The Effect of Governance Toward Quality of Maternal and Child Health Services in Aceh Province, Indonesia

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Abstract. The purpose of this study was to measure the effect of governance on quality of maternal and child health services in Aceh Province, Indonesia. A quantitative, cross-sectional study was conducted in hospitals, health centers and clinics. Sample consisted of health workers who provide maternal and child health services, used purposive sampling with 384 respondents by a structured questionnaire. Data was analyzed using SEM or Structural Equation Modeling operated through the Analysis of Moment Structures (AMOS) program. The results of the study indicate that there is a significant effect between governance and the quality of maternal and child health services.

Keywords: governance · service quality · maternal and child

1 Introduction

Health is one of the main and critical indicators of macroeconomics and politics which government, private sector, community, and citizens are involved in health governance [1]. Governance is defined as the rules (both formal and informal) for collective action and decision-making within a system [2], focused on providing appropriate services based on user needs through hospitals and centers that provide health services (Institute of Medicine, 2002). The 16th Sustainable Development Goal emphasizes improving governance (United Nations, 2015). Shukla (2018) defines governance in its main practice of fostering accountability, engaging stakeholders, setting shared strategic directions, and safeguarding resources, enabling effective management of people, money, medicines, and information [3].

Service quality is a multidimensional concept that is explained from different perspectives and dimensions, including by health care providers, managers or patients and health care systems. Mosadeghrad (2013) defines the quality of health care as a consistent way of pleasing patients by providing efficacious, effective and efficient health services in accordance with the latest clinical guidelines and standards, which meet patient needs and satisfy providers [4]. Donabedian (1988) defines the quality of health services as the application of medical science and technology by maximizing the benefits

for health without having to increase the risk by distinguishing the quality of three components consisting of technical quality, interpersonal quality, and facilities [5]. World Health Organization [6] defines service quality as the extent to which health services are provided to individuals and populations to improve desired health outcomes, with the following characteristics: safety, effective, on-time, efficient; fair; and people centered.

2   Literature Review

Sharma et al. (2019) developed various indicators covering all the building blocks proposed by the WHO framework including governance namely: community participation, interaction with staff, proximity to subordinates, information rights to the community, fairness in financial transactions, equality between subordinates, ethics when making decisions, the presence of essential administrative skills, the ability to solve problems, continuous monitoring and supervision and the overall quality of administration; maternal mortality audits, regular meetings, and progress reviews [7].

According to Donabedian (1981), the quality of health services consists of three series of constructs, namely structure, process and outcome, where a good structure must encourage good processes, and good processes in turn must promote good outcomes [8]. Donabedian defines structure as professional and organizational resources related to the provision of health services (manpower, funds, drugs, facilities, equipment, materials, technology, organization, information, and others); process as a professional interaction between service providers and consumers; and outcomes as the desired services provided by health practitioners (patient satisfaction with service quality).

The quality of health services commonly used is the WHO model (2006), which develops key characteristics of the quality of maternal and newborn services in health care facilities and integrates with the health system into six building blocks which are structures or inputs and points of analysis and intervention in the health system. The model was updated by [6] by establishing 8 (eight) domains of the framework for the quality of maternal and newborn health services as shown in the following figure:
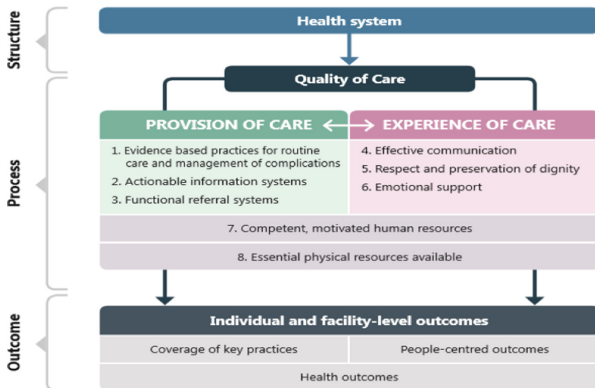

Fig. 1. Quality Framework for Maternal and Newborn Health Services [6]

3   Method

The sample consisted of health workers who served in health care facilities in hospitals, health centers and clinics, totaling 384 respondents consist of general practitioners, obstetrics and gynecology specialists, pediatricians, midwives, and nurses. The sampling technique in this study used purposive sampling. Data collection in this study used a structured close-ended questionnaire consisting of question items or statements in accordance with the variables that had been arranged and given to respondents either by direct interviews and or online via google form sent via WhatsApp. The alternative answers have been provided in the form of statements made by researchers taken from various sources and compiled using a Likert scale that produces interval data with five ranges: Strongly Disagree (SD), Disagree (D), Neutral (N), Agree (A) and Strongly Agree (SA). Data analysis in this study was conducted to determine the effect of exogenous variables on endogenous variables using SEM or Structural Equation Modeling operated through the Analysis of Moment Structures (AMOS) program.

