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The Relationship Of The Quality Of Antenatal Care (Anc) Services With The Level Of Pregnant Women's Satisfaction

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Abstract. This study aims to explore the relationship between the quality of antenatal care (ANC) services and the satisfaction levels of pregnant women at the Kuta Raja Community Health Center, Banda Aceh. This relationship is pivotal in understanding how service quality impacts maternal satisfaction and, ultimately, maternal health outcomes. Maternal Mortality Rate (MMR) is defined as the number of mothers who die during postpartum, pregnancy, and childbirth. High MMR is often attributed to a lack of awareness and infrequent ANC visits. In 2023, only 86.25% of pregnant women attended ANC services, falling short of the 93% target. Initial observations indicated that 60% of the attendees were dissatisfied with the ANC services at the Kuta Raja Community Health Center. This analytical survey, employing a cross-sectional design, was conducted at the Kuta Raja Community Health Center. The study population included 93 pregnant women, all of whom were surveyed using a total sampling technique. Data were analyzed using univariate and bivariate analyses, with the chi-square test employed for bivariate analysis. The study found that certain quality dimensions of ANC services—responsiveness (p < 0.001), assurance (p < 0.005), empathy (p < 0.005), and tangibility (p < 0.001)—were significantly related to the satisfaction levels of pregnant women. However, reliability (p > 0.05) showed no significant relationship with satisfaction. There is a significant relationship between the responsiveness, assurance, empathy, and tangibility of ANC services and the satisfaction levels of pregnant women at the Kuta Raja Community Health Center. Conversely, reliability did not show a significant correlation with satisfaction. To improve maternal satisfaction and health outcomes, it is recommended that pregnant women regularly attend ANC services and that efforts be made to enhance the quality dimensions that impact satisfaction.

Keywords: antenatal care, satisfaction, pregnant women.

INTRODUCTION

In the world, the total number of pregnant women who die or what is known as the Maternal Mortality Rate (MMR) every year is 500,000 according to the World Health Organization (WHO). and in Indonesia itself every year there are 359 people. When compared with 2022 from January to September, in 2023 there was an increase with a total of 102 deaths for every 100,000 survivors at birth. This is different again from the Infant Mortality Rate (IMR) based on a temporary inter-census population survey (SUPAS) every year, to be precise in 2022, it was 100,000 people. And in Indonesia itself the Infant Mortality Rate (IMR) is 22 for every 1000 who are born safely.

In 2023 in Indonesia the reach of K4 pregnant women's visits was 86.25%. This achievement is not in accordance with the strategic plan target of 93% in 2023. In Indonesia there are 33 provinces but only 10 provinces were able to achieve this target, namely (30.3%). including, DKI Jakarta (94.65%), North Sulawesi (90.32%), Central Kalimantan (95.72%), Bali (96.67%), Bangka Belitung Islands (96.78%), Sulawesi Southeast (97.66%), Riau (97.77%), South Sulawesi (98.75%), Riau Islands (99.42%), and Central Java (99.83%) (Indonesian Ministry of Health, 2023).

The target of the Healthy Indonesia Program in 2025 is to improve health through efforts including reducing the Infant Mortality Rate (IMR), reducing the Maternal Mortality Rate (MMR) and reducing the prevalence of malnutrition among children under five. Meanwhile, based on data from the 2023 Aceh Profile regarding health, the value of maternal mortality has fluctuated, in 2018 it was 134/100,000 live births, in 2019 it rose to 167/100,000 live births, in 2020 it fell to 149/100,000 live births, then in 2023 there was also a decrease, namely to 139/100,000 live births, but there was an increase again in 2022 172/100,000 live births. The maternal mortality rate was highest in North Aceh Regency with 25 cases, followed by Bireuen Regency with 16 cases, the lowest in Pidie Jaya Regency with 1 case.

