

Analysis of Determinants of Midwife Performance in Antenatal Care Services in Allang Care Health Centers Central Maluku District

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ABSTRACT

Antenatal care (ANC) is an important part of health care for pregnant women. Several studies conducted in high-income countries have shown that antenatal care can improve the care experience and health outcomes for pregnant women and newborns. This study aims to analyze the performance determinants of midwives in antenatal care services at the Allang Nursing Health Center, Central Maluku Regency. This type of research is a quantitative study with a cross sectional study approach. Respondents in this study were obtained by taking the entire population of 23 people using a questionnaire. Data processing was carried out using SPSS and for data analysis using statistical tests using univariate analysis tests, bivariate analysis tests and multivariate analysis tests. The results of this study indicate that there is a relationship between age, employee status and years of service to the performance of midwives in ANC services at the Allang Health Center, Central Maluku Regency and there is no relationship between knowledge and attitudes towards the performance of midwives in ANC services at Allang Health Center, Central Maluku Regency. Suggestions from this study are for the Office of Health and Midwives in Central Maluku District Provide policies in managing human resources for midwives with non-permanent employee status, with incentive arrangements that can improve performance in ANC services and carry out Antenatal care services with full sense of responsibility and seriously bearing in mind that the services provided are related to the scope of the Maternal and Child Health program to be achieved.

Key words: Antenatal Care, Health Center, Pregnant women, Child health.

INTRODUCTION

Indonesia is one of the countries in the Association of South East Asian Nations (ASEAN) which has a high maternal mortality rate (MMR). According to data from the 2017 Indonesian Demographic and Health Survey (IDHS), the MMR in Indonesia reached 305/100,000 live births. Not only is the MMR high, but the Neonatal Mortality Rate (AKN) in Indonesia is still very high, as many as 185/day with an AKN of 15/1000 live births). Three-quarters of neonatal deaths occur in the first week, and 40% die within the first 24 hours.^{1,2}

Most of these deaths could have been prevented and saved, meaning that if the MMR is high, many mothers should not have died but because they did not receive the proper prevention and treatment efforts. Mother died of obstetric complications that were not handled properly and on time. Around 15% of pregnancies/delivery experience complications, 85% are normal (RI Ministry of Health, 2019).

Most complications are unpredictable, meaning that every risky pregnancy requires quality service readiness at any time, or 24 hours 7 days, so that all pregnant/delivery women who experience complications at any time have access to quality emergency services in a timely manner, because some complications require service. emergency department within hours approximately 75% of maternal deaths are due to severe bleeding (mostly postpartum hemorrhage), infection (usually postpartum), high blood pressure during pregnancy (preeclampsia/eclampsia), prolonged/obstructed labor and abortions that did not safe (RI Ministry of Health, 2019).

The efforts of the Government of Indonesia, in this case the Ministry of Health, in the context of suppressing MMR and IMR as well as improving the quality of maternal and child health services can be seen in programs, one of which is through the Safe Motherhood Movement program, the Birth Planning and Complications Prevention Program (P4K). Initially, this program focused its activities on increasing the capacity of midwives. However, the program's goals then shifted to increasing and improving the performance of midwives, strengthening the quality of health services, especially for maternal and child health.³

The quality of health services provided by midwives in basic health care units is inseparable from the factors of salary, job security, working conditions, quality of technical supervision, quality of interpersonal relationships which can affect performance from outside the midwife and factors of recognition, responsibility, progress, the job itself, the possibility for career development that can affect the performance of midwives. These two factors contribute quite a bit in determining the high and low quality of maternal and child health services.⁴⁻⁷

Antenatal services are health services provided to mothers during their pregnancy in accordance with the standards set out in the Antenatal Service Guidebook for health center staff. Complete antenatal care includes anamnesis, general physical examination and obstetrics, laboratory tests according to indications, as well as basic and special interventions (according to existing risks). Its operational application is known as the "10T" standard for Antenatal Services (weigh and measure

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height, measure blood pressure, value Nutritional Status (LILA), measure Uterine Fundal Height, determine Fetal Presentation and Fetal Heart Rate, administer TT Immunization, give Augmented Tablets Blood, Laboratory Examination, Case Handling and Counseling.⁸

