

Quality of Maternal Health Service in Semarang City

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Maternal Mortality Rate (MMR) also become an important indicator of public health degree. MMR describes the number of women who die from a cause of death related to pregnancy disorders or their handling (not including accident or incidental cases) during pregnancy. According to the health center's report of the maternal death in Semarang City on 2015 there was around 128,5 per 100.000 live birth. Maternal death is increasing compared to previous years, which is 107,95 per 100.000 live birth on 2013, and 122,25 per 100.000 live birth on 2014. Seen from the amount of maternal death, there was also an increasing, it was 33 cases on 2014 and became 35 cases on 2015. The Method uses in this research is descriptive and qualitative method. The result of this research is the quality of maternal health service seen from five dimensions; tangible, reliability, responsiveness, assurance, and empathy that has been done even though there were still shortcomings in the tangible and assurance dimensions. The supporting factor is the citizen's awareness of the importance of pregnancy health and the implementation of support programs by the health center. The inhibiting factors are the limited of the medical personnel and inadequate medical device.

Keywords: service, public service, quality of service

I. INTRODUCTION

To assess the health status of a nation, WHO and various other international institutions determine several measuring instruments or indicators, such as disease morbidity, mortality of vulnerable groups such as infants, toddlers and mothers during childbirth. Measuring instruments that are most widely used by countries in the world are life expectancy (life expectancy), Maternal Mortality Rate (MMR), and Infant Mortality Rate (IMR). These numbers also become an important part in shaping the human development index or the Human Development Index (HDI), which describes the level of progress of a nation.

The maternal mortality rate (MMR) and Infant Mortality Rate (IMR) in Indonesia compared to other ASEAN countries, are of concern to the Government. The growth of the population is

important in a country because the mortality rate (mortality) is one of the main indicators of determining public health in a country. Health itself is a part of human rights that must be fulfilled. So that the fulfillment of public health is one of the responsibilities of the state.

Maternal Mortality Rate (MMR) reflects the risks faced by mothers during pregnancy to postpartum, which are influenced by maternal nutritional status, socioeconomic conditions, poor health conditions before pregnancy, the incidence of various complications in pregnancy and birth, availability and use of facilities health services include prenatal and obstetric services. The high maternal mortality rate shows low socioeconomic conditions and health care facilities including low prenatal and obstetric services.

Maternal deaths usually occur because they do not have access to quality maternal health services, especially timely emergency services which are motivated by late recognition of danger signs and making decisions, late reaching health facilities, and late in obtaining services at health facilities. Besides that the cause of maternal death is also inseparable from the condition of the mother herself and is one of the criteria 4 "too", which is too old at the time of childbirth (> 35 years), too young during childbirth (<20 years), too many children (> 4 children), too close to birth / parity (<2 years).

Maternal Mortality Rate (MMR) also become an important indicator of public health degree. MMR describes the number of women who die from a cause of death related to pregnancy disorders or their handling (not including accident or incidental cases) during pregnancy, childbirth and in the peripartum (42 days after delivery) without taking into account the length of pregnancy per 100,000 live births. Its sensitivity to the improvement of health services has made MMR as an indicator of successful development in the health sector.

Of the 619 cases of maternal deaths in Central Java 35 of them occurred in the city of Semarang,

which is the highest compared to 5 other cities in Central Java, where the cities of Tegal and Pekalongan have only 6 cases of death, the City of Salatiga and Surakarta occurred 5 cases of maternal death, while the city of Magelang only 3 cases of maternal deaths occurred in 2015 [1]. Although when compared with Regencies / Cities in Central Java, Semarang City ranked second after Brebes Regency which reached 52 maternal deaths, Semarang City actually increased compared to the previous year in 2014, while for Central Java itself experienced a decline as mentioned earlier.

According to the health center's report of the maternal death in Semarang City on 2015 there was 35 cases of 27.334 live birth or around 128,5 per 100.000 live birth. Maternal death is increasing compared to previous years, which is 107,95 per 100.000 live birth on 2013, and 122,25 per 100.000 live birth on 2014. Seen from the amount of maternal death, there was also an increasing, it was 33 cases on 2014 and became 35 cases on 2015 [2]. The following table shows the maternal deaths in Semarang City in 2011-2015.