Reducing the Maternal Mortality Rate (MMR) can be implemented using one method, namely, carrying out Antenatal Care (ANC) examinations. However, coverage of K1 and K4 services for pregnant women is currently experiencing a decline nationally, according to the Directorate General of Public Health, Ministry of Health of the Republic of Indonesia (2023).

The Sustainable Development Goals (SDGs) in 2030 with the achievement of the target of reducing the Maternal Mortality Rate (MMR) to below 70 per 100,000 live births (2023 District/City Health Profile). To implement the Sustainable Development Goals (SDGs) targets, this can be done with Antenatal Care (ANC) examination services for pregnant women which plays a role in reducing the Maternal Mortality Rate (MMR), which functions to detect and administer early complications that arise during childbirth (Pusdatin Republic of Indonesia Ministry of Health, 2023).

ANC is treatment intended for pregnant women to care for and maintain the health of themselves and their babies periodically. If a mother has her womb and her baby checked after repeated visits, it can be said that the mother is checked regularly. But not all mothers have that kind of awareness and until now this has been an obstacle. This is related to the need for repeat visits to ANC patients to carry out the necessary care in accordance with the standards of ANC visits which are carried out at least 4 times during pregnancy to detect it as early as possible so that appropriate action can be taken quickly to care for and treat the pregnancy.

Kuta Raja Community Health Center is located in Banda Aceh which provides complete individual health services that provide outpatient and emergency services. Based on data obtained from the Kuta Raja Community Health Center in the month October 2023, regarding ANC there were already 129 pregnant women. There were 43 pregnant women in the third trimester and 9 pregnant women who did not make the visit. Meanwhile, there were 46 pregnant women in the second trimester and 12 pregnant women who did not visit and 40

pregnant women in the first trimester and 15 pregnant women who did not make visits. From the data obtained, it can be concluded that there are 36 (46.44%) pregnant women who do not carry out ANC visits at the Kuta Raja Community Health Center, and there were 93 pregnant women who visited ANC (72.09%).

From the data above, it can be noted why visits by pregnant women have decreased. A preliminary study conducted in October 2023 with interviews with 10 respondents showed that 60% of visitors said ANC services at the Kuta Raja Community Health Center were not as expected. Thus, pregnant women prefer not to visit the health center to carry out examinations of their pregnancy. So it is necessary to conduct a study regarding the quality of ANC services provided by the Kuta Raja Community Health Center to mothers. The aim of this research is to determine the relationship between the quality of Antenatal Care (ANC) services and the level of satisfaction of pregnant women at the Kuta Raja Community Health Center.

RESEARCH METHODS

This research uses quantitative methods with a cross sectional approach. The research was carried out at the Kuta Raja Community Health Center, Banda Aceh in November 2023. The population in this study was all pregnant women who visited the Kuta Raja Community Health Center, totaling 93 people. The entire population was used as a sample taken using the total sampling technique so the sample totaled 93 people. In this research there was no validity and reliability test of the instrument because the instrument was standard. The data analysis used in this research is univariate and bivariate analysis with SPSS. Bivariate analysis used the Chi-square test with a sig level $(\alpha) = 0.05$. Meanwhile, if the p-value is smaller than sig (α) (p-value < sig (α)) it is known that there is a relationship between the quality of Antenatal Care (ANC) services and the level of satisfaction of pregnant women at the Kuta Raja Community Health Center.

RESULTS AND DISCUSSION

Univariate Analysis

Based on the results of univariate analysis regarding education, the results obtained are as follows:

Table 1. Frequency Distribution Based on Respondents' Education

Education	Frequ	Percentage
	ency (f)	(%)
Finished elementary school	2	2.2
Finished secondary high school	4	4.3
Finished high school	62	66.7
College	25	26.5
Total	93	100.0

Source: Primary Data (2023)

Referring to Table 1, it can be seen that there were 2 (2.2%) respondents who had completed elementary school education, 4 (4.3%) respondents who had completed secondary school education, 62 (66.7%) respondents who had completed high school education and respondents who had a tertiary education were worth 25 (26.5%).

