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The effect of pregnant women's compliance levels on their satisfaction with antenatal care

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Abstract

Background: Pregnancy is a physiological process, yet it requires special care and services to ensure the safety of both the mother and the baby. A mother's adherence to attending antenatal care (ANC) visits refers to her compliance with the recommended health care visits, in accordance with established standards. Satisfaction reflects how satisfied patients are with the care they receive; patients tend to react positively when care meets their expectations. Conversely, they tend to express dissatisfaction if services do not meet the standards they anticipate.

Purpose: To determine the effect of pregnant women's compliance levels on satisfaction with antenatal care services.

Method: This was a cross-sectional study conducted from December 1, 2025, to December 30, 2026, in the service area of the Bontomatene Community Health Center involving 30 pregnant women as the sample. A purposive sampling technique was used, and a questionnaire was administered.

Results: Based on the study results regarding the influence of pregnant women's compliance levels on satisfaction with antenatal care services, the statistical test yielded a p-value of $0.000 < 0.05$, indicating that there is an influence of pregnant women's compliance levels on satisfaction with antenatal care services at the Blud.

Conclusion: There is an effect of the level of compliance of pregnant women on satisfaction with antenatal care services at the Blud, with a p-value of $0.000 < 0.05$

Suggestion: It is hoped that the results of this study will enhance the knowledge of all respondents, particularly regarding the level of compliance among pregnant women and their satisfaction with antenatal care services.

Keywords: Adherence; ANC visits; Satisfaction.

INTRODUCTION

Pregnancy is a physiological process experienced by every woman; however, it can pose a threat to the survival of both the mother and the fetus if special care and services are not provided. One such measure is undergoing regular prenatal checkups (Zahrotunnisa & Ratnaningsih, 2023). The health of pregnant women is a key indicator in evaluating the success of health development programs. Because pregnancy directly affects the health of the mother and fetus, special attention is required for mothers during pregnancy through Antenatal Care (ANC) services, which include routine ANC check-ups to monitor the health of the mother and fetus, identify problems early, and provide

information on pregnancy care (Nisma, Sundari, & Afrianty, 2021).

Antenatal care is a health service provided by healthcare professionals to pregnant women throughout their pregnancy in accordance with antenatal care standards (Armaya, 2018). Control measures include efforts to provide prenatal care and monitoring as early as possible, as well as safe childbirth and proper postpartum care. During pregnancy, regular checkups known as antenatal care (ANC) are necessary. Through regular checkups, it is hoped that risks associated with pregnancy or childbirth for both the mother and the fetus can be

detected earlier. Pregnant women should have their pregnancies checked once a month until the 4th month, twice a month from the 4th to the 9th month, and once a week until the final month (Ministry of Health of the Republic of Indonesia, 2016).

The World Health Organization states that reducing the maternal mortality rate is one of the global goals of the Sustainable Development Goals (SDGs), aiming to reach 70 per 100.000 live births by 2030 (Ministry of Health of the Republic of Indonesia, 2019). In 2023, the global maternal mortality rate is estimated to be equivalent to 712 deaths per day. This represents a 40% reduction in maternal mortality since 2000 (World Health Organization, 2025).

According to the results of the 2023 Basic Health Research, the coverage of maternal health services in South Sulawesi Province (K6) is 17.6%. Based on the South Sulawesi Provincial Basic Health Survey report, K6 coverage was 8.1% (Ministry of Health of the Republic of Indonesia, 2024). Based on 2021–2023 Local Area Monitoring data, K1 coverage in Selayar Islands Regency in 2021 was 85.6% and K4 coverage was 72.4%, in 2022 K1 was 78.3% and K4 was 67.0%, and in 2023 K1 was 78.3% and K4 was 59.2%, showing a decline in K4 coverage in 2023 (Selayar Islands Regency Health Service, 2024). Similarly, at the Blud UPT Bontomatene Community Health Center in Selayar Islands Regency, K1 coverage from January to November was 36.24%, K4 coverage from January to November was 40.27%, and K6 coverage from January to November was 40.27%.

The government recommends a minimum of 6 ANC visits in accordance with WHO guidelines: 1 visit in the first trimester, 2 visits in the second trimester, and 3 visits in the third trimester (Nisma et al., 2021). Maternal mortality rates will decrease if this strategy is implemented as recommended (Legal Documentation and Information Network, 2023). However, in reality, many pregnant women still do not comply with these recommendations for various reasons, such as lack of knowledge, financial constraints, distance, and perceptions regarding the quality of care (Vladimir, 2020).