According to data for 2020-2021, the utilization of Antenatal Care (ANC) services in 2021 in Central Maluku Regency has the highest coverage with a total of 98%, while the province with the percentage of utilization is Tual City, namely 58%. Meanwhile, the spread of the coverage of the use of K1 and K4 Antenatal Care in Central Maluku District out of a total of 7 Community Health Centers, the Allang Health Center is the health center that has the lowest percentage of coverage from the National target, namely 100% K1 coverage and 95% K4 coverage.^{1,2} At the Allang Nursing Health Center (2019) reported coverage of K1 was 68.1% and K4 was 44.2%. (2020) Reported 65.2% K1 and 40.7% K4 Coverage, (2021) Reported 67.4% K1 and 46.9% K4 Coverage. While for the highest percentage of coverage at the Hitu Public Health Center (2019) K1 81.5% and K4 72%, (2020) K1 85.6% and K4 69.7%, for (2021) K1 86.9% and K4 61, 5%. The data shows that nationally, the coverage of antenatal care visits is still far from expectations.

Performance factors according to Gibson that are related to MCH services as revealed by Nisa (2018)⁹ that factors related to midwife performance are incentives, motivation and workload. Motivation is the most dominant factor related to the performance of midwives. Motivation is driven by the fact that midwives feel comfortable working, the workload is in accordance with Tufoksi then the incentives obtained will also increase the midwife's motivation to work. Increased motivation will have an effect on improving the performance of midwives in providing antenatal care.

MATERIALS AND METHODS

The type of research used in this study was an observational study with a cross-sectional study design. To analyze the performance determinants of midwives in antenatal care services at the Allang Nursing Health Center, Central Maluku Regency. The research location was carried out at the Allang Care Health Center, Central Maluku Regency. The research was conducted from October to December 2022. The respondents in this study were determined by taking the entire population. The sample in this study were 23 people. The research instrument used was a questionnaire. Data analysis used statistical tests using univariate analysis tests, bivariate analysis tests and multivariate analysis tests.

RESULTS

This research is a quantitative study that aims to analyze the performance determinants of midwives in antenatal care services at the Allang Nursing Health Center, Central Maluku Regency. Viewed from the aspect of age, employee status, years of service, knowledge and attitudes. This research was conducted from October to December 2022.

Univariate analysis

Based on table 1, it shows that the same number of respondents aged < 30 years were 16 people (50%) and > 30 years were 16 people (50%), most of the midwives with D3 Midwifery education were 25 people (78.1%), employee status Most of them are non-permanent employees, 24 people (71.9%) and working period > 5 years, 19 people (59.4%). Most respondents have good knowledge was 17 people (53.1%). Attitude of midwives was balanced between negative and positive, each of 16 people (50%).

Bivariate analysis

Correlation between age and performance of midwives in ANC services: Table 2 shows that out of 2 people aged > 30 years, 2 people (100%) performed well in ANC services and not only those who performed less well. Meanwhile, out of 21 people aged ≤ 30 years, 14 people (66.7%) performed well in ANC services and less than 7 people (33.3%). The results of the chi square statistical test at a significance value of 95% (= 0.05) obtained a p-value of 0.000 or p < α (0.05). This means that there is a relationship between age and the performance of midwives in ANC services at the Allang Care Health Center, Central Maluku Regency. When viewed from the value of RP = 2,200; CI95% 0.990 – 4.888 which is interpreted that midwives aged > 30 years have a chance to perform well in ANC services 2.200 times greater than midwives aged < 30 years.

Relationship between midwife staff status and midwife performance in ANC services: Table 3 shows that out of 22 midwives with civil servant status, 15 (68.2%) performed well in ANC services and 7 (31.8%) did not. Meanwhile, out of 7 people with non-permanent midwife status (PTT) as many as 1 person (100%) performed well in ANC services and none performed less well. The results of the chi square statistical test at a significance value of 95% (= 0.05) obtained a p-value of 0.018 or p < α (0.05). This means that there is a relationship between midwife employee status and midwife performance in ANC services at the Allang Nursing Health Center, Kab. Central Moluccas. When viewed from the value of RP = 5.870; CI95% 0.903 – 38.153 which is interpreted that midwives with PNS status have the opportunity to perform well in ANC services 5.870 times greater than midwives with PTT status.

