

## Relationship Between Individual Characteristics, Competencies, and Motivation on Performance of Midwives in Antenatal Care Services at Health Centers in Denpasar City

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### ABSTRACT

The maternal mortality rate (MMR) is an important indicator of the quality of health services, with obstetric deaths that could be prevented if health services were in accordance with standards. Early detection and readiness of health workers, especially midwives, are essential for quality pregnancy, delivery, and postpartum care. One of the efforts to reduce MMR is to integrate ANC examination services at the Puskesmas. This study aims to determine the factors associated with the performance of midwives in the implementation of ANC at the Denpasar City Health Center. Analytical observational research with a cross-sectional design was conducted at all Puskesmas in Denpasar City from December 2024 to February 2025. The study sample consisted of 108 midwife respondents selected by simple random sampling. The results showed that more than half of the midwives (58.3%) at the Denpasar City Health Center had poor performance in ANC services. Age, education, tenure, employment status, knowledge, skills, and attitudes were not significantly related to midwife performance. However, motivation was shown to be significantly related to midwife performance, where midwives with high motivation had a 2.647 times greater chance of showing good performance in ANC services. This study concluded that motivation is related to the performance of midwives in ANC services at the Denpasar City Health Center. The implication of this study is the need for supervision, periodic education and training, awards, incentives, and increased communication between coworkers to create a work environment that supports quality ANC services.

**Keywords:** Antenatal Care, Performance, Midwife, Health Center.

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### INTRODUCTION

Maternal mortality and morbidity in pregnancy, childbirth, and postpartum remain a major problem in developing countries, including Indonesia. Maternal mortality accounts for almost 95% of deaths in low- and middle-income countries. Prenatal, intrapartum, and postpartum care provided by medical personnel can prevent maternal and newborn deaths (Malaikosa et al., 2022)

The maternal mortality rate (MMR) is one of the key indicators that reflects the success of maternal health programs. It also indicates the quality of health services, public awareness of

healthy living behaviors, nutritional status, maternal health, environmental conditions, and the level of healthcare services, particularly during pregnancy, childbirth, and postpartum. Maternal mortality results from the interaction of various factors, including clinical conditions, the healthcare system, and non-health-related elements that influence the delivery of optimal services. Therefore, a common understanding and awareness from all stakeholders regarding the importance and roles of these aspects is essential. Strategies to address maternal mortality must be comprehensive and integrated among all parties(Stephanie et al., 2023)

The Bali Province Health Profile 2022 shows a total of 68 cases of maternal deaths, with 18 cases highest in Denpasar City. The second highest cases occurred in Karangasem and Buleleng districts, each with 10 cases. Among the 17,443 live births that year, there were 18 maternal deaths in Denpasar City, including six deaths of pregnant women and 12 deaths of postpartum women. In Denpasar City, two mothers died from hemorrhage, two from hypertension, two from infection, eleven from heart and blood vessel disorders, and one from additional causes. North Denpasar sub-district has the highest maternal mortality rate at 131.7 per 100,000 KH. West Denpasar sub-district has the lowest maternal mortality rate at 77.7 per 100,000 KH(Dinas Kesehatan Kota Denpasar, 2022)

Maternal death remains a significant public health issue, and continuous efforts are being made to find the best solutions to reduce the number of cases. The *Safe Motherhood Program*, introduced in 1997, is one of the government's strategies to lower MMR. The program aims to ensure the safety and well-being of mothers and infants throughout pregnancy, childbirth, and the postpartum period. The four components of *safe motherhood* include *antenatal care (ANC)*, family planning services, delivery in healthcare facilities, and postpartum care(Imantika et al., 2022)

ANC examination services are one of the four concepts of *safe motherhood* carried out to reduce MMR and need to be carried out in an integrated manner to improve the quality of ANC services at the Puskesmas(Gusta Anggraini Nursal et al., 2023). Integrated ANC's main function is to help pregnant women avoid complications during pregnancy and after childbirth. This is synergistic with Robbin's theory, which states that increasing competence and work motivation has a positive impact on employee performance(Robbin, 2006). The concept of integrated ANC is one of the right actions in suppressing various pregnancy problems that are carried out regularly and planned (Winarsih & Palupi, 2020)