A previous study conducted titled "Patient Satisfaction with Services Provided by Midwives at Community Health Centers in 2023," found that the majority of pregnant women 33 respondents (70.2%) expressed satisfaction with the antenatal care provided by midwives, while 14 respondents (29.8%)

expressed dissatisfaction with the services provided by midwives (Zahrotunnisa & Ratnaningsih, 2023). Furthermore, a titled "The Effect of Knowledge and Attitude on Pregnant Women's Compliance with ANC Checkups" showed a p-value of 0.000, indicating that knowledge influences compliance with ANC checkups (Nisma et al., 2021). Additionally, a study conducted titled "The Effect of Midwife Service Quality on Patient Satisfaction at the Cirebon Public Health Center in 2020" showed a p-value of 0.001, indicating that the quality of service provided influences patient satisfaction (Roni, 2020). The three previous studies discussed patient satisfaction with health services, the influence of education and compliance on ANC visits, and the influence of midwife quality on patient satisfaction. In this study, the researcher aims to determine whether there is an influence of pregnant women's compliance levels on satisfaction with antenatal care services.

Good healthcare must leave patients satisfied, and the care provided must be of high quality, as patient satisfaction is crucial in determining the quality of healthcare itself. There are two main factors that influence the quality of healthcare: the care that patients expect and the care they actually experience. If the care provided exceeds patients' expectations, it is considered excellent and leaves patients highly satisfied. If the service received meets the patient's expectations, it is deemed satisfactory. However, if the patient's expectations are not met by the service received, the service is considered unsatisfactory (Desianti, Irianto, & Ekasari, 2023).

Patient satisfaction with the services provided serves as an indicator of whether the ANC care received meets standards (Zahrotunnisa & Ratnaningsih, 2023). Pregnant women's satisfaction can be influenced by several factors, such as staff competence, waiting time, facility availability, and effective communication. A pregnant woman may be more cooperative during subsequent ANC visits if she is satisfied with the ANC services; therefore, there is a reciprocal relationship between satisfaction with ANC services and compliance (Misriati, Hamdiyah, Roni, & Laela, 2024).

Antenatal Care (ANC) is a form of monitoring service provided to women during pregnancy, encompassing the assessment of physical and psychological health, monitoring of fetal growth and development, and preparing the mother for labor and

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delivery so she is ready to assume her new role as a parent (Vladimir, 2020). Satisfaction reflects a person's overall feelings regarding their expectations, particularly how satisfied patients are with the care they receive; patients tend to react positively when care aligns with their expectations (Zahrotunnisa & Ratnaningsih, 2023).

Patient satisfaction with midwifery care is multidimensional and influenced by various aspects of service quality. These quality dimensions include interpersonal communication by healthcare providers, the accuracy and speed of care, the comfort of facilities, and the midwives' empathetic attitude toward patients. Recent studies confirm that effective communication between midwives and pregnant women plays a major role in building trust and a sense of security, which ultimately enhances patient satisfaction. When pregnant women feel heard, are provided with clear information, and are involved in decision-making regarding their pregnancy, their perception of service quality becomes more positive (Friani, Saragih, & Pasaribu, 2024).

RESEARCH METHOD

This study employed a cross-sectional design and was conducted in December 2025 and January 2026. The study population consisted of all pregnant women who visited the BLUD Bontomatene Community Health Center in Selayar Islands Regency for prenatal checkups or antenatal care (ANC) services, totaling 60 pregnant women.

A sample is a portion of the population to be studied or a subset of the characteristics possessed by the population. The sample in this study was selected using a sampling technique from among pregnant women who visited the BLUD Bontomatene Community Health Center in Selayar Islands Regency for prenatal checkups or ANC services.

The inclusion criteria for this study were pregnant women who had made at least two ANC visits, were willing to serve as respondents, and were able to

communicate effectively. The exclusion criteria for this study were pregnant women experiencing severe complications that affected their ability to answer the questionnaire and those who did not complete the questionnaire.

The research instrument consists of a questionnaire and interviews with mothers to determine their compliance with ANC visits and the use of the Maternal and Child Health (MCH) Booklet. Data analysis of the information collected during the assisted examinations involves processing the data through several stages, namely: Data editing: After the data is collected, the researcher will conduct a selection and editing process, which involves checking each completed questionnaire to ensure the data aligns with the variables. Coding: To facilitate data processing, all responses or data are assigned codes; this coding is performed by assigning symbols to each respondent's answer to the questionnaire questions. Data entry: Data entry involves inputting the collected data into a master table or computer database, followed by creating a simple frequency distribution or a contingency table. Tabulating: To facilitate data tabulation, tables are created to analyze the data according to their characteristics in line with the research objectives.

Once all collected data is accurate, the analysis process is conducted using two methods: Univariate Analysis: Univariate analysis is performed to obtain a general overview by describing each variable in the study through frequency distribution tables and narrative descriptions. Bivariate Analysis: The data collected in the study is analyzed using the Chi-Square Test (χ^2) with a 2x2 contingency table. Next, the results will be analyzed to determine whether there is a relationship between the two independent variables and the dependent variable using the Chi-square test. The bivariate analysis is conducted using the Chi-square test with a significance level (α) of 0.05.

