

ARTICLE INFORMATION

Received: January, 06, 2025

Revised: February, 27, 2025

Available online: February, 28, 2025

at : <https://e-jurnal.iphorr.com/index.php/minh>

A study on pregnant women's satisfaction with maternal and child healthcare service quality in Mimika, Indonesia

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Abstract

Background: One of the efforts to improve maternal and child health is through high-quality maternal and child healthcare services. High-quality maternal and child healthcare services contribute to patient satisfaction. Patient satisfaction is an emotional response that arises from the services received by comparing them with personal expectations. Pregnant women's satisfaction increases when the healthcare services provided align with their needs.

Purpose: To determine pregnant women's satisfaction with maternal and child healthcare service quality in Mimika, Indonesia.

Method: An analytical observational approach with a cross-sectional design to assess pregnant women's satisfaction with maternal and child healthcare (MCH) service quality. The research was conducted in August 2024 at Kwamki Community Health Center, Mimika Regency, involving 103 respondents selected using a simple random sampling technique. The independent variable in this study was the quality of MCH services, which included tangibility, reliability, responsiveness, assurance, and empathy. The dependent variable was pregnant women's satisfaction, measured using a structured questionnaire with closed-ended questions on a Likert scale.

Results: The majority of respondents were aged 26-35 years (66 respondents, 64.1%), had completed elementary school (81 respondents, 78.6%), and were housewives (94 respondents, 91.2%). Most respondents (63 respondents, 61.1%) expressed satisfaction with the services provided, as all maternal and child healthcare quality indicators were categorized as good. The satisfaction levels were associated with tangibility (54.4%), reliability (49.9%), responsiveness (66.0%), assurance (55.4%), and empathy (60.2%), with each having a p-value < 0.05.

Conclusion: High-quality maternal and child healthcare services contribute to increased satisfaction among pregnant women. There is a significant relationship between the quality of healthcare services and patient satisfaction.

Keywords: Child; Health Services; Maternal; Satisfaction.

INTRODUCTION

The maternal mortality rate and the infant and under-five mortality rates are key indicators reflecting a country's overall well-being (World Health Organization, 2015). As a result, improving maternal and child health has become a priority. Although access to healthcare services for pregnant, laboring, and postpartum women has significantly improved, maternal mortality rates remain high (Geller, Koch,

Garland, MacDonald, Storey, & Lawton, 2018). This situation is attributed to inadequate healthcare service quality for pregnant and laboring women, maternal health complications, and other determining factors (Olonade, Olawande, Alabi, & Imhonopi, 2019).

To reduce maternal mortality rates, it is essential to improve the standards of midwifery service quality (Srofenyoh, Kassebaum, Goodman, Olufolabi, &

Owen, 2016). Midwives play a crucial role as the frontline healthcare providers in addressing maternal mortality. Thus, midwifery services must be enhanced to ensure the delivery of high-quality care, adhering to service quality standards and utilizing appropriate medical equipment to meet community health needs. The government's continued focus on reducing maternal mortality remains a critical aspect of national healthcare development, as it serves as an indicator of a nation's progress (Purwoastuti & Walyani, 2015).

According to the National Medium-Term Development Plan 2015-2019, maternal and child health is a key objective in healthcare development. The plan targeted a reduction in maternal mortality from 346 per 100,000 live births in 2010 to 306 per 100,000 live births in 2019. Additionally, the infant mortality rate was expected to decline from 32 per 1,000 live births in 2012/2013 to 24 per 1,000 live births in 2019 (Ministry of Health of the Republic of Indonesia, 2019a).

Community Health Centers serve as primary healthcare providers, responsible for delivering promotive, preventive, curative, and rehabilitative health services within their operational areas (Wendimaginegn & Bezuidenhout, 2019). As essential components of national healthcare development, community health centers aim to enhance public awareness and capability in maintaining a healthy lifestyle, ultimately improving social and economic health outcomes (Ulumiyah, 2018).

