

The Factors Influence with Midwife Performance to Antenatal Care at Public Health Centre Wania Sub Province Mimika

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ABSTRACT

Background: Midwife performance is very important in suppressing the mother and baby mortality starting from pregnancy. The expected performance of the midwives professionally according to the standard of midwifery services in the antenatal care service. The performance of midwife in relation with midwife personality, psychology and organization.

Target of research: To knowing the factors influence with midwife performance to antenatal care at Public Health Centre Wania Sub Province Mimika.

Methods: Observational analysis with cross sectional study design. The study was conducted in May 2018 at Wania Health Center with the population was midwife and the number of samples were 40 midwives. Data were obtained using questionnaire and analyzed using Chi square test and logistic binary regression.

Result of research: Factors related with midwife performance in antenatal care service at Public Health Centre Wania were age (p-value 0,007, RP = 2,533, CI95% = 1,190 - 5,391), employee status (p-value 0,000; RP = 7,333; CI95% = (P-value 0,020, RP = 1,970, CI95% = 1,213 - 3,198) and motivation (p-value 0.001 RP = 2,684; CI95% = 1,438 - 5,011) and facilities (p-value 0.012; RP = 1,974; CI95% = 1,281 - 3,044). Unrelated factors to midwife performance in antenatal care service at public health centre Wania are manager skill (p-value 0,833; RP = 1,167; CI95% (0,699 -

1,948) and knowledge (p-value 1,000; RP = 3,438; CI95% = 1,600 - 7,389).

Keywords: Performance, Midwife, Antenatal Care, Public Health Centre

1. INTRODUCTION

Antenatal care is a health service provided to mothers during pregnancy according to the standard set forth in the guidebook of Antenatal Services for puskesmas staff. Complete antenatal care includes anamnesis, general physical examination and midwifery, laboratory examination as indicated, as well as basic and special interventions (as per risk). The operational implementation is known as the "10T" standard for antenatal care (weigh the body and measure height, measure blood pressure, nutritional status (LILA), measure fundus uteri, determine fetal presentation and fetal heart rate, TT immunization giving, blood, laboratory examination, case management and counseling (Walyani, 2015)

Report of Ministry of Health RI (2017) Maternal Mortality Rate (AKI) in Indonesia 309 per 100,000 live births Direct cause of maternal mortality is 28% bleeding, eclampsia 24 %, 11% infections, 5% old partus, 5% abortion and indirect causes related to lack of regular ANC visit so it can not be detected early for referral and too late to make a decision to seek help to the nearest health service

In monitoring the maternal health care program pregnancy is assessed using K1 and K4 coverage indicators National

coverage of K1 Year 2013 95.4% and coverage K4 83.5% under the national target, K1 coverage is 100% and K4 95% (Kemneks RI, 2014). Meanwhile, Provincial Health Office of Papua (2017) reported coverage of K1 was 54.1% and K4 (23.3%). The data shows nationally, coverage of visits is *antenatal care* still far from expectations (Provincial Health Office, 2017).

Antenatal care is important to detect early abnormalities and risks that may arise during pregnancy, so that solutions can be found to overcome problems in accordance with established standards, one of which is the 10T service (Hardianti et al, 2013). Some indicators of the success of the antenatal care program are K1 coverage and K4 coverage. K1 and K4 coverage is used as an indicator to know the full range of antenatal care. KIA Officers are midwives, doctors or nurses who are expected to provide advice on the importance of antenatal care to pregnant women (Prasetyo, 2014)

Puskesmas is a functional organization that organizes health efforts that are comprehensive, integrated, equitable, acceptable and affordable by the community, government and society. In the implementation of Puskesmas management includes planning, organizing, supervision and assessment (Azwar, 2013). The performance of health personnel is a very important element in the effort to maintain and improve the national development of health sector. The study of performance provides clarity that internal and external factors are very supportive for individuals in achieving work performance (Mardiyah, Herawati, & Witcahyo, 2013).