The relationship between tenure of midwives and the performance of midwives in ANC services: Table 4 shows that out of 20 people with a working period of ≥ 5 years, 14 people (70.0%) had good performance in ANC services and 6 people (30.0%) had less. Meanwhile, out of 3 people with < 5 years of service, 1 person (33.3%) had poor performance in ANC services and 2 people (66.7%) had good performance. The results of the chi square statistical test at a significance value of 95% (= 0.05) obtained a p-value of 0.004 or p < α (0.05). This means that there is a relationship between tenure of work and the performance of midwives in ANC services at the Allang Nursing Health Center, Kab. Central Moluccas. When viewed from the value of RP = 4.789; CI95% 1.302 – 17.624 which is interpreted that midwives with working period

Table 1: Univariate analysis.

No	Variable	Number (n)	Presentation (%)
1	Age < 30 year	2	8,7
	≥ 30 year	21	91,3
2	Education		
	< D3 Midwives	4	17,4
	≥ D3 Midwives	19	82,6
3	Worker Status		
	Non-permanent worker	1	4,3
	Civil servant	22	95,7
4	Working period		
	≤ 5 year	3	13,0
	> 5 year	20	87,0
5	Knowledge		
	Less	5	21,7
	good	18	78,3
6	Attitude		
	Negative	7	30,4
	Positive	16	69,6

Table 2: Correlation between age and performance of midwives in ANC services at the Allang Health Center, Kab. Central Moluccas.

No	Age	Performance of Midwives in ANC Services				n	%	P-Value
		Good		Less				
		n	%	n	%			
1	< 30 year	2	100	0	0	2	100	0,000
2	≥ 30 year	14	66,7	7	33,3	21	100	
Total		16	69,6	7	30,4	23	100	

p-value = 0,00; RP= 2,200; CI95% (0,990 – 4,888)

Table 3: The relationship between midwife staff status and midwife performance in ANC services at the Allang Nursing Center, Kab. Central Moluccas.

No	Worker Status	Performance of Midwives in ANC Services				n	%	P-Value
		good		Less				
		n	%	n	%			
1	PTT	1	100	0	0,00	1	100	0,018
2	PNS	15	68,2	7	31,8	22	100	
Total		16	69,6	7	30,4	23	100	

p-value = 0,018; RP= 5,870; CI95% 0.903 – 38.153

Table 4: The relationship between tenure of service and performance of midwives in ANC services at the Allang Nursing Center, Kab. Central Moluccas.

No	Working period	Performance of Midwives in ANC Services				n	%	P-Value
		Good		Less				
		N	%	n	%			
1	≤ 5 year	2	66,7	1	33,3	3	100	0,004
2	> 5 year	14	70,0	6	30,0	20	100	
Total		16	69,6	7	30,4	23	100	

p-value 0,004; RP = 4,789; CI95% 1,302 – 17.624

Table 5: The relationship between knowledge and performance of midwives in ANC services at the Allang Health Center in Kab. Central Moluccas.

No	Knowledge	Performance of Midwives in ANC Services				n	%	P-Value
		Good		Less				
		n	%	n	%			
1	Good	12	66,7	6	33,3	18	100	0,704
2	Less	4	80	1	20	5	100	
Total		16	69,6	7	30,4	23	100	

p-value 0,704; nilai RP = 1,471; CI95% (0,704 – 3,071)

Table 6: The relationship between attitudes and performance of midwives in ANC services at the Allang Health Center, Kab. Central Moluccas.

No	Attitude	Performance of Midwives in ANC Services				n	%	P-Value
		Good		Less				
		n	%	n	%			
1	Positive	9	56,3	7	43,7	16	100	1,474
2	Negative	7	100	0	0	7	100	
Total		16	69,6	7	30,4	23	100	

P-Value 1,474; RP = 5,444; CI95% (1,474 – 20,110)

> 5 years have a good chance to perform well in ANC services 4.789 times greater than midwives with working period ≤ 5 years.

