation is driven because the midwife feels comfortable working, the workload is in accordance with the main tasks and then the incentives obtained will also increase the midwife's work motivation. Increased motivation will have an effect on improving the performance of midwives in providing antenatal care. Nasir's research (2020) at the Health Center of Central Halmahera Regency revealed that there was no relationship between tenure, abilities and skills and attitudes with midwives' performance, while there was a relationship between motivation and reward with midwife's performance. Based on the description of the problem above, the researcher is interested in conducting a study on "Analysis of factors related to the performance of midwives in Antenatal care services in Jayawijaya Regency"

2. Methods

Research Design

This research was conducted at the Jayawijaya Regency Health Office at 6 Puskesmas (Community Health Center). The health centers selected were Hom-Hom, Elekma, Walelagama, Asolokobal, Kurulu and Asologaima health centers. The research design is an observational study with a cross sectional design.

Population and Sample

The population in this study were all midwives in 6 health centers (Hom-Hom, Elekma, Walelagama, Asolokobal, Kurulu and Asologaima). The sample of this study amounted to 32 respondents.

Data Collection

The instrument used in collecting quantitative data is using a questionnaire, regarding the independent variable in the form of service quality while the dependent variable is the satisfaction variable.

Data Analysis

Univariate analysis was carried out to see the description of the frequency distribution with a single percentage for each research variable related to the research objectives and presented in the form of a frequency distribution table. Bivariate analysis aims to see the magnitude of the risk of the dependent variable on the independent variable. Considering that this research design is a cross-sectional study, the relationship analysis is carried out using cross-sectional calculations performed using cross-tabulations between variables

3. Result and Discussion

Table 1 shows that based on the age group of respondents, at most the age range < 30 years is 16 people (50%) and > 30 years is 16 people (50%). Based on the education of the respondents, most of them have D3 midwifery education as many as 25 people (78.1%), based on the status of the respondents most are non-permanent employees as many as 24 people (71.9%) and then based on the respondent's working period > 5 years as many as 19 people (59, 4%). The midwife's attitude was balanced between negative and positive, each of 16 people (50%). Most of the high motivation as many as 20 people (62.5%). The leadership of the head of the puskesmas was mostly in the good category as many as 25 people (78.1%). Respondents' responses about the availability of facilities were 22 people (68.7%) adequate and good performance of midwives as many as 16 people (50%) and poor performance as many as 16 people (50%).

No	Variable	Frequency (N)	Present (%)
1	Age		
	< 30 Years Old	16	50
	≥ 30 Years Old	16	50
2	Education		
	D3 Midwifery	25	78,1
	D4 Midwifery	7	21,9
3	Employee Status		
	Temporary Employees	24	71,9
	Civil Servant	9	28,1
4	Working Period		
	< 5 Years Old	19	59,4
	≥ 5 Years Old	13	40,6

5	Knowledge		
	Less	17	53,1
	Good	15	46,9
6	Attitude		
	Negative	16	50
	Positive	16	50
7	Motivation		
	Low	20	62,5
	High	12	37,5
8	Leadership Of The Community Health Center Head		
	Less	7	78,1
	Good	25	21,9
9	Facilities		
	Inadequate	22	68,7
	Adequate	10	31,3
10	Performance		
	Less	16	50
	Good	16	50
Sum		32	100

Source: Primary Data, 2021.

Table 2 shows that there is a relationship between age and the performance of midwives in ANC services at the Jayawijaya Regency Health Center. When viewed from the value of $RP = 2,200$; $95\% CI (0,990 - 4,888)$ which is interpreted that midwives aged > 30 years have the opportunity to have good performance in ANC services 2,200 times greater than midwives aged < 30 years.

No	Age	Midwife Performance In ANC Services				n	%
		Good		Less			
		n	%	n	%		
1	≥ 30 Years Old	11	68,8	5	31,2	16	100
2	< 30 Years Old	5	31,2	11	68,8	16	100
Total		16	50	16	50	32	100
P-Value = 0,046; RP = 2,200; CI95% (0,990 – 4,888)							

Source: Primary Data, 2021.

Table 3 shows that there is a relationship between the status of midwives and the performance of midwives in ANC services at the Jayawijaya Regency Health Center. When viewed from the value of $RP = 5.870$; $95\% CI (0.903 - 38.153)$ which is interpreted that the status of civil servant midwives has the opportunity to have poor performance in ANC services 5.870 times greater than midwives who do not work as a contract with civil servants.