4   Results

4.1   Descriptive Analysis

The governance variable is measured by adapting the indicators according to [7, 6]. The following are the results of the answers obtained through the questionnaire:

From (Table 1.) can be concluded that the average calculation for the governance variable is 4.24, which means that the respondents in this study felt "Strongly Agree" with the statement on the governance variable. This shows that the question items on the governance variable are very good because they are in the strongly agree interval. Service quality variable is measured by adapting the indicators according to [7] with the answers obtained through the questionnaire as follows:

Table 1. Results of the Questionnaire Answers for Governance Variables.

	Statement	Answer					Mean
		SD	D	N	A	SA	
TK1	This health facilitiy has managerial and clinical leadership who are collectively responsible for developing and implementing appropriate policies	1	4	16	247	116	4,23
		0,3%	1%	4,2%	64,3%	30,2%	
TK2	This organization provides delivery services (Basic or Comprehensive Emergency Neonatal Obstetric Services)	0	2	19	247	116	4,24
		0%	0,5%	4,9%	64,3%	30,2%	
TK3	The facility has data collection, analysis, and feedback mechanisms to monitor and improve performance	1	5	20	249	109	4,19
		0,3%	1,3%	5,2%	64,8%	28,4%	
TK4	This organization has the latest written policies and is disseminated to all officers	0	2	15	250	117	4,25
		0%	0,5%	3,9%	65,1%	30,5%	
TK5	The organization holds at least one monthly meeting to encourage staff performance	0	12	34	115	223	4,42

(*continued*)

Table 1. (*continued*)

	Statement	Answer					Mean
		SD	D	N	A	SA	
		0%	3,1%	8,9%	29,9%	58,1%	
TK6	The management structure at this facility boosts the performance of health workers	4	4	30	148	198	4,38
		1%	1%	7,8%	38,5%	51,6%	
TK7	The organization holds a minimum twice of annual stakeholder meetings	8	4	51	155	166	4,21
		2,1%	1%	13,3%	40,4%	43,2%	
TK8	The organization has a complaint box that is easily accessible, periodically emptied and reviewed;	0	8	43	139	194	4,35
		0%	2,1%	11,2%	36,2%	50,2%	
TK9	My supervisor is competent enough to do his job;	1	1	32	234	116	4,20
		0,3%	0,3%	8,3%	60,9%	30,2%	
TK10	I receive regular feedback from my supervisor about my performance;	0	7	44	236	97	4,10
		0%	1,8%	11,5%	61,5%	25,3%	
TK11	The organization has up-to-date clinical protocols on every intrapartum procedure and newborn care that are consistent with WHO standards;	0	3	27	234	120	4,22
		0%	0,8%	8%	60,9%	31,3%	
TK12	I always use Standard Operating Procedures (SPO) in every action;	0	1	14	233	136	4,31
		0%	0,3%	3,6%	60,7%	35,4%	
TK13	Every case of maternal death or near miss is audited;	3	3	16	238	124	4,24
		0,8%	0,8%	4,2%	62%	32,3%	
TK14	Most infant deaths are audited;	2	2	18	231	131	4,26
		0,5%	0,5%	4,7%	60,2%	34,1%	
Average							4,24

Source: Data processed using SPSS, 2022.

(Table 2.) shown that the average calculation for the service quality variable is 4.30, which means that the respondents in this study felt "Strongly Agree" with the statement on the service quality variable, indicating that the question items on the service quality variable were "very good".

4.2 Hypothesis Testing

Governance variable consists of 14 indicators that can be used in the research model because it has met the cut off criteria for the loading factor value of ≥ 0.5. The results of Confirmatory Factor Analysis (CFA) test for service quality are presented in (Fig. 1).

(Fig. 2.) above shows that all indicators of governance variables have a loading factor value of ≥ 0.5, so it can be said that the model has met the cut off criteria of the loading factor. It can be seen that all indicators of governance variables have met the requirements to be included in the next data processing process, namely Structural Equation Modeling (SEM) analysis because the loading factor value is ≥ 0.5. The quality of maternal and child health services consists of 17 indicators that can be used in the research model because they have met the cut off criteria for the loading factor value of ≥ 0.5. The results of the service quality CFA test are presented in (Fig. 3).

Table 2. Results of the Questionnaire Answers for Service Quality Variables.