Technical guidance of midwifery for village midwives has not been done in accordance with the needs and difficulty of communication (MOHRI in Jannah, 2016). Midwife is one health worker having important and strategic position especially in decreasing mother mortality, morbidity and infant mortality rate. Midwives also provide a sustainable midwifery services

and paripuma, which focuses on the aspects of prevention, promotion on the basis of partnership and empowerment, together with other health workers to always be ready to serve anyone who needs it when and wherever he is (MoH RI, 2012).

Minimum service standard data at 23 Puskesmas of Mimika Regency in 2017 for achievement of K4 pregnancy visit of 43,6% and obstetric complication handled 69,9%. This is a decrease in the minimum service standard when compared to the year 2016 reached 58.1% for K4 visits and obstetric complications handled increased by 34.4% (Mimika District Health Office, 2017).

Based on the Local Population Monitoring Report (PWS) Wania Health Center was ranked fifth lowest in ANC visits in 2015, ie K1 visits reached 46.8% and visits 46.8% ANC. In 2016 K1 visits reached 72% and ANC visits 57.3% and 2017 visits K1 reached 88.9% and visit ANC K4 11.1% (Wania Health Center, 2017). This data indicates that K4 visits are lower than K1. Good midwife performance can maintain K1 visits for pregnant women to visit up to visit fourth (K4), so as to improve maternal health and prevent complications in childbirth.

Based on the description of the above problem, the researcher is interested in conducting a study on "Factors - Factors related to the performance of midwives inservices *antenatal care* at Wania District Health Center Mimika".

2. MATERIALS AND METHODS

Observational analysis with study design *cross sectional*. The study was conducted in May 2018 at Wania Health Center with the population was midwife and the number of samples were 40 midwives. Data were obtained using questionnaire and analyzed using chi square test.

3. RESULTS

3.1 Univariate Analysis Univariate Analysis of

Table 1. Independent Variables and Dependent

No	Variable	Frequency (n)	Percentage (%)
1	Age		
	<30 years	24	60
2	Education		
	D1 Midwifery	1	2,5
	D3 Midwifery	32	80
	D4 Midwifery	1	2.5
3	Status employee		
	PTT	24	60
4	Tenure		
	<5 years	21	52.5
5	Knowledge		
	Less	8	20
6	Attitudes		
	Negative	15	37.5
7	Motivation		
	Low	19	47.5
8	Skills Managers		
	Less	12	30
9	Facility		
	inadequate	12	30
10	performance		
	Less	24	60
Total	Good	16	40
		40	100

Based on Table 1, indicate that most respondents aged <30 years as many as 24 people (60%), D3 Midwifery 32 people (80%), the status of temporary employees as many as 24 people (60%), working period <5 years as many as 19 people. Midwife's knowledge about ANC services is mostly good as many as 32 people (80%), positive attitude as much as 25 people (62.5%), high motivation as many as 21 people (52.5%). Respondents' statements about the skills of managers are mostly good as many as 28 people (70%), inadequate facilities as many as 12 people (30%). The performance of midwives in the ANC service is mostly less than 24 (60%).

3.2 Bivariate Analysis

- Age Relation With midwife performance in ANC service**

Table 2. Age Relation with Midwife Performance in ANC Service at Puskesmas Wania

No	Age	Performance of Midwife in Service ANC				n	%
		Poor		Good			
		n	%	n	%		
1	<30 years	19	79,2	5	20.8	24	100
2	≥ 30 years	5	31.3	11	68.8	16	100
Total		24	60	16	40	40	100

p-value = 0,007; RP = 2,533; CI95% (1,190 - 5,391)

Table 2 shows that out of 24 people <30 years old were 19 people (79.2%) poor performance in ANC service and good as many as 5 people (20.8%). While from 16 people aged ≥ 30 years as many as 5 people (31.3%) less performance in ANC service and good as many as 11 people (68.8%). The result of statistic test *chi square* at significance value 95% (= 0,05) obtained *p-*

value 0,007 or $p < \alpha$ (0,05). This means that there is a correlation between age and midwife performance in ANC service in Mimika Regency. When viewed from the value of RP = 2,533; CI95% (1,190 - 5,391) interpreted that midwives <30 years of age are less likely to have poor performance in ANC services 2,533 times greater than midwives aged ≥ 30 years.