The role of midwives has a very high share in meeting the achievement of Maternal and Child Health (MCH) service targets. The low coverage of MCH services by health workers is associated with midwife performance problems (Violinansa et al., 2021). Performance is the quality and quantity of work achieved by an employee in carrying out his duties in accordance with the responsibilities given to him, while midwife performance is a health service carried out by midwives to improve maternal health(Werdani, 2022). The problem of midwife performance is influenced by various factors. Internal and external factors can affect

performance(Mangkunegara, 2017). External factors are everything that comes from the environment around a person, including training, while internal factors are everything related to a person's personality, such as ability. There are seven aspects that affect the performance required to carry out routine organizational tasks(Wibowo, 2019). Training and competence is one of the factors that require efforts to achieve these goals(Ningsih & Wintarsih, 2022)

Until now, there are still many differences in results about the factors that influence the performance of midwives in *antenatal care* (ANC) services. Some studies suggest there is a relationship between factors associated with midwife performance and vice versa. Based on the description of the problem above, when viewed from the SPM indicators on health services for pregnant women who have reached the target but with the AKI value which is still above the strategic target and the gap in ANC service coverage at K1 and K4 by 1.3% and the high number of maternal death cases compared to other districts/cities, the problem needs to be studied more deeply so that researchers want to know the factors associated with the performance of midwives in the implementation of ANC at Puskesmas in Denpasar City. This is expected to set the right policy to improve the performance of midwives, especially in maternal health service activities.

## RESEARCH METHOD

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This study used an analytic observational approach with a cross-sectional design. The study was conducted at all puskesmas (community health centers) in Denpasar City from December 2024 to February 2025. The respondents were midwives working at the puskesmas, selected using simple random sampling.

The sample size in this study was estimated using the hypothesis test formula for the difference between two proportions. The initial stage involved collecting data on all midwives at the Denpasar City puskesmas through the Health Resources (SDK) Division of the Denpasar City Health Office. After the data were obtained, midwives who met the inclusion criteria were listed. From this list, midwives were randomly selected using a random number generator application, resulting in a total sample of 108 midwives. The inclusion criteria were midwives working at the Denpasar City puskesmas who were involved in MCH (Maternal and Child Health) and KB (Family Planning) activities and were willing to participate in the study. The selected sample represented all puskesmas across Denpasar City.

The dependent variable in this study was midwife performance, which included task performance, contextual performance, and counterproductive work behavior. The independent variables included individual characteristics (age, education, tenure, and employment status), competence (knowledge, skills, and attitudes), and motivation.

All research variables were measured using a self-administered questionnaire distributed via Google Forms, which had previously undergone validity and reliability testing. Validity was confirmed using an  $r$ -count  $>$   $r$ -table value of 0.344 ( $n = 33$ ). The range of  $r$ -count values for each

section of the questionnaire was as follows: knowledge (0.347–0.577), attitude (0.352–0.729), skills (0.904–0.924), motivation (0.364–0.876), and performance using the Individual Work Performance Questionnaire (IW PQ) (0.351–0.830). Reliability was demonstrated by Cronbach's alpha values greater than 0.6 for all sections.

The data were analyzed using descriptive statistical methods. The performance of midwives in delivering ANC (antenatal care) services was compared to independent variables using the chi-square test. Variables with p-values < 0.25 in the bivariate analysis were further analyzed using multiple logistic regression.

Data collection was conducted directly by the researcher, who also provided informed consent to respondents after explaining the purpose and benefits of the study. The research was carried out after receiving an ethical clearance certificate from the Ethics Commission for Research and Development of FK/UNUD Prof. Dr. I.G.N.G. Ngoerah Hospital, Denpasar, under Number: 3023/UN14.2.2.VII.14/LT/2024 dated December 27, 2024. Additionally, a research permit was obtained from the Denpasar City Health Office under Number: 000.9.6.1/19944/Dikes dated December 17, 2024.

## RESULT AND DISCUSSION

The individual characteristics of respondents in Table 1 show that of the 108 midwives at the Denpasar Health Center who participated in this study, most were aged 20-44 years (80.6%) with an average age of 37 years with the latest education < S1 (75.9%). The majority of midwives are State Civil Apparatus (ASN) 99.1%. I have also worked for ≥ 5 years (85.2%).

