

The Correlation of Mothers' Satisfaction on Antenatal Care Service by Midwife and Motivation to Do Antenatal Care

By Laily Prima Monica

The Correlation of Mothers' Satisfaction on Antenatal Care Service by Midwife and Motivation to Do Antenatal Care

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ABSTRACT

The problem of maternal mortality and morbidity in Indonesia is still become a big problem. In fact, the maternal mortality rate in Indonesia is still the highest in Asean. The factors above are the direct causes of maternal mortality. The causes of this death can be minimized by antenatal care which monitors the condition of the mother's pregnancy regularly predict the risks that may arise so that preventive measures can be taken. The design used correlational research with a cross-sectional approach. The population in this research was all pregnant women aged 20-35 years who did antenatal care at Polindes Jatinom Kecamatan Kanigoro Kabupaten Blitar as many as 12 pregnant women. The sampling technique used accidental sampling. The sample was some of the pregnant women aged 20-35 years who did antenatal care at the time of the research as many as 12 pregnant women. Results: The result showed 67% was in the category of very satisfied and 75% of pregnant women had high motivation towards antenatal care. There was a correlation between the satisfaction pregnant women on antenatal care services by midwife and motivation to do antenatal care proven by the results of the Spearman Rank statistical test which showed the value of sig = 0,000. Midwives are expected to maintain and keep the quality of service, especially in providing antenatal care to pregnant women so that the needs of mothers during antenatal care are always satisfied.

Keywords: satisfaction, motivation, antenatal care.

INTRODUCTION

The problem of maternal mortality and morbidity is still a big problem in Indonesia. The fact, the maternal mortality rate in Indonesia is still the highest in Asean. The latest data of BPS is 253 per 100 thousand live births in 2006, while the Human Development Report 2010 states that the maternal mortality rate in Malaysia is far below Indonesia, namely 41 per 100 thousand live births, Philippines 170 per 100 thousand live births, Vietnam 50 thousand per 100 thousand live births.

Bleeding is the main cause of maternal death in Indonesia and the second cause is eclampsia and infection. All of these are responsible for nearly 70% of maternal deaths which are direct causes. The risk of maternal death is also exacerbated by the presence of diseases that pregnant women may suffer, such as tuberculosis, HIV / AIDS, anemia and malaria.

The Ministry of Health states that the prevalence of anemia in pregnant women is still very high which reach 50%. The factors above are the direct causes of maternal death, but the causes of death can be minimized by antenatal care, which monitors the condition of the mother's pregnancy regularly, to predict the risks that may arise so that preventive measures can be taken. Health monitoring during pregnancy for both normal and emergency situations as well as delivery assistance by trained health personnel play an important role in reducing maternal mortality.

The using of service facilities for health checks during pregnancy revealed that more than 83 percent of women had their health check-ups during pregnancy at health care facilities, both public and private. This figure is still lower than the antenatal care coverage target set. (Fahrozy, 2017).

Patient satisfaction is often seen as an important component of health care. Hospitality and enjoyment related to health services that are not directly related to clinical can affect patient satisfaction and their availability to return to the health facility for further services. General government health service facilities are not used by the community. One of the reasons that in general the quality of health services provided by government health care facilities is still not or does not meet the expectations of patients and / or the community.

One of the most important aspects of antenatal care is fostering a trusting relationship with the mother and her family. If a mother trusts a midwife, she is more likely to return to the same midwife for delivery and delivery of her baby. Based on the phenomenon above, the writer wanted to know whether there was a correlation between the satisfaction of pregnant women in antenatal care services by midwives with the motivation to do antenatal care in these midwives. From the problems and survey results, the researchers were interested in conducting a research entitled "The Correlation of Pregnant Women Satisfaction in Antenatal Care Services by Midwives and Motivation to Do Antenatal Care".

The research objective was to determine whether there was a correlation between the satisfaction of pregnant women in antenatal care services by midwives and the motivation to do antenatal care. The benefits of the research were researchers could use this as an explanation and evaluation of the satisfaction of pregnant women with antenatal care by midwives so that they could train to think and work scientifically on a problem.