On 2011	On 2012	On 2013	On 2014	On 2015
31	22	29	33	35

Table 1. Maternal deaths in Semarang City on 2011-2015

Table 1 is giving information about the maternal death in Semarang City during 2011 until 2015 which is only decrease once that happen on 2012, and since 2013 until 2015 is gradually increasing.

The purpose of this research is to describe the quality of maternal health service in Semarang City and also to describe both the supporting and inhibiting factors of the health service for the pregnant women in Semarang City.

II. METHOD

This research is include as descriptive qualitative research, which is to describe and analyze the maternal health service quality in Semarang City along with the influence factors. The focus of the research take place in a clinic/Public Health Center located in Tlogosari Kulon using some technics for collecting the data, they are observation method, interview, and literature review. The involved informants are provider and the recipient of the maternal health service. The informants consist of the pregnant women who is on pregnancy checking The infomants consist of pregnant women who examined and the midwives in Tlogosari Kulon Public Health Center (Puskesmas Tlogosari Kulon).

III. DISCUSSION

A. Maternal Service Quality in Semarang City

Health is the main thing for human life to be able to move and work. In the Millennium Development Goals (MDGs) it has been stated that there are efforts to make the community more prosperous, through several programs, including reducing poverty and hunger, improving education, empowering women, health and environmental sustainability. However, in terms of maternal health, there are still problems that need to be considered, especially in terms of reducing the Maternal Mortality Rate (MMR). It is a homework for the government to reach a predetermined target.

Maternal mortality events cannot be separated from the quality of health services provided by medical personnel in handling pregnant women until postpartum. Innovative efforts are needed to overcome the obstacles that arise from the causes of maternal death, which are caused by many factors. The high maternal mortality rate (MMR) in Indonesia certainly needs attention, especially in quality health services.

The concept of service quality has a relative and subjective understanding. Basically there are three service quality orientations that should be consistent, namely user perceptions, products and processes, in order to obtain user satisfaction [3]. This needs to be understood, because service is not a concrete thing that can be touched. In the Indonesian Language Dictionary, service has three meanings, namely (1) what about or how to serve; (2) businesses serving the needs of others by obtaining compensation (money); (3) facilities provided in connection with the sale and purchase of goods or services (ibid, 10).

Service is an activity or a series of activities that are invisible (untouchable), which occur as a result of the interaction between the customer and employees or other things provided by the giving company services intended to solve the problems of consumers / customers [4].

Public service is a service or giving to the community in the form of the use of public facilities, both services and non-services, carried out by public organizations, in this case government [5]. This means that public services are activities in the framework of fulfilling the basic rights of every citizen and population of an item, service or administrative service provided by the service provider related to the interests of the public.

According to the Law number 25 of 2009 about Public Service, what is meant by Public Services is an activity or series of activity in order to fulfill the needs of services in accordance with the

laws and regulations for every citizen and society for goods, services or administrative services provided by public service providers [6].

Quality has a meaning as everything that satisfies the customer or as needed. Everyone has a different perspective in evaluating something. Hardiyansyah (2011:40) give some illustration about quality services. Word quality has a lot of meaning. According to Kamus Bahasa Indonesia, kualitas (quality) means (1) the level of good or bad of something, (2) degree of level (intelligence, skill) or quality. Service quality is a dynamic condition that related to the products, services, human resource, process and environment where the quality assesment is determined when the provision of public services occurs.

The service quality is a services provided to the customer that refers to the service standard. The quality dimension is divided into five dimensions, they are Tangible, Reliability, Responsiveness, Assurance, Empathy [7].