	Statement	Answer					Mean
		SDA	DA	N	A	SA	
MP1	Women are assessed routinely upon admission to health facilities, during delivery appropriate and timely services are provided;	0 0%	6 1,6%	13 3,4%	173 45,1%	192 50%	4,43
MP2	All newborns receive routine care immediately after birth;	0 0%	6 1,6%	11 2,9%	164 42,7%	203 52,9%	4,46
MP3	Women with severe preeclampsia or eclampsia receive appropriate intervention immediately, according to WHO guidelines;	0 0%	3 0,8%	10 2,6%	223 58,1%	148 38,5%	4,34
MP4	Women with postpartum haemorrhage receive prompt intervention, according to WHO guidelines;	1 0,3%	2 0,5%	12 3,1%	218 56,8%	151 39,3%	4,34
MP5	Women with delayed labor/obstructed delivery receive appropriate interventions, according to WHO guidelines;	13 3,4%	42 10,9%	78 20,3%	177 46,1%	74 19,3%	3,66
MP6	Newborns who are not breathing spontaneously receive appropriate stimulation and resuscitation using a bag-and-mask within 1 min of birth, according to WHO guidelines;	2 0,5%	3 0,8%	16 1,6%	212 55,2%	161 41,9%	4,27
MP7	Women in preterm labor receive appropriate interventions for themselves and their babies, according to WHO guidelines;	2 0,5%	3 0,8%	6 1,6%	212 55,2%	161 41,9%	4,37
MP8	Premature and small infants receive appropriate care, according to WHO guidelines;	1 0,3%	3 0,8%	7 1,8%	213 55,5%	160 41,7%	4,37
MP9	Women with or at risk of infection during labour, delivery or the early postpartum period receive appropriate intervention immediately, according to WHO guidelines;	1 0,3%	10 2,6%	36 9,4%	212 55,2%	125 32,6%	4,17
MP10	All women and newborns receive care according to standard precautions to prevent infection;	1 0,3%	10 2,6%	40 10,4%	200 52,1%	133 34,6%	4,18
MP11	Each women and newborn is appropriately assessed to determine whether referral is necessary, and the decision to refer is made without delay;	3 0,8%	1 0,3%	14 3,6%	232 60,4%	134 34,9%	4,28
MP12	Every women who needs a referral is carried out according to a predetermined plan without delay at any time;	1 0,3%	2 0,5%	12 3,1%	213 55,5%	156 40,6%	4,35
MP13	No women or newborn is subjected to unnecessary or harmful practices during pregnancy, childbirth and the early postnatal period;	2 0,5%	5 1,3%	11 2,9%	185 48,2%	181 47,1%	4,40
MP14	All women and newborns have privacy during labor and delivery, and their confidentiality is respected;	0 0%	4 1%	10 2,6%	158 41,1%	212 55,2%	4,50
MP15	No women or newborns were abused or denied services	1	5	9	169	200	4,46

Table 2. (*continued*)

Statement		Answer					Mean
		SDA	DA	N	A	SA	
		0,3%	1,3%	2,3%	44%	52,1%	
MP16	All women and their families receive information about care and have effective interactions with staff;	0	1	17	238	128	4,28
		0%	0,3%	4,4%	62%	33,3%	
MP17	All women and their families experience coordinated care, with clear and accurate exchange of information;	0	1	20	237	126	4,27
		0%	0,3%	5,2%	61,7%	32,8%	
Average							4,30

Source: Data processed using SPSS, 2022.
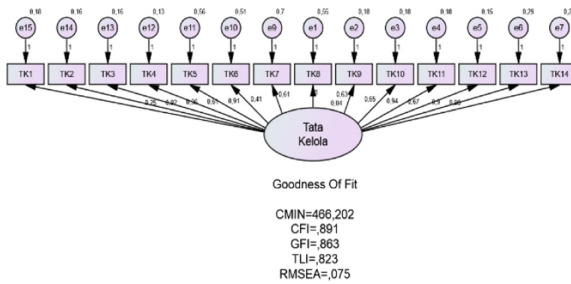
Fig. 2. CFA Test Results on Governance Variables Source: Amos Output, 2022.
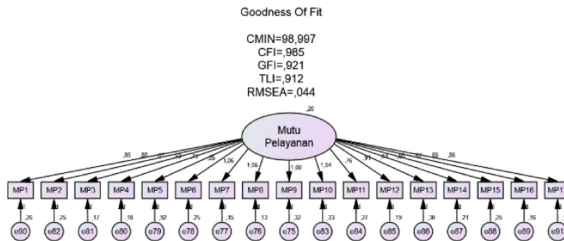
Fig. 3. CFA Test Results on Service Quality Variables Source: Amos Output, 2022.

The figure 3 above shows that all indicators of service quality variables that have met the cut off criteria have a loading factor value of ≥ 0.5. It can be seen that all indicators of service quality variables have met the requirements to be included in the next data processing process is in the structural equation modeling analysis.

4.3 Discussion

The influence of governance on service quality obtains an estimate value of 0.541 with a significance level of 0.001, with this it can be seen that governance on service quality influences each other. This can be seen from the significant probability value of 0.001, where this probability value is smaller than the significant level (α) which is determined

at 0.05 and C.R. of 3.112 which means > 2.0. Thus Ha accepted and rejected Ho which means: governance has an influence on the quality of maternal and child health services in Aceh. The standard error value for the influence of governance on service quality is positive (0.109), this indicates that if governance improves it will improve the quality of maternal and child health services in Aceh.

The results of this study are in line with research [9, 10]stated in their research that there is an influence between governance on service quality. Leadership and governance is a priority problem that must be resolved to improve the quality of maternal and newborn health services, especially in policies and guidelines, as well as collaboration with professionals and educational institutions [9].

5   Conclusion

The results of the study show that there is a significant influence between governance and the quality of maternal and child health services in Aceh Province, Indonesia.

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