METHODS

This research used a *cross sectional correlation research design*. The population was 12 pregnant women aged 20-35 years who did antenatal care at the Jatinom Polindes, Kanigoro District, Blitar Regency. The sampling technique used *Accidental Sampling*. The sample of the research was part of pregnant women aged 20-35 years who did antenatal care, obtained 12 pregnant women.

The independent variable in this research was the satisfaction of pregnant women during antenatal care. The dependent variable in this research was mother's motivation to do antenatal care. The instrument used a questionnaire. The data processing methods were editing, coding, tabulating then analyzed with the *Spearman Rank statistical test*.

RESULT

General data

Table 1: Age Distribution of Respondent

No	Age (Years)	f	%
1	18 – 22	5	41,7
2	23 – 27	4	33,3
3	28 – 32	3	25
		12	100

Table 2: Numbers of Pregnancy Distribution of Respondent

No	Number of pregnancies	f	%
1	Gravida 1	7	58,3
2	Gravida 2	4	33,4
3	Gravida > 2	1	8,3
	Total	12	100

Table 3: Educational Background Distribution of Respondent

No	Last Education	f	%
1	Elementary School	1	8,3
2	Junior High School	2	16,7
3	Senior High School	7	58,3
4	University	2	16,7
	Total	12	100

Table 4: Occupation Distribution of Respondent

No	Occupation	f	%
1	Housewife	9	75
2	Entrepreneur	3	25
	Total	12	100

A. Specific Data

Table 5: Mothers' Satisfaction on Antenatal Care Service by Midwives

No	Satisfaction	f	%
1	Very Satisfied	8	67
2	Satisfied	4	33
Total		12	100

Table 6: Mothers' Motivation to do Antenatal Care

No	Motivation	f	%
1	High	9	75
2	Fair	3	25
3	Low	0	0
Total		12	100

Table 7: The Frequency Distribution of Mothers' Satisfaction and Motivation

Category	% Very Satisfied	% Satisfied
Highly Motivated	20	80
Fairly Motivated	80	20

Spearman rank test: p = 0,000

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The result of attitude analysis from Spearman Rank test with p value 0,0000. This meant that there was a correlation between the mothers' satisfaction in antenatal care services by midwives and the motivation to do antenatal care.

DISCUSSION

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Mothers' Satisfaction of Antenatal Care Services by Midwives

The calculation results of all respondents' answers showed that from 12 respondents, there were 8 respondents (67%) who were very satisfied with the antenatal care services provided by midwives, and 4 respondents (33%) were satisfied.

Satisfaction is a level of patient feeling that arises as a result of the performance of health services obtained after the patient compares it with what he expects. There are 3 levels of satisfaction, if the appearance is less than expected, the customer is not satisfied. When the appearance is up to expectations, the customer is satisfied. If the appearance exceeds expectations, the customer is very satisfied / happy. Besides, satisfaction is also influenced by aspects including: The attitude of the staff or health workers approach to patients, the quality of service received by patients, administrative procedures and the facilities provided. (Susilo, 2014)

From the 12 respondents who answered the questionnaire, it could be seen that 8 mothers answered very satisfied, this meant that the performance of midwife in providing services was very satisfying or exceeding expectations. This feeling of very satisfied was influenced by the feeling of pregnant women when they first came to the service provider, the attitude of the staff / health workers when they met, for example smiling and greeting in a friendly manner. Pregnant women felt comfortable with the hospitality given. This also needed to be supported by good quality service, what midwives did to the patients related to the healing process or reduced the complaints felt by pregnant women. It was also important that the facilities provided included the availability of a pleasant waiting area, a comfortable examination area, could maintain patient privacy, so that mothers could freely express their complaints without being disturbed by other patients, midwives' explanations in providing counseling used language which easy to understand, listened carefully to every complaint uttered by the mother.