- Relationship of Employee Status to Midwife Performance in ANC Services**

Table 3. Relationship of Employee Status with Midwife Performance in ANC Service at Puskesmas Wania

No	Employee Status	Performance of Midwife in Service ANC				n	%
		Poor		Good			
		n	%	n	%		
1	PTT	22	91,7	2	8,3	24	100
2	Permanent Employee	2	12.5	14	87,5	16	100
Total		24	60	16	40	40	100

p-value = 0,000; RP = 7,333; CI95% (1,995 - 26,962)

Table 3 shows that of 24 people with non permanent employee status (PTT) as

many as 22 people (91.7%) poor performance in ANC service and good as

many as 2 people (8.3%). While from 16 permanent employees as much as 2 people (12,5%) less performance in ANC service and good as many as 14 people (87,5%). The result of statistic test *chi square* at significance value 95% (= 0,05) obtained *p-value* 0.000 or $p < \alpha$ (0,05). This means that there is an employee status relationship with

midwife performance in ANC service in Mimika Regency. When viewed from the value of $RP = 7,333$; $CI95\%$ (1,995 - 26,962) interpreted that the status of non-permanent employees has a poor performance in ANC services 7,333 times greater than midwives with permanent employees.

• **Relationships Work Period With Performance ANC Midwives in Service**

Table 4. Work Period Relationship With Performance ANC midwife at the health center in Service Wania

No	Work Period	Midwives Performance in ServiceANC				n	n%
		Less		Good			
			n%		n%		
1	<5 years	19	90,5	2	9,5	21	100
2	years ≥ 5 years	5	26,3	14	73,7	19	100
Total		24	60	16	40	40	100
<i>p-value</i> = 0,000; $RP = 3,438$; $CI95\%$ (1,600 - 7,389)							

Table 4 shows that out of 21 people with a working period of <5 years of 19 (90.5%) poor performance in ANC services and good as many as 2 people (9.5%). While from 19 working people ≥ 5 years as many as 5 people (26.3%) less performance in ANC service and good as many as 14 people (73.7%). The result of statistic test *chi square* at significance value 95% (=

0,05) obtained *p-value* 0.000 or $p < \alpha$ (0,05). This means that there is a working relationship with the performance of the midwife in the ANC service in Mimika Regency. Value of $RP = 3,438$; $CI95\%$ (1,600 - 7,389) interpreted that a working period of <5 years has a poor performance in ANC services 3,438 times greater than midwives with workforce ≥ 5 years.

• **Knowledge Relationships with Performance Services ANC Midwives in**

Table 5. Relationship of Knowledge With Performance ANC midwife at the health center in Service Wania

No.	Knowledge	Midwives Performance in the Service of ANC				n	n%
		Less		Good			
			n%		n%		
1	Less	5	62,5	3	37,5	8	100
2	Good	19	59,4	13	40,6	32	100
Total		24	60	16	40	40	100
<i>p-value</i> = 1,000; $RP = 1.053$; $CI95\%$ (0,573 - 1,934)							

Table 5 shows that out of 8 people with less knowledge as many as 5 people (62,5%) less performance in ANC service and good as many as 3 people (37,5%). Whereas from 32 people with good knowledge as much as 19 people (59,3%) less performance in ANC service and good as many as 36 people (50,7%). The result of

statistic test *chi square* at significance value 95% (= 0,05) obtained *p-value* 1,000 or $p > \alpha$ (0,05). This means that there is no knowledge relationship with midwife performance in ANC service in Mimika Regency. When viewed from the value of $RP = 1.053$; $CI95\%$ (0,573 - 1,934) were interpreted to be insignificant.

• **Relationship Attitude With Performance ANC Midwives in Service**

Table 6. Relationship Attitude With Performance in Service ANC midwife at the health center Wania

No.	Attitude	midwife Performance in Service ANC				n	n%
		Less		Good			
			n%		n%		
1	Negative	13	86,7	2	13,3	15	100
2	Positive	11	44	14	56	25	100
Total		24	60	16	40	40	100
<i>p-value</i> = 0,020; $RP = 1,970$; $CI95\%$ (1,213 - 3,198)							

Table 6 shows that out of 15 people with negative attitudes as many as 13 people (86.7%) poor performance in ANC service and good as many as 2 people (13.3%). While from 25 people with positive attitude as many as 11 people (44%) less performance in ANC service and good as many as 14 people (56%). The result of statistic test *chi square* at significance

value 95% (= 0,05) obtained *p-value* 0,020 or $p < \alpha$ (0,05). This means that there is an attitude relationship with midwife performance in ANC service in Mimika Regency. When viewed from the value of $RP = 1.970$; $CI95\%$ (1,213 - 3,198) interpreted that negative attitudes of performance in ANC services were less than 1,970 times greater than positive attitudes.