Based on the results of univariate analysis regarding the respondents' work, the following data were obtained:

Table 2. Frequency Distribution Based on Respondent's Occupation

Work	Frequency (f)	Percentage (%)
Trader	12	12.9
Self-employed	1	1.1
Private employees	3	3.2
Civil servants	3	3.2
Doesn't work	51	54.8
Etc	23	24.7
Total	93	100.0

Source: Primary Data (2023)

Based on Table 2, it can be seen that there are 12 respondents who work as traders (12.9%), 1 respondent who works as an entrepreneur (1.1%), 3 respondents who work as private employees and civil servants. (3.2%), respondents who did not work were 51 respondents (54.8%) and respondents who worked in other professions were 23 respondents (24.7%).

Based on the results of univariate analysis regarding respondents' income, the following data were obtained:

Table 3. Frequency Distribution Based on Respondents' Income

2 Income	Frequency (f)	Percentage (%)
<rp.3,500,000< td=""><td>77</td><td>82.8</td></rp.3,500,000<>	77	82.8
>Rp. 3,500,000	16	17.2
Total	93	100.0

Source: Primary Data (2023)

Based on Table 3, it is known that respondents who had income <Rp. 3,500,000 were 77 respondents (82.2%) and respondents who had income > Rp. 3,500,000 were 16 respondents (17.2%).

Bivariate Analysis

Based on the results of bivariate analysis regarding the relationship between reliability and satisfaction of pregnant women at the Kuta Raja Community Health Center, the following data were obtained:

Table 4. Relationship between Reliability and Satisfaction of Pregnant Women

	Pregnant Women's Satisfaction						P-	Prevalence RatioC1 95 %
Reliability	Satisfi	ed	Less sat	isfied	Tot	al	value	
	f	%	f	%	f	%		
Good	0	0.0	2	2,2	2	2,2		0.262
Not enough Good	34	36.6	57	61.3	91	97.9	0.278	(0.734 – 0.534)
Total	34	436.6	59	63.9	93	100		1

Source: Processed Primary Data (2023)

Based on Table 4, it is known that pregnant women who responded to good reliability were 0 pregnant women (0.0%) who were satisfied with ANC services and those who were less satisfied were 2 pregnant women (2.2%). Meanwhile, respondents who responded that reliability was not good were 34 pregnant women (36.6%) satisfied with ANC services and those who were less satisfied were 57 pregnant women (61.3%).

This research is not in line with previous research conducted by Nurfadillah, et al. (2019), where the research carried out obtained a P-value of 0.000<0.05. So it is known that there is a relationship between reliability and satisfaction of pregnant women, there is a relationship between assurance and satisfaction of pregnant women, and there is also a relationship between empathy and satisfaction of pregnant women and there is a tangible relationship with satisfaction of pregnant women in services. ANC. From this basis, researchers assume that the reliability of services provided by the Kuta Raja Community Health Center is not good for pregnant women.

This could be based on the officer's low level of knowledge. Because the more knowledge and understanding the officers have, the better the quality of the health services they provide. With good service, the patient will feel satisfied, then the patient will make another visit to receive treatment as before. Based on the results of bivariate analysis regarding the relationship between responsiveness and satisfaction of pregnant women at the Kuta Raja Community Health Center, the following data were obtained:

Table 5. Relationship between Responsiveness and Pregnant Women's Satisfaction

Pregnant Women's		D1						
Responsiveness	Satisf	ied	ess sat	isfied	Tota	I	P- value	Prevalence RatioC1 95%
	f	%	f	%	f	%		
Good	18	19.4	7	28.0	25	47.45		8,357
Not good	16	17.2	52	55.9	68	73.1	0,000	(23,582 –
Total	34	36.6	59	83.9	93	100		2,962)

Based on Table 5, it can be seen that pregnant women who responded to good responsiveness were 18 pregnant women (19.4%) who were satisfied with ANC services and pregnant women who responded to good responsiveness were 7 pregnant women (28.0%) who were less satisfied with ANC services. Meanwhile, 16 pregnant women who responded less well to responsiveness were satisfied with ANC services, while 52 pregnant women who responded less well to responsiveness (55.9%) were less satisfied with ANC services.