No	Employee Status	Midwife Performance In ANC Services				n	%
		Good		Less			
		n	%	n	%		
1	Civil Servant	15	65,2	8	34,8	23	100
2	Temporary Employee	1	11,1	8	88,9	9	100
Total		16	50	16	50	32	100
P-Value = 0,018; RP = 5,870; CI95% (0,903 – 38,153)							

Source: Primary Data, 2021.

Table 4 shows that there is a working period relationship to the performance of midwives in ANC services in the Puskesmas Jayawijaya Regency. Value $RP = 4,789$; $CI95\% (1,302 - 17,624)$ interpreted that the working period of < 5 years is likely to have less performance in an ANC service 4,789 times greater than midwives with a working period of ≥ 5 years.

No	Working Period	Midwife Performance In ANC Services				n	%
		Good		Less			
		n	%	n	%		
1	≥ 5 Years Old	14	73,7	5	26,4	19	100
2	< 5 Years Old	2	15,4	11	84,6	13	100
Total		16	50	16	50	32	100
P-Value = 0,004; RP = 4,789; CI95% (1,302 – 17,624)							

Source: Primary Data, 2021.

Table 5 shows that there is no knowledge relationship to the performance of midwives in ANC services in the Puskesmas Jayawijaya Regency. When viewed from the value of RP = 1,471; CI95% (0.704 – 3.071) interpreted as meaningless.

No	Knowledge	Midwife Performance In ANC Services				n	%
		Good		Less			
		n	%	n	%		
1	Good	10	58,8	7	41,2	17	100
2	Less	6	40	9	60	15	100
Total		16	50	16	50	32	100
P-Value = 0,479; RP = 1,471; CI95% (0,704 – 3,071)							

Source: Primary Data, 2021.

Table 6 shows that there is a relationship between attitudes towards the performance of midwives in ANC services at the Jayawijaya Regency Health Center. When viewed from the value of RP = 5.444; 95% CI (1.474 – 20.110) which is interpreted that a negative attitude has an opportunity for performance in ANC services to be less than 5.444 times greater than a positive attitude.

No	Attitude	Midwife Performance In ANC Services				n	%
		Good		Less			
		n	%	n	%		
1	Positive	13	81,2	3	18,8	16	100
2	Negative	3	18,8	13	81,2	16	100
Total		16	50	16	50	32	100
P-Value = 0,001; RP = 5,444; CI95% (1,474 – 20,110)							

Source: Primary Data, 2021.

Table 7 shows that there is a relationship between attitudes towards the performance of midwives in ANC services at the Jayawijaya Regency Health Center. When viewed from the value of RP = 5.444; 95% CI (1.474 – 20.110) which is interpreted that a negative attitude has an opportunity for performance in ANC services to be less than 5.444 times greater than a positive attitude.

No	Attitude	Midwife Performance In ANC Services				n	%
		Good		Less			
		n	%	n	%		
1	Positive	13	81,2	3	18,8	16	100
2	Negative	3	18,8	13	81,2	16	100
Total		16	50	16	50	32	100
P-Value = 0,001; RP = 5,444; CI95% (1,474 – 20,110)							

Source: Primary Data, 2021.

Table 8 shows that there is a relationship between motivation and performance of midwives in ANC services at the Jayawijaya Regency Health Center. When viewed from the value of RP = 4,200; 95% CI (1,148 – 15,369) which is interpreted that low motivation of midwives has a chance of performance in ANC services less than 4,200 times greater than high motivation of midwives.

No	Motivation	Midwife Performance In ANC Services				N	%
		Good		Less			
		N	%	N	%		
1	High	14	70	6	30	20	100
2	Low	2	16,7	10	83,3	12	100
Total		16	50	16	50	32	100
P-Value = 0,011; RP = 4,200; CI95% (1,148 – 15,369)							

Source: Primary Data, 2021.

Table 9 shows that there is no relationship between the leadership of the puskesmas head on the performance of midwives in ANC services at the Jayawijaya Regency Health Center.

No	Leadership Of The Head Of Puskesmas	Midwife Performance In ANC Services				n	%
		Good		Less			
		n	%	n	%		
1	Good	12	48	13	52	25	100
2	Less	4	57,1	3	42,9	7	100
Total		16	50	16	50	32	100
P-Value = 1,000; RP = 0,840; CI95 % (0,393 – 1,797)							

Source: Primary Data, 2021.