• **Relationship Motivation With Performance Of Midwife In Service Of ANC**

Table 7. Relationship Motivation With Performance Of Midwife In Service Of ANC At Puskesmas Wania

No	Motivation Of	Performance Of Midwife In Service Of ANC				n	%
		Poor		Good			
		n	%	n	%		
1	Low	17	89,5	2	10,5	19	100
2	High	7	33,3	14	66,7	21	100
Total		24	60	16	40	40	100

p-value = 0.001; $RP = 2,684$; $CI95\%$ (1,438 - 5,011)

Table 7 shows that out of 19 low motivation people were 17 people (89.5%) poor performance in ANC and good service as many as 2 people (10.5%). While from 21 people with high motivation as many as 7 people (33.3%) less performance in ANC service and good as many as 14 people (66,7%). The result of statistic test *chi square* at significance value 95% (= 0,05)

obtained *p-value* 0,001 or $p < \alpha$ (0,05). This means that there is a motivational relationship with midwife performance in ANC service in Mimika Regency. When viewed from the value of $RP = 2.684$; $CI95\%$ (1,438 - 5,011) interpreted that low midwives 'motivation for performance in ANC services was less than 2,684 times greater than high midwives' motivation.

• **Relationship Manager Skills With ANC performance of midwives in**

Table 8. Relationship Manager Skills With the performance of midwives in health centers ANC in Wania

No.	Manager Skills	Midwives Performance in Service ANC				n	n%
		Less		Good			
		n	n%	n	n%		
1	Less	8	66.7	4	33.3	12	100
2	Good	16	57,1	12	42.9	28	100
Total		24	60	16	40	40	100

p-value = 0.833; $RP = 1.167$; $CI95\%$ (0.699 - 1,948)

Table 8 shows that out of 12 people with less manager skills as many as 8 people (66.7%) poor performance in ANC services and well as many as 4 people (33.3%). Whereas from 28 people with good manager skills as many as 16 people (57.1%) poor performance in ANC service and good as many as 12 people (42.9%). The result of

statistic test *chi square* at significance value 95% (= 0,05) obtained *p-value* 0,833 or $p > \alpha$ (0,05); $RP = 1.167$; $CI95\%$ (0.699 - 1,948). This means that there is no relationship between the manager's skills and the performance of the midwife in the ANC service in Mimika District.

• **Relationship Facility With ANC performance of midwives in**

Table 9. Relationship Facility With the performance of midwives in health centers ANC in Wania

No.	Facilities	Midwives Performance in Service ANC				n	n%
		Less		Good			
		n	n%	n	n%		
1	Inadequate	11	91.7	1	8,3	12	100
2	Adequate	13	46.4	15	53,6	28	100
Total		24	60	16	40	40	100

p-value = 0.012; $RP = 1.974$; $CI95\%$ (1,281 - 3,044)

Table 9 shows that out of 12 people with inadequate facilities were 11 people (91.7%) poor performance in ANC service and good as much as 1 person (8.3%). While from 28 people with adequate facilities as many as 13 people (46,4%) less performance in ANC service and good as many as 15 people (53,6%). The result of statistic test *chi square* at significance value 95% (= 0,05) obtained *p-value* 0,012 or $p < \alpha$ (0,05); This means that there is a facility relationship with midwife performance in ANC service in Mimika Regency. When $RP = 1.974$; $CI_{95\%}$ (1,281 - 3,044) interpreted that inadequate facilities have ANC performance in services less than 1.974 times greater than adequate facilities.