**Table 1. Overview of Respondents' Individual Characteristics**

Individual Characteristics	Frequency (n)	Percentage (%)
Age ( <i>mean±SD, min-max</i> )	37,16±7,589, 26-57	
20-44 years old	87	80,6
45-64 years old	21	19,4
Education		
< S1	82	75,9
≥ S1	26	24,1
Length of Service		
<5 years	16	14,8
≥5 years	92	85,2
Employment Status		
Non ASN	1	0,9
ASN	107	99,1
Total	108	100

The description of competence (knowledge, skills, and attitudes) and motivation and performance of midwives in Antenatal Care (ANC) services at the Denpasar City Health Center where it can be seen that most midwives at the Denpasar City Health Center have poor

knowledge (74.1%) and poor skills (84.3%), but have a positive attitude (59.3%) in ANC services. In addition, most midwives also have low motivation (60.2%) and poor performance (58.3%) in ANC services. This can be seen in Table 2 as follows.

**Table 2. Overview of Competence, Motivation and Performance of Midwives in Antenatal Care (ANC) Services at Puskesmas Denpasar City**

Variable (n = 108)	Frequency (n)	Percentage (%)
Competence		
Knowledge		
Good	28	25,9
Less	80	74,1
Skills		
Good	17	15,7
Less	91	84,3
Attitude		
Positive	64	59,3
Negative	44	40,7
Motivation		
High	43	39,8
Low	65	60,2
Performance		
Good	45	41,7
Less	63	58,3
Total	108	100

The performance of midwives in providing ANC services was measured using the Individual Work Performance Questionnaire (IWPQ). The IWPQ questionnaire consists of three dimensions, namely the task performance dimension (5 statements), the contextual performance dimension (8 statements), and the counterproductive work behavior dimension (5 statements). The description of midwife performance based on each dimension is presented in table 3 as follows

**Table 3. Overview of Midwife Performance in Antenatal Care (ANC) Services at the Denpasar City Health Center on Each Dimension**

Performance	Frequency (n)	Percentage (%)
<i>Task Performance (TP) dimension,</i>		
Good	55	50,9
Less	53	49,1
<i>Contextual Performance (CP) dimension</i>		
Good	30	27,8
Less	78	72,2
<i>Dimensions of Counterproductive Work Behavior (CWB)</i>		
Good	85	78,7
Less	23	21,3

Based on Table 3, when viewed from each dimension, the majority of midwives have good performance in the dimensions of task performance (TP) (50.9%) and counterproductive work behavior (CWB) (78.7%). However, there are still many midwives who have poor performance in the contextual performance (CP) dimension (72.2%) in ANC services at the Puskesmas.

The results of the proportion comparison test between individual characteristics (age, education, tenure and employment status), competence (knowledge, skills and attitudes), motivation with midwife performance using the chi-square test can be seen in table 4 as follows

**Table 4. Overview of Midwife Performance in Antenatal Care (ANC) Services at the Denpasar City Health Center Based on Individual Characteristics, Competence and Motivation**

<i>Independent Variable</i>	<b>Midwife Performance</b>		<b>OR (95%CI)</b>	<b>P-value</b>
	<b>Less n(%)</b>	<b>Good n(%)</b>		
Individual Characteristics				
Age				
20-44 years old	52 (59,8)	35 (40,2)	0,740	0,538
45-64 years old	11 (52,4)	10 (47,6)	(0,284-1,929)	
Education				
< S1	50 (61,0)	32 (39,0)	0,640	0,323
≥ S1	13 (50,0)	13 (50,0)	(0,263-1,555)	
Length of Service				
< 5 years	10 (62,5)	6 (37,5)	0,815	0,714
≥ 5 years	53 (57,6)	39 (42,4)	(0,273-2,433)	
Employee Status				
Non ASN	1(100)	0 (0,0)	1,726	0,396
ASN	63 (58,3)	45 (41,7)	(1,469-2,028)	
Competence				
Knowledge				
Good	20 (71,4)	8 (28,6)	0,465	0,102*
Less	43 (53,8)	37 (46,3)	(0,183-1,179)	
Skills				
Good	7 (41,2)	10 (58,8)	2,286	0,118*
Less	56 (61,5)	35 (38,5)	(0,797-6,559)	
Attitude				
Positive	34 (53,1)	30 (46,9)	1,706	0,185*
Negative	29 (65,9)	15 (34,1)	(0,772-3,772)	
Motivation				
High	19 (44,2)	24 (55,8)	2,647	0,015*
Low	44 (67,7)	21 (32,3)	(1,195-5,862)	

Table 4 shows that midwives aged 20-44 years tend to show poor performance (59.8%) compared to those aged 45-64 years (52.4%). Midwives with education < S1 tend to show poor performance (61.0%) in providing ANC services compared to midwives with education > S1 (50%). In terms of tenure, midwives with tenure < 5 years tended to show poor performance in providing ANC services (62.5%) compared to midwives with tenure > S1 (57.6%). In addition, midwives with

non-ASN status tended to also show poor performance (100%) compared to midwives with ASN status (58.3%).