Table 10 shows that there is a relationship between facilities and the performance of midwives in ANC services at the Jayawijaya Regency Health Center. If $RP = 6.818$; 95% CI (1,039 – 44,735) which is interpreted that inadequate facilities have an opportunity for performance in ANC services to be less than 6.818 times greater than adequate facilities.

No	Facilities	Midwife Performance In ANC Services				n	%
		Good		Less			
		n	%	n	%		
1	Adequate	15	68,2	7	31,8	22	100
2	Inadequate	1	10	9	90	10	100
Total		16	50	16	50	32	100
P-Value = 0,008; RP = 6,818; CI95 % (1,039 – 44,735)							

Source: Primary Data, 2021.

The results showed that there was a relationship between age and performance of midwives in ANC services at the Jayawijaya Regency Health Center (p-value 0.046) and from the prevalence ratio test results it was interpreted that midwives aged < 30 years had an opportunity to have less performance in ANC services 2.200 times greater than midwives. aged > 30 years. This study is in line with research conducted by Lamere (2018) at Puskesmas throughout Gowa Regency that there is a relationship between age and the performance of midwives. Midwives in Jayawijaya Regency aged < 30 years were 68.8% underperforming in ANC services and from 16 people aged > 30 years were lower or 31.2% underperforming in ANC services. This means that the older the respondent, the higher the performance of antenatal care services. Getting older means more experience gained in serving so that it has an effect on improving the health of mothers and children. Indirectly, respondents learn while practicing. Of course this will have an impact on the performance of the midwife.

According to the researcher's assumption, the age of midwives > 30 years is in the middle and late adult categories. Midwives in this age range have good work experience. However, some midwives aged > 30 years were found to have also poor performance, this was due to the performance of the midwives, because as they age, their work productivity will decline. Meanwhile, those aged < 30 years have high productivity, but lack the experience of midwives in handling the community with various problems in providing services. Age is one factor that affects knowledge because a person's age can blind physical changes and psychological aspects (Sukri and Mustamine, 2019). In addition, with increasing age the more mature psychologically in addressing a problem. Midwives who have good performance on average are more skilled and agile, this is also associated with more work experience for senior midwives. Based on observations during the study, the basic thing about the age difference is only in terms of making reports that use computerization. Midwives who are more senior in age are not able to operate computerized software for inputting reports, so in this case the leadership delegates work to more junior midwives. A good division of labor in this case is also needed in order to create good working environment conditions for improving the performance of midwives, one example is that older midwives are responsible for writing reports, while their juniors are tasked with inputting computerized reports. so that each midwife does not feel burdened.

The results showed that there was a relationship between the status of midwives and the performance of midwives in ANC services at the Jayawijaya Regency Health Center (p-value 0.018). The results of the prevalence ratio test are interpreted that the status of non-permanent employees is 2.556 times more likely to have poor performance in ANC services than midwives with civil servants. The results of this study are in line with research conducted by Adiputri (2014), that there is a relationship between midwife employee status and midwife performance in ANC services. This is related to the compensation provided.

The lack of performance of midwives in ANC services is caused by employees who are permanent employees or state civil servants who have a fixed salary with incentives given according to performance. Meanwhile, non-permanent employees provide compensation depending on the health center policy. This

difference in the provision of incentives causes the midwife's dissatisfaction which affects her performance. Financial compensation

is included in the enabling factors that support or affect the emergence of performance. Midwives who are non-permanent employees who do not receive appropriate financial compensation will encourage dissatisfaction in themselves so that their work will be less good and vice versa.

The results of the study also describe the results of the midwives' perception of incentives in working with good perceptions of incentives. Although there are still those who have a poor perception that there are complaints about the slow realization, but so far the incentives received by midwives are felt to be very sufficient, especially coupled with the discourse about adding professional allowances, this is felt to be very sufficient for midwives. The results showed that there was a relationship between years of service and performance of midwives in ANC services at the Jayawijaya Public Health Center, Jayapura City (p-value 0.004) with the prevalence ratio test results interpreted that tenure < 5 years had a chance of having poor performance in ANC services 4.789 times greater than midwife with more than 5 years of service.