A. Tangible

Dimension is a physiscal evidence that includes the appearance of employee, facility and equipment. The employee appearance is in accordance with the existing rules enventhough sometimes there are some employee who are obedient like using sandals during serving. The access of the location which is located in the residential area that are not passed by public transportation. Sometimes it is a bit difficult for them who do not have a private vehicle. The limited availability of medical devices in one of the main obstacles experienced by the Tlogosari Kulon Public Health Center. The privacy consultations that are poorly maintained, because of the midwives consultation desk are too close each other, making the service recipients reluctant to consult openly.

B. Reliability

This dimension is talk about skill and consistency during their work. It means giving an appropriate service and in accordance with the existing service standards.

Service standard clarity is poorly understood by patients, this is indicated by the absence of a service flow that is installed either at the registration counter, or at the KIA poly. Clarity of service flow should be understood by patients who come, so that it can facilitate patients in getting services. During this time, the flow of services provided only by word of mouth is by referrals from counter clerks and KIA poly midwives.

The maternal health service officers in Tlogosari Kulon Public Health Center is quite good and capable when using the medical devices. Moreover, all of the service provider have appropriate minimum education qualifications which is D3 of Midwivery. In the other side there

is no clarity regarding the standard of service provided, because of the lack of information boards installed at the service location.

C. Responsiveness

Responsiveness is the employee responsive attitude in providing the service needed and also the speed in services. The officers have provided a quick service and good response. Such as asking the complaint of the service recipient, and giving a friendly response to each question asked.

The Responsiveness of Maternal Health services at the Tlogosari Kulon Public Health Center, indicated by the response and counseling provided in response to each patient's complaint. A pretty good response was felt by Ms. Mutrikah in the health services for pregnant women at the Tlogosari Kulon Public Health Center. Friendliness is seen when counseling services are carried out, detailed explanations and question and answer sessions tailored to patient complaints, making the resource person feel comfortable and satisfied.

The service that is carried out is fast and agile, it's just that an inefficient flow requires the patient to wait for a long time. Patients must queue at a number of poles to do routine blood tests for pregnancy.

Although it is still far from perfect, there are still those who feel lacking in providing services especially for patients who will take laboratory results that some informants think is less fast in handling it. On the other hand the lack of employees is also a trigger for services that are not running fast and precisely.

D Assurance

Assurance is unknowledge, skill, politeness and trustworthy nature. The assurance dimension in maternal health services at the Tlogosari Kulon Public Health Center can be seen from the prevailing queue system, hours of service provided and costs in maternal health services. The speaker felt that the queue system at the Tlogosari Kulon Public Health Center was quite clear. The queue system that applies is by taking the queue number at the registration counter, and then the patient will submit the queue number, the BPJS card and the patient card at the registration counter. Next, patients will queue at Mother and Child Health poly.

The accuracy of services in terms of time has not been achieved yet, proved by almost 15 minutes late of bookkeeping service. Moreover, the service delivery is taking quite long time because of the limit availability of the officers in handling the service recipients. And causing queue time that quite too long. The clarity of costs is also in accordance with the regulation applied by the government,

which is free of charge and only 5000 IDR charge for the making of patient cards for them who live outside of Semarang City.

E. Empathy

Ease in communicating and understanding the needs of service recipients. The service provider officers are friendly when giving the services, whether during consulting or giving explanation in accordance with the needs of the patient. The service recipients also feel appreciated because of their needs were well served and polite.

Friendly and fair service is also felt by the speakers. Each counseling session, given a detailed explanation. The direction given was also friendly and gentle, greeting and asking every complaint felt by the mother. The difference in service was not felt by the speakers, according to him all patients were given the same service.

The friendliness of the officers was considered sufficient, although there were some officers who were not friendly or not smiling. Thus the application of **5 S** (**Senyum** = Smile, **Sapa** = Say Hello, **Salam** = Greeting, **Sopan** = Polite and **Santun** = Courteous) has not been fully implemented in providing public services, but empathy indicators can be assessed both in the implementation of public services.

F. The Supporting and Inhabiting Factors of Maternal Service Quality in Semarang City

The supporting factor of the maternal service is *first*, high level of citizen awareness of the pregnant women to check their pregnancy. This awareness is encourage the success of maternal service in Semarang, especially in the area around Tlogosari Kulon Public Health Center. The higher numbers visits of the pregnant women, the higher of the awareness of the importance of health checks for pregnant women.