Correlation of knowledge on the performance of midwives in ANC services: Table 5 shows that out of 18 people with good knowledge, 12 people (66.7%) had good performance in ANC services and 6 people (33.3%) had less. Meanwhile, out of 5 people with less knowledge, 4 people (80%) had good performance in ANC services and 1 person (20%) had less. The results of the chi square statistical test at a significance value of 95% (= 0.05) obtained a p-value of 0.704 or $p > \alpha$ (0.05). This means that there is no relationship between knowledge and performance of midwives in ANC services at the Allang Nursing Health Center, Kab. Central Moluccas. When viewed from the value of RP = 1.471; 95% CI (0.704 – 3.071) which is interpreted as not significant.

Relationship between midwives' attitudes and performance in ANC services: Table 6 shows that out of 18 people with a positive attitude,

9 people (56.3%) had good performance in ANC services and 7 people (43.7%) had poor performance. Meanwhile, out of 7 people with a negative attitude, 7 people (18.8%) performed well in ANC services. The results of the chi square statistical test at a significance value of 95% (= 0.05) obtained a p-value of 1.474 or $p > \alpha$ (0.05). When viewed from the value of RP = 5.444; CI 95% (1.474 – 20.110) which is interpreted as not significant.

DISCUSSION

The relationship between age and performance of midwives in ANC services

The results showed that there was a relationship between age and the performance of midwives in ANC services at the Allang Nursing Health Center, Kab. Central Maluku (p-value 0.046) and when viewed

from the value of $RP = 2.200$; $CI95\% 0.990 - 4.888$ which is interpreted that midwives aged > 30 years have a 2.200 times greater chance of having good performance in ANC services.

Allang district health center midwife Central Maluku which means the older the respondent the higher the performance in 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 midwife's performance.

According to the researchers' assumptions that the age of midwives > 30 years this year is the middle and late adult category. Midwives who are in this age range have good experience at work. However, some midwives aged > 30 years were also found to have poor performance. This was due to the performance of the midwives, because as they get older, work productivity will decline. Meanwhile, at the age of < 30 years, they have high productivity, but lack the experience of midwives in dealing with the community with various problems in providing services. Besides that, with increasing age, the psychological maturity is getting better in dealing with problems.

Midwives who have good performance are on average more skilled and agile, this is also related to more work experience for senior midwives. Based on the results of 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 capable of operating the software to input computerized reports, for this reason, 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 to improve the performance of midwives, one example is that midwives who are more senior in age are responsible for reports in written form, while those who are juniors are tasked with inputting reports using computerization. so that no midwife feels burdened.

The existence of other factors related to the performance of midwives such as a sense of responsibility within the midwife, synergistic environmental conditions, the role of leadership, peer support and a sense of responsibility and demands for work motivates midwives to work harder. So, there is no age difference in creating good performance.

The results of the study are in accordance with the opinion of Azwar (2013)¹⁰ that age will have a relationship to a person's physical and psychological strength. At certain ages a person will experience a change in work performance. Young people are more susceptible to persuasion or easier to give input on new things with approaches. This means that someone at a young age is easier to approach and more easily given new inputs than someone at an old age.

The relationship between midwife staff status and midwife performance in ANC services

The results of the study showed that there was a relationship between the status of midwives and the performance of midwives in ANC services at the Allang Health Center, Kab. Central Maluku (p -value 0.018). This means that there is a relationship between midwife employee status and midwife performance in ANC services at the Allang Nursing Health Center, Kab. Central Moluccas. When viewed from the value of $RP = 5.870$; $CI95\% 0.903 - 38.153$ which interpreted that midwives with PNS status had the opportunity to perform well in ANC services 5.870 times greater than midwives with PTT status.

The lack of performance by midwives in ANC services is due to employees with the status of permanent employees or the state civil apparatus having a fixed salary with incentives given according to performance. While non-permanent employees, the provision of compensation depends on the policy of the Puskesmas. This difference

in the provision of incentives causes midwives dissatisfaction which affects their performance.

The results of the study also illustrate the results of midwives' perceptions of incentives at work having good perceptions of incentives. Although there are still those who have a poor perception that there are complaints about the slow realization, so far, the incentives received by midwives are felt to be very sufficient, especially coupled with the discourse on adding professional allowances, this is felt to be very sufficient for midwives.