4. DISCUSSION

4.1 Age Relation with Midwife Performance in ANC Service

The result of this research shows that there is correlation between age and midwife performance in ANC service at Wania Health Center (*p-value* 0,007). The results of this study are in line with Guspianto's (2012) study, that age is related to midwife's performance on compliance with ANC service procedures. Research conducted by Suhat (2009) in the implementation of KIA management of puskesmas by midwife coordinator suggested at age > 30 years and <30 years unrelated to midwife performance.

The result of analysis showed that from 24 people <30 years old, 19 people (79,2%) less performance in ANC service and good as many as 5 people (20,8%). While from 16 people aged > 30 years as many as 5 people (31.3%) less performance in ANC service and good as many as 11 people (68.8%). This shows that performance in ANC services is good for midwives > 30 years old. RP test result = 2.533; $CI_{95\%}$ (1,190 - 5,391) interpreted that midwives <30 years of age are less likely to have poor performance in ANC services 2,533 times greater than midwives aged > 30 years.

This is in accordance with research conducted by Dhesi (2008) which shows that by age, all respondents included in the age > 30 years. The age of the respondents is considered old that the respondent has had enough experience. Respondents' experiences shape behavior that will become a habit.

The results of this study are not in accordance with the opinion of Azwar (2010) that age will have a relationship to the physical and psychological strength of a person. At certain ages a person will experience a change in work performance. Younger ages are easier to persuade or easier to provide new feedback with the approach. This means that a person with a young age is more approachable and easier to give new things input compared to someone with old age.

This is due to the research that the youngest respondent is 21 years old and the respondent aged more than 30 years old is 41 years old, so physically midwives more than 30 years old still have high productivity. With the experience of working through the working period, so the age associated with the performance of midwives in the ANC service.

4.2 Relationship of Employee Status with Midwife Performance in ANC Service

The result of this research shows that there is relationship between employee status and midwife performance in ANC service at Wania Health Center (*p-value* 0,000). The results of this study are in line with research conducted by Adiputri (2014), that there is a relationship of employee status to midwife performance in ANC service. This is related to the compensation given.

Midwives serving in Indonesia can be divided into two: Non-Permanent Employees (PTT) who are usually assigned to villages and Civil Servant Midwives (PNS) who are assigned to the Puskesmas or Hospital. Some Village Midwives on Midwives Performance have civil servant employment status. Basically the institution

must use personnel (Village Midwives) who are employed by or under an institutional contract (PNS). Therefore, when the contracting personnel, the institution must ensure that the officer is supervised and competent and works in accordance with the system (Walyani, 2015).

This is in accordance with the theory according to Robbin (2006) states that money may not be the only motivator, but it is difficult to argue that money does not motivate. In order for money to motivate individual performance to be met the conditions of money it must be considered important by the individual, the money is prepared as a direct reward from the performance, the amount of money offered for the performance is prepared meaningfully by the individual (Robbin, 2006).

The result of analysis shows that from 24 people with non permanent employee status (PTT) as many as 22 people (91,7%) less performance in ANC service and good 2 person (8,3%). While from 16 permanent employees as much as 2 people (12,5%) less performance in ANC service and good as many as 14 people (87,5%). This shows that employee status tends to have less performance. Hasiol test $RP = 7,333$; $CI95\% (1,995 - 26,962)$ interpreted that the status of non-permanent employees has a poor performance in ANC services 7,333 times greater than midwives with permanent employees.

According to Hasibuan (2012), human resources are an integrated ability of the power of thought and physical owned individuals. Behavior and physical is determined by heredity and environment while work performance is motivated by the desire to satisfy the desires of satisfaction.

Lack of midwife performance in ANC service is due to permanent employee or civil state apparatus having a fixed salary with incentive given according to performance. While non-permanent employees of compensaisi depend on the policy of Puskesmas. The existence of differences in the incentives incentives leads

to the dissatisfaction of midwives who link their performance.

Financial compensation includes into enabling factors that support or link performance. An unpaid midwife who does not receive the appropriate financial compensation will encourage dissatisfaction in himself so that in doing the work will be less good and vice versa. Another study was supported by Wawan (2007), from the multivariate test results of the most correlated factors of reward and ability to midwife performance in delivery assistance. The study by Endang (2008) also explained that financial compensation with the performance of village health polyclinic implementers has a significant relationship in service in Kendal District. The compensation received by the village midwife in Bangli District is equally levelled.