The table above also shows that midwives with good knowledge tend to show poor performance (71.4%) compared to midwives with poor knowledge (53.8%). Midwives who have poor skills (61.5%) are more dominant in showing poor performance in providing ANC services compared to midwives with good skills (41.2%). Midwives with negative attitudes tended to show poor performance in providing ANC services (65.9%) compared to midwives with positive attitudes (53.1%). Meanwhile, midwives with low motivation were also more dominant in showing poor performance (67.7%) compared to midwives with high motivation (44.2%). The results of the analysis with the chi-square test showed that the variables of knowledge, skills, attitudes and motivation had a p value <0.25 so that they were eligible to continue in the multiple logistic regression statistical test.

The description of midwives' performance in ANC services at the Denpasar City Puskesmas in terms of each dimension (task performance (TP), contextual performance (CP) and counterproductive work behavior (CWB)) according to individual characteristics (age, education, length of service, employment status), competence (knowledge, skills, and attitudes) and motivation can be seen in Table 5.

**Table 5. Overview of Each Dimension of Midwife Performance in Antenatal Care (ANC) Services at the Denpasar City Health Center Based on Individual Characteristics, Competence and Motivation**

Independent Variable	Midwife Performance					
	Task Performance		Contextual Performance		Counterproductive Work Behavior	
	Less n (%)	Good N (%)	Less n (%)	Good N (%)	Less n (%)	Good N (%)
<b>Individual Characteristics</b>						
Age						
20-44 years old	46 (52,9)	41 (47,1)	62 (71,3)	25 (28,7)	19 (21,8)	68 (78,2)
45-64 years old	7 (33,3)	14 (66,7)	16 (76,2)	5 (23,8)	4 (19,0)	17 (81,0)
Education						
< S1	45 (54,9)	37 (45,1)	59 (72,0)	23 (28,0)	21(25,6)	61 (74,4)
≥ S1	8 (30,8)	18 (69,2)	19 (73,1)	7 (26,9)	2 (7,7)	24 (92,3)
Length of Service						
< 5 years	11 (68,8)	5 (31,3)	10 (62,5)	6 (37,5)	2 (12,5)	14 (87,5)
≥ 5 years	42 (45,7)	50 (54,3)	68 (73,9)	24 (26,1)	21 (22,8)	71 (77,2)
Employee Status						
Non ASN	1 (100)	0 (0,0)	1 (100)	0 (0,0)	0 (0,0)	1 (100)
ASN	52 (48,6)	55 (51,4)	77 (72,0)	30 (28,0)	23 (21,5)	84 (78,5)
<b>Competence</b>						
Knowledge						
Less	40 (50,0)	40 (50,0)	56 (70,0)	24 (30,0)	18 (22,5)	62 (77,5)
Good	13 (46,4)	15 (53,6)	22 (78,6)	6 (21,4)	5 (17,9)	23 (82,1)

Independent Variable	Midwife Performance					
	Task Performance		Contextual Performance		Counterproductive Work Behavior	
	Less n (%)	Good N (%)	Less n (%)	Good N (%)	Less n (%)	Good N (%)
Skills						
Less	46 (50,5)	45 (49,5)	67 (73,6)	24 (26,4)	19 (20,9)	72 (79,1)
Good	7 (41,2)	10 (58,8)	11 (64,7)	6 (35,3)	4 (23,5)	13 (76,5)
Attitude						
Negative	22 (50,0)	22 (50,0)	34 (77,3)	10 (22,7)	10 (22,7)	34 (77,3)
Positive	31 (48,4)	33 (51,6)	44 (68,8)	20 (31,3)	13 (20,3)	51 (79,7)
<b>Motivation</b>						
Low	40 (61,5)	25 (38,5)	54 (83,1)	11 (16,9)	16 (24,6)	49 (75,4)
High	13 (30,2)	30 (69,8)	24 (55,8)	19 (44,2)	7 (16,3)	36 (83,7)

Based on the table above, it can be seen that midwives aged 20-44 years with a working period < 5 years and education < S1 mostly have poor performance in the dimensions of task performance (TP) and contextual performance (CP) in ANC services. However, they showed good performance in the dimension of counterproductive work behavior (CWB) in ANC services. In terms of employment status, Non ASN midwives tend to show less performance in the dimensions of task performance (TP) and contextual performance (CP) in ANC services. However, they have good performance in the dimension of counterproductive work behavior (CWB) in ANC services. Meanwhile, midwives with good knowledge, good skills, positive attitudes and high motivation predominantly show good performance in the dimensions of task performance (TP) and counterproductive work behavior (CWB) in ANC services. However, they showed poor performance on the dimension of contextual performance (CP) in ANC services.