Currently, health workers, especially midwives, are given additional allowances from BOK funds. In addition to funding for service activities, incentives also play an important role in motivating midwives and efforts to improve midwifery performance. Incentives are classified into 2 forms, namely incentives in the form of material and incentives in the form of non-material. Compensation and benefits are a form of material incentives. Adequate compensation is the main thing at work because it is to make ends meet.

Midwives will be more encouraged to develop if offset by compensation in the form of an appropriate salary. In addition to compensation, each individual also needs appreciation for achievement. Providing appropriate rewards can increase midwife motivation in providing good service. Other research is supported by Nisa (2019),⁹ explaining that financial compensation with the performance of midwives has a significant relationship in providing services.

This will trigger village midwives not to improve their performance as village midwives, because the results they receive are the same and are no different from other village midwives. This problem needs to be addressed again, that the compensation received by midwives in this case the services received need to be adjusted to the level of performance that has been carried out, so that this will spur midwives to further improve performance in carrying out their main tasks and functions as midwives.

The relationship between tenure of midwives and the performance of midwives in ANC services

The results of the study show that there is a relationship between tenure of work and the performance of midwives in ANC services at the Allang Health Center, Kab. Central Maluku (p -value 0.004) with this means that there is a relationship between tenure of work and the performance of midwives in ANC services at the Allang Nursing Health Center, Kab. Central Moluccas. When viewed from the value of $RP = 4.789$; $CI95\% 1.302 - 17.624$ which is interpreted that midwives with working period > 5 years have a good chance to perform well in ANC services 4.789 times greater than midwives with working period ≤ 5 years.

The results of the research are in line with research conducted by Wahyuningsih (2018),¹¹ that there is a relationship between tenure and the performance of midwives. The tenure of a midwife greatly affects the performance of midwives during visits, the more senior the midwife the better her performance compared to midwives with lower seniority. So, in conclusion, the longer the working period, the more experience or lessons you get, the better the performance so that in carrying out services at the examination of pregnant women, midwives can carry out according to standards so that the scope of services for pregnant women is achieved according to what has been determined so that patients want to make repeat visits.

The actual working period can determine whether a midwife is right to carry out the work as a midwife. The longer the work period of a midwife, it is hoped that she will be more in control of the situation in her work area. However, the period of service is also related to responsibility for implementing ANC, so that the period of service is not too related to the implementation of MCH management.¹²

The relationship of knowledge on the performance of midwives in ANC services

It shows that out of 18 people with good knowledge, 12 people (66.7%) have good performance in ANC services and 6 people (33.3%) have less. Meanwhile, out of 5 people with less knowledge, 4 people (80%) had good performance in ANC services and 1 person (20%) had less. The results of the chi square statistical test at a significance value of 95% ($\alpha = 0.05$) obtained a p-value of 0.704 or $p > \alpha$ (0.05). This means that there is no relationship between knowledge and performance of midwives in ANC services at the Allang Nursing Health Center, Kab. Central Moluccas. When viewed from the value of $RP = 1.471$; 95% CI (0.704 – 3.071) which is interpreted as not significant.

Knowledge is the intellectual ability and level of understanding of midwives, especially the competence of midwives in providing antenatal care services in accordance with midwifery education needed to carry out their general functions as midwives, including: early detection, treatment or referral of certain complications and special functions as managers, educators and researchers. Knowledge is very closely related to education in that a person with higher education has a wider knowledge, in this case the majority of respondents with Diploma III education (78.1%), D4 Midwifery (21.9%).

Pengetahuan bukan merupakan faktor utama yang mempengaruhi seseorang untuk berperilaku positif dan menghasilkan output yang baik. Jika pengetahuan bidan baik dan memiliki pengalaman maka akan merasa senang berbagi ilmu dan menolong orang yang membutuhkan sesuai sumpah yang diucapkan sebagai seorang bidan. Akan tetapi jika pengetahuan kurang maka yang bersangkutan akan malas, takut untuk melayani pasien karena khawatir dengan pertanyaan-pertanyaan yang muncul dari pasien dan keluarga, petugas seperti ini juga tidak bisa memberikan rasa puas pada pasien dan pada diri sendiri.