The results of the chi-square test between responsiveness and satisfaction of pregnant women obtained a P-value of 0.000, which is smaller than the sig value (α) = 0.05 (0.000<0.05) so it is known that there is a significant relationship between responsiveness and satisfaction of pregnant women with ANC services at the Kuta Raja Community Health Center. *Responsiveness* or responsiveness, namely the alertness of a service to help with any problems felt by the patient. Usually it is about information, regulations, visiting hours, payment, cleanliness and an employee's willingness to help patients quickly (Supranto, 2022).

In line with previous research conducted by Solang, et al. (2022), namely regarding the relationship between ANC service satisfaction and the frequency of visits by pregnant women at the Kombos Health Center, Singkil District, Manado City. The research results show that there is a relationship between service satisfaction and ANC visits. Based on the results of this research, researchers assume that the staff's response when providing health services has not satisfied patients. This is proven by the results of the respondents' answers. In terms of for to fulfill this, the most important thing is the professionalism of a health worker. The responsiveness dimension is related to the willingness of officers to provide fast and appropriate health services to patients.

Based on the results of bivariate analysis regarding the relationship between assurance and satisfaction of pregnant women at the Kuta Raja Community Health Center, the following data were obtained:

Table 6. Relationship between Assurance and Pregnant Women's Satisfaction

	Pregnant Women's Satisfaction					P-	Prevalence RatioC1 95%	
Assurance	Satisfi	ed	Less sat	isfied	Tota	al	value	
	f	%	f	%	f	%		
Good	18	19.4	14	15.1	32	34.5		3,616
Not Good enough	16	17.2	45	48.4	61	65.6	0.004	(8,910 –
								1,468)
Total	34	36.6	59	63.5		100		

Based on Table 6, it can be seen that 18 pregnant women who responded to the assurance well were 18 pregnant women (19.4%) who were satisfied with the ANC service, and 14 pregnant women who responded to the good assurance (15.1%) were less satisfied with the service. ANC. Meanwhile, 16 pregnant women who responded unfavorably to the assurance (17.2%) were satisfied with the ANC service, and 45 pregnant women who responded unfavorably to the assurance (48.4%) were less satisfied with the ANC service.

The results of the chi-square test between assurance and pregnant women's satisfaction obtained a P-value of 0.004, which is smaller than the sig (α) = 0.05 (0.004<0.05) so it is known that there is a significant relationship between assurance and pregnant women's satisfaction with ANC services at the Kuta Raja Community Health Center. This research is in line with previous research conducted by Rifatrika (2023) with the title description of satisfaction of pregnant women with Antenatal Care (ANC) services at the Depok III Sleman Community Health Center. The research results show that the majority of pregnant women are not satisfied with ANC services at the Depok III Sleman Community Health Center.

Apart from that, this research is also in line with previous research conducted by Sampouw (2018) regarding the relationship between the quality of ANC services and the satisfaction of pregnant women. Where are the research results shows that there is a relationship between Assurance and the level of satisfaction of pregnant women. Based on the research results above, the researcher assumes that in ANC services, if the service provider or health worker shows an attitude of respect, courtesy and gentleness, it will increase the patient's positive perception and value towards the service provider or service. Consumer satisfaction (pregnant women) depends on the services provided. Based on the results of bivariate analysis regarding the relationship between empathy and satisfaction of pregnant women at the Kuta Raja Community Health Center, the following data were obtained:

Table 7. Relationship between Empathy and Pregnant Women's Satisfaction

		Pregnant Women's Satisfaction					P-	Prevalence RatioC1 95%
Empathy	Satisfi	ed	Less sat	tisfied	Tota	ıl	value	
	f	%	f	%	f	%		-
Good	5	5.4	0	0.0	5	5.4		0.330
Not Good enough	29	31.2	59	63.4	88	94.6	0.002	(0.444 – 0.245)
Total	34	36.6	59	63.4	93	100		1

Based on Table 7, it can be seen that 5 pregnant women who responded to good empathy (5.4%) were satisfied with ANC services and 0 pregnant women who responded to good empathy (0.0%) were less satisfied with ANC services. Meanwhile, 29 pregnant women who responded less well to empathy (31.2%) were satisfied with ANC services and 59 pregnant women who responded less well to empathy (63.4%) were less satisfied with ANC services.

Meanwhile, this research is also in accordance with research conducted by Khoeriah, et al. (2023) with the title Analysis of the Quality of Antenatal Care (ANC) Services on the Level of Satisfaction of Pregnant Women in Midwifery Clinics. The research results showed that based on data from 83 pregnant women, 15 people (18.1%) were dissatisfied with ANC services, so the conclusion was that there was a relationship between the quality of ANC services and the level of satisfaction of pregnant women.

Based on the results of the research above, the researcher assumes that the indicators of empathy by pregnant women at the Kuta Raja Community Health Center express dissatisfaction with the services provided. Where the attitude of loyalty given by officers is not the same as the satisfaction obtained. Several pregnant women stated that pregnant women were not comfortable with the ANC services provided, where the officers were less responsive to pregnant women's complaints and the waiting time was sometimes too long.

Based on the results of bivariate analysis regarding the relationship between empathy and satisfaction of pregnant women at the Kuta Raja Community Health Center, the following data were obtained:

Table 8. Tangible Relationship with Pregnant Women's Satisfaction

	Pregnant Women's Satisfaction						P-	Prevalence RatioC1
Tangibles	Satisfi	ed	Less sat	isfied	Tot	al	value	95%
	f	%	f	%	f	%		
Good	5	5.4	0	0.0	5	5.4		0.330
Not enough	29	31.2	59	63.4	88	94.6	0,000	(0.444 –
Good								0.245)
Total	34	36.6	59	63.4	93	100		

Based on Table 8, it can be seen that 5 pregnant women who responded to the tangible well were 5 pregnant women (5.4%) who were satisfied with the ANC service and pregnant women who responded to the good tangible were 0 pregnant women (0.0%) who were less satisfied with the ANC service. Meanwhile, 29 pregnant women who responded to tangibles less well were 29 pregnant women (31.2%) satisfied with ANC services and pregnant women who responded less well to tangibles were 59 pregnant women (63.4%) who were less satisfied with ANC services.

The results of statistical analysis using chi square between tangible and pregnant women's satisfaction obtained a P-value of 0.002 and this is smaller than the sig value (α) = 0.05 (0.000 < 0.05) so it is clear that there is a significant relationship between tangible and maternal satisfaction, pregnant with ANC services at the Kuta Raja Community Health Center. Based on the research results above, the author assumes that providing tangible services is still in the poor category. Several respondents admitted that the waiting room was not comfortable, apart from the lack of chairs and some of the chairs were even unfit for use. Apart from that, the service facilities used, the cleanliness of the room is still not clean, the nurses and midwives are not friendly enough so that patients are not interested in returning to have their pregnancy checked at the same health center.

CONCLUSION

Based on the results of the research carried out, the relationship between the quality of Antenatal Care (ANC) Services and the Level of Satisfaction of Pregnant Women at the Kuta Raja Community Health Center can be concluded that there is no relationship between reliability and the level of satisfaction of pregnant women at the Kuta Raja Community Health Center and there is a significant relationship between responsiveness, assurance, empathy and tangible with the level of satisfaction of pregnant women at the Kuta Raja Community Health Center.

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