This will encourage village midwives not to improve their performance as village midwives, since the results received are the same and are no different from other village midwives. This problem needs to be addressed again, that the compensation received by the midwife in this case the service received should be adjusted to the level of performance that has been done, so this will spur midwives to further improve the performance in menjalankan main task and function as midwife.

4.3 Working Relationship with midwife performance in ANC service

The result of this research shows that there is a correlation between work period and midwife performance in ANC service at Wania District Health Center of Mimika Regency (p -value 0,000).

The results of research are in line with research conducted by Mardiah, L (2013), that there is a relationship between the work period and the performance of the midwife. The midwife's time is very important to the midwife's performance in the visit; the more senior the midwife the better the performance is compared to the

lower seniority midwife. So the conclusion with the length of the working period the more experience or lessons learned, then the performance was better so in conducting services on the examination of pregnant women midwives can perform in accordance with the standard so that the coverage of pregnant women services are achieved in accordance with the provisions so that patients want to do a visit.

Masa term of the work is already working in an office, agency and so forth. A person's working period needs to be known because it can be an indicator of workers' trends. For example associated with work productivity, the longer a person works the higher the productivity, because it will be more experienced in completing the task entrusted to him (Siagian, 2012).

The result of analysis showed that from 21 people with working period <5 years 19 people (90,5%) less performance in ANC service and good 2 person (9,5%). While from 19 working people > 5 years as many as 5 people (26.3%) less performance in ANC service and good as many as 14 people (73.7%). This suggests that the length of time associated with the performance of the midwife. RP test result = 3,438; CI95% (1,600 - 7,389) interpreted that a working period of <5 years has a poor performance in ANC services 3,438 times greater than midwives with a working period > 5 years.

The actual working period can determine whether a midwife is right to perform a job as a midwife. The longer the work period of a midwife, hopefully he will be more in control of the situation in his working area. However, the working period is also associated with responsibility in the implementation of the ANC, so the working period is not too related in the implementation of KIA management (Suhart, 2009).

The existence of work-time relationship to midwife performance is caused by long working period increasingly add experience, so that can improve performance of midwife. This is in

accordance with Karawati's opinion (2011), that the work period is expressed as work experience, over 10 years of service is considered Seniority (Karwati, 2011).

4.4 Knowledge Relations With midwife performance in ANC services

The results showed that there was no correlation between work period and midwife performance in ANC service at Wania Health Center (*p-value* 1,000). The result of the research is not in line with the research conducted by Mardiah, L (2013) that there is a correlation between knowledge and performance of midwife in K4 coverage with significance level of *P value* 0,01. That the midwife's knowledge is related to midwife's performance in K4 visit because if midwife has good knowledge hence midwife can give good service also to patient so patient feel satisfied to service given by midwife and patient willing to do visit again thus giving motivation to midwife to improve its performance.

The result of analysis is obtained from 8 people with less knowledge as much as 5 people (62,5%) less performance in ANC service and good 3 person (37,5%). Whereas from 32 people with good knowledge as much as 19 people (59,3%) less performance in ANC service and good as many as 36 people (50,7%). This suggests that well-informed midwives have poor performance due to other factors such as job dissatisfaction over work compensation that they have committed to linking performance. While midwives who have less knowledge and perform less performance due to lack of experience in ANC services.

This is not in accordance with the opinion of Notoatmodjo (2011), that knowledge possessed by a person is the initial trigger of behavior including behavior in work. Knowledge is needed in order to change the mindset and behavior. Good knowledge of a job will make a person master the field of work.

4.5 Attitudinal Relationship With midwife performance in ANC service

The result of research indicates that there is a correlation between attitude and performance of midwife in ANC service at Wania Health Center (*p-value* 0,020). The results of research are in line with research conducted by Nur, F (2013) there is a relationship between attitudes with the role of midwives in achieving ANC service coverage. Midwives who have had positive attitudes will tend to play a good role in achieving ANC services 1 time compared to midwives who have negative attitudes.