Second, there is cooperation with the local community such as PKK (program at village level to educate women on various aspects of family welfare) cadres and the health department that joined in Gasurkes (*Petugas Survey Kesehatan*). This done by the clinic in order to reach out all of the pregnant women in area around Tlogosari Kulon Public Health Center.

Third is routine training by the health department aimed at increasing the capacity of health worker. In order to improve the quality of services provided, the Health Service often provides training. This is in order to improve the competence of health workers, as well as in the context of socialization of maternal health programs that will be implemented. Besides being useful to improve the quality of health workers, this training is also packaged in the form of refreshing

so that midwives do not feel tired and remain enthusiastic in carrying out their duties.

Fourth, classes and pregnancy exercises held by the clinic four times in a year. Pregnant class programs and pregnancy exercises that are carried out quite rarely, also have a limited quota. Each class can only accommodate a quota of 35 pregnant women. And the information is not announced through the Health Center, but through PKK and Gasurkes cadres who will then be recorded in the registration form. If the quota has been met, the pregnant class will be closed.

Fifth, an integrated ANC (Ante Natal Care) program consisting of compulsory blood checks twice during pregnancy and tetanus toxoid injection. The success of this integrated ANC is also supported by the Gasurkes section, which records how many pregnant women have not received Integrated ANC services and widely informed the Integrated ANC program.

The inhibiting factors of maternal health service in Semarang is *first*, there are some people who are still reluctant to have a pregnancy check and join the integrated ANC program, with some reasons such as it take quite long time and also they are not get permission by their family. There are still a number of pregnant women who are reluctant to have their pregnancies check, the data is midwives received through the Gasurkes report and PKK cadres. Social factors have an influence on pregnant women who are reluctant to have their pregnancies checked, as the number of pregnant cases out of wedlock makes the mother embarrassed to have her pregnancy checked.

Second, the limited availability of medical human resources. The limited availability of the midwives is the main obstacle felt by the midwives in the Tlogosari Kulon Public Health Center. Midwives who work in shifts every day only 3-4 midwives out of a total of 6 midwives. This amount of the midwives is not comparable with the patients who come in every day, it causes a long queue and limited time to consult.

Third is the limited availability of the health equipment especially for the childbirth services. This makes mothers reluctant to deliver at the Public Health Center. Pregnant women prefer to ask for referrals to give birth at the nearest hospital or midwife. This is indicated by the small number of mothers who gave birth at the Tlogosari Kulon Public Health Center, recorded in 2017 there was only 1 mother giving birth, and in 2018 until mid-September there were no mothers giving birth at the Tlogosari Kulon Public Health Center.

IV. CONCLUSION

The Maternal Service Quality in Semarang based on the five dimensions have been determined like; tangible, reliability, responsiveness, assurance, and empathy has been done. Eventhough there is some lack in the tangible and assurances dimension.

The disadvantage of the tangible side is the existing service flow in the Tlogosari Kulon Public Health Center, because some people experience confusion so they have to ask the patient or the registration counter, together because there is no registration path around the registration counter waiting room. Although the Tlogosari Kulon Public Health Center has an x-banner about the flow of services, the flow of service is placed in the back room, so that patients who do not know feel confused.

For the Assurance / Guarantee indicator is not on time, the schedule for opening the registration counter is 07.00 AM, but this is not on schedule because the apple employee is done at 07.00 AM and the patient's call starts at 07.15 AM.

For the supporting factor of the maternal health service in Semarang is the importance of the people awareness about the pregnancy health and the implementation of the support program by the clinic. The inhibiting factor is the limite availability of the medical human resource and also the equipment. Suggestion that can be given is to increase the medical human reseource

especially the midwives, so that the ratio between the midwives and patient can be reach, procurement of the medical equipment for the childbirth service, increasing the capacity of the officers with the regular mounthly assessment, increasing the frequency of socialization about the importance of the integrate ANC that involved the PKK cadres and the local independent midwives.

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