Meanwhile, 4 other respondents answered satisfied, which meant that the midwife's performance was comparable to or equal to what the expectation of pregnant women was. With good service and in accordance with standards, pregnant women would be satisfied. If the mothers' was satisfied and would continue to buy

and use products or services for the future, mothers would share their feelings and experiences with other customers. An assessment process which was given by mothers could be positive or negative based on the experience they had received.

Mother's motivation to do Antenatal Care

From the results of the research, mothers' motivation to do antenatal care that has been implemented, from 12 respondents showed that 9 respondents were in the category of high motivation (75%) and 3 respondents (25%) were in fair motivation.

Basically, humans have unique characteristics so that motivating one another does not have to be the same. This is what causes differences in the level of motivation with one another. (Sunaryo, 2004)

Types of motivation are divided into two, first is intrinsic motivation; motivation that comes from within humans that is driven by satisfaction and curiosity factors; and the second is extrinsic motivation; namely motivation that comes from outside which is the influence of other people or the environment. Extrinsic motivation can be stimulated in the form of praise, gifts.

From the results of the research, the motivation that encourages pregnant women to do antenatal care was mostly based on intrinsic motivation, which rose from within the mother herself. Mother felt that antenatal care was a need that must be met. Pregnant women wanted to give the best for the fetus they were carried, so that mother and the fetus were in good health until the time of delivery arrived. The results of the research above was corroborated by the theory of Goal - Setting Theory proposed by John Locke (1968) that a person's behavior is basically influenced by his efforts to achieve a goal. According to him, a specific and difficult goal can lead to high motivation (Supartiningsih, 2017)

There was a goal that each mother wants to achieve, such as provided the best for the fetus, this was the cause why mothers had high motivation to do antenatal care.

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From the results of research and data analysis as in table 4.1 and the results of calculations with the Rho Spearman formula, it is found that ρ count 0.67 is then compared to the Rho Spearman criticism price table with a sample size (N) of 12 respondents and a 95% confidence interval.

The results of the Spearman rank statistical test showed the value of sig = 0,000. This meant that there was a correlation between the mothers' satisfaction in antenatal care services by midwives and the motivation to do antenatal care.

A pure motivation is motivation that is really aware of the importance of a behavior and is felt as a need. Each individual has a hierarchy of needs that determines his actions, once the most basic needs are satisfied, the individual will be motivated to achieve the next need. (Susilo, 2014)

Research showed that mothers who felt satisfied / satisfied beyond what was expected would be motivated to do antenatal care. Motivation itself is influenced by the urge to act which is based on the needs they feel; the desires and needs of the individual motivate individuals to fulfill them. The need for antenatal care will foster a motivation for mothers because they are aware that this is a need for the fetus that must be fulfilled. If the most basic needs of pregnant women are properly fulfilled and satisfied, then automatically there will be motivation to meet their needs again, namely to visit antenatal care centers.

The result above is in line with the reinforcement theory which states that individual behavior will lead to motivation if there are consequences of that behavior. Behavior that gives rise to satisfaction will strengthen this behavior so that it tends to be repeated, on the other hand, behavior that causes dissatisfaction will weaken the behavior so that it tends to be abandoned.

CONCLUSION

From the results and data analysis that had been done, the following results were obtained: The satisfaction level of mothers at antenatal care services provided by midwives was in the category of very satisfied with a total of 67%, Mothers had high motivation to do antenatal care with a total of 75%, There was a correlation between mothers' satisfaction at antenatal care services provided by midwives and

motivation to do antenatal care. Based on the results of the Spearman Rank statistical test, it showed the value of sig = 0.000.

SUGGESTION

The suggestions of this research are: Midwives are expected to maintain and maintain the quality of service, especially in providing antenatal care to pregnant women so that the needs of mothers for antenatal care are always satisfied and Mothers are expected to be able to provide an assessment of the services provided by health workers which can be used as an evaluation of the performance of health workers, especially midwives in an effort to maintain and improve the quality of midwifery services.

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