Attitude is a person's readiness to act (GW Alport 1935 in Prayoto, 2014). In addition Attitudes are the mental and nervous states of readiness, governed by experiences that provide a dynamic or directed relationship to the individual response to all objects and situations associated with it. Attitude is a reaction or a person's response is still closed to a stimulus or object (Notoatmodjo, 2011).

The result of analysis showed that from 15 people with negative attitude as many as 13 people (86,7%) less performance in ANC service and good 2 person (13,3%). While from 25 people with positive attitude as many as 11 people (44%) less performance in ANC service and good as many as 14 people (56%). This indicates that negative midwife attitudes tend to lack performance. This is evident from the value of $RP = 1.970$; $CI_{95\%} (1,213 - 3,198)$ interpreted that negative attitudes of performance in ANC services were less than 1,970 times greater than positive attitudes.

The best attitude of health workers is the attitude that does not come out of the path of rules of ethics and health discipline. In addition, the attitude of health workers should be coupled with patience, firm, quick in action, and so on. Attitudes of health personnel must be accompanied by the color of personality that personality personality characterized by character / habit, good habit, temperament already *homeo stalin*. The attitude of health workers should start

from the motivation and perception based on the profession (Rusmini, 2009).

The existence of relationship to attitude of midwife in ANC service need to get attention from management of health center by paying attention of midwife satisfaction in work, karean attitude formed from existence of satisfaction to performance performed.

4.6 Relationship Motivation with Performance Of Midwife In Service Of ANC

The result of this research shows that there is correlation between motivation and performance of midwife in ANC service at Wania Health Center (*p-value* 0,001). The results of this study are in line with the research conducted by Mardiah (2013) that there is a motivational relationship in K4 visitation with midwife performance on the examination of pregnant women.

The result of analysis shows that from 19 people with low motivation as many as 17 people (89,5%) less performance in ANC service and good 2 person (10,5%). While from 21 people with high motivation as many as 7 people (33.3%) less performance in ANC service and good as many as 14 people (66,7%). This indicates a low motivation tendency towards midwife performance. RP test result = 2,684; $CI_{95\%} (1,438 - 5,011)$ was interpreted that low midwives 'motivation for performance in ANC services was less than 2,684 times greater than high midwives' motivation.

Motivation is the stimulus from the outside in the form of objects or not objects that can nurture encouragement in people to have, enjoy, master, or reach the object / not the object (Mubarak, 2011). Motivation is as a motivator for midwives in performing performance in ANC service on examination of pregnant women, here we can be seen from willingness and high ability to adapt to society and provide health service in accordance with its duties and functions so that in the execution of tasks are performed optimally and patients are

willing to do the visit of the kepukesmas and midwives were increasingly motivated in providing pregnant mother's examination service to the patient so that the performance of the midwife remain is good and satisfactory.

Most (60%) of the midwives examined were non-permanent employees. One of the motivational components according to Robbin (2006) such as extrinsic motivation derived from compensation or incentives obtained. Lack of motivation obtained by the midwife causes the midwife's motivation to be low that connects the performance of the midwife.

4.7 Relationship of Manager Skills With the performance of midwives in ANC services

The results obtained that there is no relationship between managerial skills with midwife performance in ANC services at Wania District Health Center Mimika (*p-value* 0.833). The results of this study are in line with the study of Adiputri (2014), that there is no hubungan skills of managers to the performance of midwives.

According to Muninjaya (2011), a manager is required to have specific skills that are managerial in accordance with his position in the organization. Within a large organization such as the Ministry of Health, the manager's position is divided into three levels: *top level managers* or top managers, *middle level managers* or middle managers, and *lower level managers, managers* or technical or operational).

The result of analysis shows that from 12 people with manager skill less as much as 8 people (66,7%) less performance in ANC service and good counted 4 person (33,3%). Whereas from 28 people with good manager skills as many as 16 people (57.1%) poor performance in ANC service and good as many as 12 people (42.9%). This suggests that poor and good management skills in midwives are equally likely to perform poorly with the midwife.

The result is that midwives with a working period of <5 years have D3 midwifery education, so they are able to perform well in ANC services. While the midwife with the lowest education is D1 midwifery but has a working time >5 years so that have work experience and have good performance in ANC service, so that manager skill is not meaningful.