Multiple logistic regression analysis was performed to test the relationship of several independent variables with one dependent variable at the same time. The analysis was conducted on variables with a p value <0.25 in the chi-square test results, namely the variables of knowledge, attitude, skills and motivation using the backward elimination method. The aim was to select independent variables that were significantly associated with the performance of midwives in ANC services.

**Table 6. Relationship between Individual Characteristics, Competence and Motivation with Midwives' Performance in Antenatal Care (ANC) Services at the Denpasar City Health Center**

Variables	Initial model		P-value	Final model		P-value
	AOR	95%CI		AOR	95%CI	
Knowledge						
Good	0,455	0,173-1,196	0,110	-	-	-
Less	Ref					
Skills						
Good	2,057	0,666-6,355	0,210			

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Variables	Initial model		P-value	Final model		P-value
	AOR	95%CI		AOR	95%CI	
Less	Ref					
Attitude						
Positive	1,293	0,553-3,026	0,553			
Negative	Ref					
Motivation						
High	2,380	1,040-5,448	0,040	2,647	1,195-5,862	0,016*
Low	Ref					

The results of multiple logistic regression analysis in Table 6 show that the results of *Hosmes and Lemeshow's Goodness of Fit Test* on this model obtained a value of  $p = 0.196$ , which means that there is no significant difference between the model and the data, so that the model can be said to be fit or appropriate. Motivation is significantly related to the performance of midwives in ANC services at the Denpasar City Health Center. Midwives with high motivation have a 2.647 times greater chance of showing good performance when compared to midwives with low motivation in ANC services at the Denpasar City Health Center (AOR = 2.647; 95%CI = 1.195-5.862;  $p = 0.016$ ). Variables of individual characteristics (age, education, tenure, and employment status) and competencies (knowledge, skills, and attitudes) are not significantly related to the performance of midwives in ANC services at the Denpasar City Health Center.

### Discussion

The results of this study indicate that, overall, the performance of midwives in *antenatal care* (ANC) services is dominated by the category of underperformance, in line with several previous studies that stated that the performance of midwives in ANC services was classified as less (Christiana et al., 2016a; Safitri et al., 2024a; Sapari, 2020a). This finding indicates that most midwives have not fully met the optimal ANC service standards. However, when viewed from each performance dimension, there are variations that need further attention.

In the *task performance* dimension, the majority of midwives showed good performance (50.9%). This reflects that most midwives are able to carry out the main tasks in ANC services, such as conducting physical examinations of pregnant women, monitoring fetal growth, and health education in accordance with standard operating procedures (SPO). In addition, midwives with good *task performance* will be able to complete work efficiently, set targets and work priorities, and manage work time well. Good performance in this dimension is very important to ensure the quality of services provided to pregnant women and support early detection of pregnancy risks.

Furthermore, in the dimension of *counterproductive work behavior*, the results showed that the majority of midwives also had good performance (78.7%). This means that most midwives have a high work ethic, are disciplined in carrying out their duties, tend to see the positive side of the work taken, and take minimal actions that can harm services or disrupt the smooth running of the work. This good work behavior reflects the professionalism of midwives

in providing maternal health services. This finding is supported by research (Ainy et al., 2016), which found that midwives' work motivation is closely related to work discipline and compliance with health service standards. Midwives who have a high level of job satisfaction tend to be more disciplined and committed to providing optimal and quality services.

However, the results of the study also revealed that in the contextual *performance* dimension, there were still many midwives who had poor performance (72.2%). *Contextual performance* includes aspects such as initiative in providing additional services, initiative in updating knowledge and skills, concern for patients, and active ability to cooperate with other health workers. Poor performance in this dimension can be a challenge in improving the overall quality of ANC services, especially in the aspects of empathy, communication, and interprofessional collaboration.