The results of the study are in line with research conducted by Wahyuningsih (2018), that there is a relationship between tenure and the performance of midwives. The term of service of the midwife greatly affects the performance of the midwife during visits, the more senior the midwife the better the performance compared to the midwife with lower seniority. So the conclusion is that the longer the working period, the more experience or lessons learned, the better the performance, so that in carrying out services for the examination of pregnant women, midwives can perform according to standards so that the coverage of services for pregnant women is achieved in accordance with what was determined so that patients want to make repeat visits. Working period is the period of time people have worked in an office, agency and so on. The working period (length of work) of a person needs to be known because it can be an indicator of the tendency of workers. For example, it is associated with work productivity, the longer a person works, the higher his productivity, because he will be more experienced in completing the tasks entrusted to him (Siagian, 2012). The actual working period can be a determinant of whether a midwife is right to carry out the work as a midwife. The longer the working period of a midwife, it is hoped that she will have more control over the conditions in her work area. However, the period of service is also related to the responsibility in the implementation of the ANC, so that the tenure is not too related to the implementation of MCH management (Widyawati, 2018).

The results showed that there was no relationship between knowledge and performance of midwives in ANC services at the Jayawijaya Regency Health Center (p-value 0.479). The results of this study are in line with research conducted by Abu (2015) at the Mantingan Health Center, Ngawi Regency, Ngawi Regency that there is no relationship between knowledge and the performance of midwives. The level of performance of midwives in providing antenatal care services can be related to various surrounding factors. Factors related to performance are individual, psychological and organizational variables. Individual factors related to performance are knowledge, years of service, skills, social level, family, and demographics. Psychological factors related to the performance of midwives are perceptions of rewards, work motivation, attitudes, personality, and learning (Wijono, 2018). Knowledge is a product of the process of human need for information sources and the intensity of individual perceptions that are appropriate to the context (Sukri, 2019). Knowledge is very closely related to education that someone with higher education has more extensive knowledge, in this case the majority of respondents have Diploma III education (78.1%), D4 Midwifery (21.9%).

Knowledge is a factor that influences a person to behave positively and produce good output. The better the knowledge of midwives about antenatal care services, the more enthusiastic and good the quality of their work in carrying out their duties. If the midwife's knowledge is good, she will feel happy to share knowledge and help people in need according to the oath taken as a midwife. However, if the knowledge is lacking then the person concerned will be lazy, afraid to serve the patient because he is worried about the questions that arise from the patient and family, this kind of officer also cannot give satisfaction to the patient and to himself. The results showed that there was a relationship between attitudes towards the performance of midwives in ANC services at the Jayawijaya Regency Health Center (p-value 0.001) with the results of the prevalence ratio test being interpreted that a negative attitude had a 5.444 times greater chance of performance in ANC services than a positive attitude.

The results of the study are in line with research conducted by Doloksaribu (2018), there is a relationship between attitudes and the role of midwives in achieving ANC coverage. Midwives who have had a positive attitude will tend to play a good role in achieving K4 coverage once compared to midwives who have a negative attitude. Attitude is a person's readiness to act (Prayoto, 2014). In addition, attitude is a mental and nervous state of readiness, which is regulated through experience that provides a dynamic or directed relationship to the individual's response to all objects and situations related to it. Attitude is a reaction or response of someone who is still closed to a stimulus or object (Notoatmodjo, 2014). Attitude is a process of assessment by a person towards an object or situation accompanied by certain feelings and provides the basis for the person to make a response or behave in a certain way that he chooses. From the information above, it turns out that attitudes have character, and the strength of character greatly influences a person's behavior. Personal experience is one of the factors that influence a person's attitude (Arlin and Sukri, 2019). A person's strong attitude to check himself (ANC) will bring real behavior in the implementation of ANC.

The results showed that there was a relationship between motivation and performance of midwives in ANC services at the Jayawijaya Regency Health Center (p-value 0.011) with the results of the prevalence ratio test being interpreted that low midwives' motivation had a chance of 4,200 times greater performance in ANC services than midwives' motivation. tall one. The results of this study are in line with research conducted by Widyawati (2018) at the Deleng Pokhisen Health Center and the Mamas Health Center in Southeast Aceh Regency that there is a relationship between motivation and the performance of midwives. Motivation is a stimulus from outside in the form of objects or non-objects that can foster an urge in people to have, enjoy, control, or achieve these objects/non-objects.