According to Ayuningtyas (2008), the management of ANC is the main duty and responsibility of the midwife. Involving midwives in any decision making that connects them and their relationships with KIA jobs, duties and organizations will make them more accountable. The findings in the field also show that there are varied perceptions of involvement, for example most midwives feel that institutions or leaders in carrying out their activities always involve employees, ask for advice, input and opinions, and do not hesitate to ask for ideas and thoughts from employees, others say otherwise.

The absence of a relationship is due to a greater attitude and motivation relationship to the manager's skills in managing his subordinates. Dissatisfied midwives will link up their performance in ANC services.

4.8 Relationship of Facilities With the performance of midwives in ANC services

The results obtained that there is a relationship of facilities with the performance of midwives in the service of ANC in Wania District Health Center Mimika (*p-value* 0,012). The result of this research is in line with Guspianto (2012) research, that there is facility relation to midwife performance in ANC service.

The available facilities have no significant relationship with the ANC Midwife enhancement. In addition to supporting infrastructure in the form of physical or non-physical provided by the institution in the workplace is important in an effort to improve the service of midwife ANC in Puskesmas, but a sense of responsibility to the main task and work

motivation with high commitment midwives are closely related in the management of ANC (Ayuningtyas, 2008).

The result of analysis showed that from 12 people with inadequate facility were 11 people (91,7%) less performance in ANC service and good 1 person (8,3%). While from 28 people with adequate facilities as many as 13 people (46,4%) less performance in ANC service and good as many as 15 people (53,6%). This indicates that inadequate facilities weaken the performance of midwives. This is evident from the value of $RP = 1.974$; $CI95\%$ (1,281 - 3,044) interpreted that inadequate facilities have ANC performance in services less than 1.974 times greater than adequate facilities.

Inadequate facilities in ANC services such as monocular stethoscope (Dopler), urine test set (protein, reduction) and pouch and Labor Time Card and consumables. This connects the performance of midwives in CCT services. Because this is related to the implementation of work done.

This is in accordance with the opinion of Aryanti (2010) that the environment and facilities or tools are the supporting factors to carry out the action or activity. The environment includes the examination room of pregnant women who meet the health standards of the availability of clean water that meets the physical, chemical and bacteriological requirements, adequate lighting, adequate ventilation and security. While the facilities of a tool or means to support the implementation of actions or activities, good logistics management and easy to obtain as well as complete and consistent reporting and reporting.

It needs attention from Puskesmas management in planning the existing facility in ANC service, so it does not hinder the performance of midwife performance.

5. CONCLUSION

5.1 There is an age correlation with midwife performance in ANC service at Wania

Health Center (p -value 0,007; $RP = 2,533$; $CI95\% = 1,190 - 5,391$).

5.2 There is an employee status relationship with midwife performance in ANC service at Wania Health Center (p -value 0,000; $RP = 7,333$; $CI95\% = 1,995 - 26,962$).

5.3 There is a working relationship with midwife performance in ANC service at Puskesmas Wania Kabupaten Mimika (p -value 0,000; $RP = 3,438$; $CI95\% = 1,600 - 7,389$).

5.4 There is no correlation between knowledge and performance of midwife in ANC service at Wania Health Center (p -value 1,000; $RP = 3,438$; $CI95\% = 1,600 - 7,389$).

5.5 There is an attitude relationship with midwife performance in ANC service at Wania Health Center (p -value 0,020; $1,970$; $CI95\% = 1,213 - 3,198$).

5.6 There is correlation between motivation and midwife performance in ANC service at Wania Health Center (p -value 0,001; $RP = 2,684$; $CI95\% = 1,438 - 5,011$).

5.7 There is no relationship skills of managers with the performance of midwives in the ANC in Puskesmas Wania Mimika (p -value 0.833; $RP = 1,167$; $CI95\%$ (0.699 to 1.948)

5.8 There was a facility with the performance of midwives in the ANC in Puskesmas Wania Mimika (p -Value 0,012 $RP = 1,974$ $CI95\% = 1,281 - 3,044$)

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