Fenomena di lapangan ditemukan mayoritas bidan berpengetahuan baik tentang asuhan kebidanan pada ibu hamil. Tetapi ada beberapa item pertanyaan yang bidan lebih banyak menjawab salah yaitu pertanyaan tentang pentingnya melakukan kunjungan kehamilan yaitu untuk melihat faktor risiko ibu terindikasi panggul sempit yang berakibat ibu hamil kemungkinan sulit untuk melahirkan normal.

Untuk itu upaya yang harus dilakukan adalah tetap harus meningkatkan mutu pelayanan kebidanan sehingga dapat memberikan antenatal care yang bermutu tinggi untuk mengoptimalkan kesehatan selama kehamilan. Peran bidan dalam peningkatan mutu pelayanan kebidanan yaitu bidan harus mengakui bahwa mereka ada di posisi utama untuk menganjurkan dan memelihara kualitas dan ini dapat dilakukan melalui kerja sama yang baik dengan bidan koordinator, pimpinan puskesmas, sesama bidan, dan tenaga kesehatan lainnya.

Keterampilan adalah kemampuan secara teknis atau praktik dalam suatu bidang pekerjaan. Analisis faktor faktor yang berhubungan terhadap kinerja bidan desa pada pelayanan *antenatal care* dalam program jaminan kesehatan daerah di Kabupaten Jayawijaya. Pemahaman tentang ketrampilan dalam bekerja merupakan suatu totalitas diri pekerja baik secara fisik maupun mental dalam menghadapi pekerjaannya. Keterampilan fisik didapatkan dari belajar dengan meningkatkan skill dalam bekerja. Sedangkan pemahaman mental diartikan sebagai kemampuan berfikir pekerjaan kearah bagaimana seseorang secara matang dalam menghadapi pekerjaan yang ada.

Relationship between attitudes and midwives' performance in ANC services

The results showed that there was no relationship between attitudes towards the performance of midwives in ANC services at the Allang Health Center, Kab. Central Maluku with a p-value of 1.474 or $p > \alpha$

(0.05). When viewed from the value of $RP = 5.444$; CI 95% (1.474 – 20.110) which is interpreted as not significant.

Attitude is a person's readiness to act (Prayoto, 2014).¹³ Besides that, attitude is a mental and nervous state of readiness, which is regulated through experience that provides a dynamic or directed relationship to individual responses 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.¹⁴

Based on this explanation, the authors are of the opinion that the midwife's attitude has little influence on the mother's ANC visits. The best midwife attitude is one that does not get out of line with the rules of the code of ethics and health disciplines. In addition, the attitude of health workers must be accompanied by an attitude of patience, firmness, fast in acting, sociable and so on. The attitude of the health workers is of course accompanied by the color of their personality which is patterned after the personality of the health workers which is colored by their temperament/character, good habits, temperament that is already homeo-Stalin. The attitude of health workers must start from motivation and perceptions based on the profession. The existence of a relationship with the attitude of midwives in ANC services needs attention from the management of the Puskesmas by paying attention to the satisfaction of midwives at work, because attitudes are formed from satisfaction with the performance carried out.

CONCLUSION

There is a relationship between age and the performance of midwives in ANC services at the Allang Health Center, Central Maluku Regency.

There is a relationship between the status of midwives and the performance of midwives in ANC services at the Allang Health Center, Central Maluku Regency.

There is a relationship between tenure of work and the performance of midwives in ANC services at the Allang Health Center, Central Maluku Regency.

There is no relationship between knowledge and performance of midwives in ANC services at the Allang Health Center, Central Maluku Regency.

There is no relationship between attitudes towards the performance of midwives in ANC services at the Allang Health Center, Central Maluku Regency.

SUGGESTION

Suggestions for this research are for the Office of Health and Midwives in Central Maluku District Provide policies in managing human resources for midwives with non-permanent employee status, with incentive arrangements that can improve performance in ANC services and carry out Antenatal care services with full sense of responsibility and seriously bearing in mind that the services provided are related to the scope of the Maternal and Child Health program to be achieved.

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