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RESEARCH RESULT

Table 1. Characteristics and Demographics of the Respondents (N=30)

Variable	Results	P-value
Age (Mean±SD) (Years)	(30.6 ± 6.64) (18-45)	
≤20	2/7.0	
21-37	24/80.0	
≥38	4/13.3	
Education (n/%)		
Elementary-Junior High School	0/0	
Senior High School-Diploma	15/50	
Bachelor's Degree	15/50	
Frequency of Visits (n/%)		
4 Times	13/43.3	
5 Times	11/36.7	
6 Times	6/29.0	
Compliance Rate (n/%)		
Yes	28/93.3	
No	2/7.0	
Satisfaction Level (n/%)		0.00
Insufficient	0/0	
Sufficient	4/13.3	
Very satisfied	26/87.0	

Based on Table 1. it can be seen that among the respondents the highest number was in the 20-35 age group, with 24 respondents (80%), and the lowest was in the <20 age group, with 2 respondents (6.7%). Regarding education, 15 respondents (50%) had a high school education, and 15 respondents (50%) held a bachelor's degree. As for visit frequency, 13 respondents (43.3%) had 4 visits, 11 respondents (36.7%) had 5 visits, and 6 respondents (20%) had 6 visits. It was found that among the 30 respondents regarding maternal compliance, 28 respondents (93.3%) fell into the "compliant" category, and 2 respondents (6.7%) fell into the "non-compliant" category. with 4 respondents (13.3%) in the "fairly satisfied" category, 18 respondents (60%) in the "satisfied" category, and 8 respondents (26.7%) in the "very satisfied" category. The results of the statistical test using the Chi-Square test yielded a p-value of $0.00 < 0.05$, indicating a significant association

between mothers' compliance and their satisfaction with antenatal care services.

DISCUSSION

The quality of antenatal care services provided can impact the health of pregnant women and their fetuses, mothers giving birth, newborns, and women in the postpartum period. ANC compliance can be influenced by the mother's age and education at the time of the ANC examination. This study found that the mothers were in the 20-35 age group, meaning they were still in their productive years. The highest education level was high school. A good education is expected to improve mothers' understanding of their needs (MacKinnon, Sell, Silang, Xie, Jung, Tough, & Tomfohr-Madsen, 2023).

The results of this study align with previous research that used a descriptive quantitative research method and purposive sampling method, collecting

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data from 57 respondents. The results showed a relationship between education and the incidence of anemia in pregnancy ($p = 0.001 < \alpha = 0.05$). There was also a relationship between knowledge and maternal ANC visits (Rahayu, 2022). Previous research, using purposive sampling with a sample size of 63, also showed a relationship between maternal age and ANC visit compliance (Dewanggayastuti, Surinati, & Hartati, 2022).

Statistical tests using the Chi-Square test yielded a p-value of $0.00 < 0.05$, indicating a relationship between maternal compliance and satisfaction with antenatal care services. This finding aligns with research by M. Misriati, Hamdiyak et al. Purposive sampling showed a p-value of $0.003 < 0.005$, indicating a relationship between maternal compliance and satisfaction with antenatal care services. The reasons behind customer dissatisfaction will soon be revealed. Assessing customer satisfaction does not require weighing or measuring height, as the data collected is subjective and based on respondents' responses based on their experiences using a particular product or service. Satisfaction reflects a person's overall feelings about what they anticipated, particularly how satisfied they were with the care they received. Patients tend to react positively when care meets their expectations. Conversely, they tend to express dissatisfaction if services do not meet their anticipated standards (Zahrotunnisa & Ratnaningsih, 2023).

The health and survival of mothers and babies are significantly influenced by various aspects of midwifery services, including the care provided by midwives through a midwifery management approach. Midwifery care is a core service provided to mothers, children, families, and communities. Every pregnant woman faces life-threatening risks, therefore, every pregnant woman requires care during pregnancy, known as antenatal care (ANC) (Misriati et al., 2024). In a comprehensive antenatal care system, medical personnel must ensure that the pregnancy is progressing smoothly, be able to detect any health problems the pregnant woman may experience early and implement appropriate interventions to prepare the pregnant woman for a normal delivery. Every pregnancy, as it progresses, has the potential to experience problems or complications. Therefore, antenatal care services need to be implemented routinely, adhering to existing

standards, to ensure quality and integrated antenatal care (Halid, Aulia, Kiramy, & Mujahid, 2025).

However, this study differs from previous research using consecutive sampling with a sample size of 106, with a p-value of $1.000 > 0.05$, which showed no relationship between adherence to doctor's visit times and patient satisfaction (Cindy, 2026). Several factors contribute to assessing satisfaction levels, including facilities, information, staff, and service procedures. These aspects, such as staff quality, in this case, midwifery services, will increase patient satisfaction (Roni, 2020). Healthcare delivery will achieve optimal results if each midwife understands and is committed to their role as a midwife. This commitment represents a strong commitment from each midwife to carry out their duties in accordance with the goals, roles, and boundaries established within their responsibilities (Nisma et al., 2021).

CONCLUSION

There is an influence of the level of compliance of pregnant women on satisfaction with antenatal care services with a p-value of $0.000 < 0.05$.

SUGGESTION

It is hoped that the results of this study can increase knowledge for all respondents, especially regarding the level of compliance of pregnant women with regard to satisfaction with antenatal care services for pregnant women.

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