The suitability of the results of this study with the theory and previous research occurs because midwives who have high motivation will encourage midwives to work harder. Motivation can arise because of the need in the midwife. This need then encourages the midwife to do something so that the needs that must be fulfilled are met. The existence of a positive relationship means that the higher the motivation possessed by the midwife, the better the performance produced in the service. Researchers can assume that motivation is a driving force for midwives in carrying out their duties to provide care to pregnant women, here we can see from the willingness and high ability to adapt to the community and provide health services in accordance with their duties and functions so that the implementation of tasks is carried out optimally and patients They also want to make repeat visits to the puskesmas and the midwives are increasingly motivated in providing examination services for pregnant women to patients so that the performance of the midwife is better and more satisfying.

The results showed that there was no relationship between the leadership of the head of the puskesmas on the performance of midwives in ANC services at the Jayawijaya Public Health Center, Jayapura City (p-value 1,000). The results of this study are in line with Widyawati's research (2018), that there is no relationship between manager skills and midwives' performance.

The leadership at the puskesmas, leaders at the puskesmas have understood and are able to carry out their main duties and functions in accordance with the organizational work procedures that have been set. This is reflected in the credibility, achievements, and innovations that have been achieved in managing the implementation of the puskesmas. Improving the quality of sustainable primary health services can run well if it is supported by organizational management and leadership competence from the head of the puskesmas (Sukri and Tahir, 2019). In addition, the leadership must also reflect a visionary, democratic, transparent and innovative attitude. Meanwhile, midwives in carrying out their duties are responsible to their leadership, namely the Head of the Puskesmas. The Head of the Puskesmas must also provide guidance to all midwives in his working area. In this case, it is hoped that the leader can influence the midwife through a good communication process so that the midwife follows her decision, because a leader may be considered effective and ineffective from the point of view of the satisfaction of his subordinates. However, the acceptance of the government or the demand of a leader lies in the expectations of his subordinates where a favorable response will lead to interesting results. In this study, leadership is categorized as good, but there are still midwives who have poor performance, this is probably because the midwife has less knowledge so that they feel enough and are satisfied with the services provided.

The results showed that there was a relationship between facilities and the performance of midwives in ANC services at the Jayawijaya Public Health Center, Jayapura City (p-value 0.008) with the results of the prevalence ratio test being interpreted that inadequate facilities had an opportunity for performance in ANC services to be less than 6.818 times greater than facilities. adequate. The results of this study are in line with the research of Widyawati (2018), that there is a relationship between facilities and the performance of midwives in ANC services. Equipment for antenatal care in the field is MCH book and register, stationery, sphygmomanometer, stethoscope, scale, meter, LILA, doppler, gloves, clock, gauze, jelly and SF medicine, calcium, vitamin C, vitamin B complex. Inadequate facilities in ANC services such as monocular stethoscope (Doppler), urine test kit (protein, reduction) and delivery time bags and cards as well as consumables. This affects the performance of midwives in ANC services. Because this is related to the implementation of the work done. This is in accordance with Aminah's opinion (2018) that the environment and facilities or tools are factors that support carrying out actions or activities. The environment includes an examination room for pregnant women that meets health standards, namely the availability of clean water that meets physical, chemical and bacteriological requirements, adequate lighting, adequate ventilation and guaranteed safety. While the facility is a tool or means to support carrying out actions or activities, good and easy-to-obtain logistics management and complete and consistent recording and reporting.

4. Conclusion

This study shows that there is a relationship between age and the performance of midwives in ANC services with p-value = 0.046, there is a relationship between the status of midwives in ANC services and the performance of midwives with p-value = 0.018, there is a relationship between years of service and performance of midwives in ANC services. with p-value = 0.004, there is no relationship between knowledge and performance of midwives in ANC services with p-value = 0.479, there is a relationship between attitudes towards midwives' performance in ANC services with p-value = 0.001, there is a relationship between motivation and performance midwives in

ANC services with a p-value = 0.011, there is no relationship between the leadership of the head of the puskesmas on the performance of midwives in ANC services with a p-value = 1,000, and there is a relationship between facilities and

the performance of midwives in ANC services with a p-value = 0.008. The suggestions from the results of this study are expected for the Jayawijaya Regency health office to provide policies in regulating human resources for midwives with non-permanent employee status, with incentive arrangements that can improve performance in ANC services and evaluate puskesmas facilities, so that services can run. Maximally.

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