These findings indicate the need for strategies to strengthen midwives' performance in the *contextual performance* aspect, for example, through effective communication training, increased teamwork, and coaching related to services that are more responsive to patient needs. By improving *contextual performance*, it is expected that the quality of ANC services can be optimized, thus supporting the achievement of maternal and neonatal health targets more thoroughly.

This study found that motivation has a significant relationship with midwife performance. Midwives with high motivation have a 2.647 times greater chance of showing good performance compared to midwives with low motivation. This proves that the higher the motivation of a midwife, the better her performance in ANC services. These results are in line with research conducted by (Ainy et al., 2016), which shows that midwives with high motivation tend to be more disciplined, more innovative in finding solutions to service constraints, and more responsible in carrying out their duties.

In line with research, (Safitri et al., 2024) also found a relationship between motivation and midwife performance in comprehensive ANC services. Intrinsic motivation, such as the desire to provide the best service for pregnant women and babies, is a major factor in improving the quality of midwife services. Meanwhile, extrinsic motivation, such as awards and incentives from the government or health facilities, also plays a role in increasing the morale of midwives (Christiana et al., 2016)

The results of this study found that individual characteristics (age, education level, tenure, employment status) and competence (knowledge, attitudes, and skills) were not related to the performance of midwives in ANC services at the Denpasar City Health Center. In line with research, (Siregar, 2016) found no significant relationship between age and midwife performance. Age differences do not always reflect differences in the quality of services provided. Younger midwives may more quickly adapt to technological developments and the latest guidelines in ANC services, while older midwives tend to have more experience in dealing with various pregnancy cases (Nisa et al., 2019). Similarly, the level of education, where midwives with higher

education do not always show better performance than those with lower education levels. Although the results showed that there was no significant relationship between education level and midwife performance, education still has an important role in efforts to improve the quality of human resources.

This finding also indicates that the length of work experience is not always directly proportional to the quality of service provided. Work experience alone does not always guarantee an increase in service quality. Mastery of the field is also influenced by other factors, such as continuous training, access to the latest information, and midwives' motivation to develop their competence. Competence is one of the factors considered to affect performance. In accordance with the results of the study, it was found that midwives with good knowledge tended to show good performance in the dimensions of *task performance* and *counterproductive work behavior*, while *contextual performance* showed poor performance. However, in this study, the level of knowledge of midwives was not significantly related to their performance. Although knowledge is good, it is important to have the initiative of the midwives themselves to improve *contextual performance*. In this case, the importance of initiative from the role of midwives to increase and update their knowledge and skills and increase creative solutions in solving problems and obstacles in facing new tasks in achieving integrated ANC services.

The results of this study also show that attitude does not have a significant relationship with performance. This finding can be explained by research (Insani et al., 2021), which states that even though a health worker has a positive attitude towards his work, this is not always followed by concrete actions in providing optimal service. In addition, skills are also not significantly related to midwife performance. This finding suggests that although midwives have good skills, other factors such as limited medical equipment, lack of supervision, and complex administrative procedures may hinder them in providing maximum service. In other words, high skills do not always have a direct impact on performance if not supported by a supportive work environment. External factors, such as supervision, training, and rewards, can influence the extent to which these attitudes can be applied in daily practice (Sapari, 2020)

## CONCLUSION

More than half of the midwives (58.3%) at the Denpasar City Health Center demonstrated deficiencies in ANC (antenatal care) services, particularly in the contextual performance dimension (72.2%). However, in the dimensions of task performance (50.9%) and counterproductive work behavior (78.7%), most midwives showed good performance. The majority of midwives at the Denpasar City Health Center are aged 20–44 years (80.6%), have an education level below S1 (75.9%), have worked for  $\geq 5$  years (85.2%), and are ASN (Aparatur Sipil Negara) (99.1%).

Most midwives were found to have poor knowledge (74.1%), inadequate skills (84.3%), and low motivation (60.2%). Nonetheless, they exhibited a positive attitude toward ANC services

(59.3%). Motivation was found to be significantly associated with the performance of midwives in ANC services at the Denpasar City Health Center. Midwives with high motivation had 2.647 times greater odds of demonstrating good performance compared to those with low motivation in providing ANC services (AOR = 2.647; 95% CI = 1.195–5.862;  $p = 0.016$ ).

In contrast, individual characteristic variables (age, education, tenure, and employment status) and competence (knowledge, skills, and attitude) were not significantly associated with midwife performance in ANC services at the Denpasar City Health Center.

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