Community health centers function as integrated health service providers, offering both community-based health programs and individual primary care services. In addition to delivering comprehensive and coordinated healthcare, they also play a significant role in fostering community participation in health promotion efforts (Anita, Febriawati, & Yandrizal, 2019; Dinata, 2018). The Ministry of Health Regulation No. 43 of 2019 defines Puskesmas as institutions responsible for providing public health interventions and primary individual healthcare services, with a strong emphasis on preventive and health promotion efforts (Ministry of Health of the Republic of Indonesia, 2019b).

One of the key strategies for improving maternal and child health (MCH) outcomes is ensuring high-quality maternal and child healthcare services (Wignarajah, Bhuiyan, & Gugathanan, 2021). Quality MCH services contribute significantly to patient

satisfaction, which is an emotional response based on the comparison between expected and received healthcare services. A mother's satisfaction increases when the care provided aligns with her specific needs (Galle, Van Parys, Roelens, & Keygnaert, 2015).

A preliminary survey conducted at the MCH Clinic of Kwamki Community Health Center, Mimika Regency, in September 2023 involved interviews with 10 patients. Among them, four patients reported dissatisfaction due to unfriendly healthcare staff, while two patients expressed concerns about healthcare providers being late for scheduled check-ups, causing long waiting times. The remaining respondents indicated that the MCH services were satisfactory.

Given these findings, this study aims to analyze the impact of MCH service quality on the satisfaction of pregnant women.

RESEARCH METHOD

An analytical observational approach with a cross-sectional design to assess the satisfaction of pregnant women regarding the quality of maternal and child healthcare (MCH) services. The research was conducted in August 2024 at Kwamki Community Health Center, Mimika Regency, involving 103 respondents selected through simple random sampling.

The independent variable in this study was the quality of MCH services, which included: *Tangibility* – the physical condition of the community health center, *Reliability* – the discipline of healthcare workers and the accuracy of information provided, *Responsiveness* – the promptness of healthcare providers in addressing patient needs, *Assurance* – the availability of medications, medical equipment, and the confidence-inspiring attitude of healthcare staff, and *Empathy* – the politeness and friendliness of healthcare providers, their attentiveness to patient concerns, and the adequacy of consultation time. The dependent variable was pregnant women's satisfaction with healthcare services.

A structured questionnaire with closed-ended questions, rated on a Likert scale was used as follows: 1 = *Poor*; 2 = *Fair*; 3 = *Good*. The quality of MCH services was categorized as: *Poor* if the questionnaire score was $\leq 59\%$; *Fair* if the score ranged from 60-79%; and *Good* if the score ranged from 80-100%. Similarly, pregnant women's satisfaction was categorized as: *Dissatisfied* if the score was $\leq 59\%$;

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Moderately Satisfied if the score ranged from 60-79%; and *Satisfied* if the score ranged from 80-100%

To examine the relationship between MCH service quality and pregnant women's satisfaction, the study applied ordinal regression analysis, using a

confidence level of 0.05. This research received ethical approval from the Health Research Ethics Committee of STRADA Indonesia Health Institute, with approval letter number: 001508/EC/KEPK/I/08/2024.

RESEARCH RESULTS

Table 1. Characteristic of the Respondent (N=103)

Variable	Result	p-value
Age (n/%)		
(Mean±SD)(Range)(Year)	(26.043±1.349)(17-38)	
17-25	31/30.1	
26-35	66/64.1	
> 35	6/5.8	
Education (n/%)		
Elementary	81/78.6	
Junior High	13/12.6	
Senior High	7/6.8	
College/University	2/2.0	
Occupation (n/%)		
Government Officer	2/2.0	
Self employed	7/6.8	
Housewife	94/91.2	
Satisfaction levels (n/%)		
Dissatisfied	11/10.7	
Moderately satisfied	29/28.2	
Satisfied	63/61.1	
Tangibility (n/%)		
Poor	10/9.7	0.004
Fair	37/35.9	
Good	56/54.4	
Reliability (n/%)		
Poor	20/19.4	0.043
Fair	32/31.1	
Good	51/49.5	
Responsiveness (n/%)		
Poor	17/16.5	0.042
Fair	18/17.5	
Good	68/66.0	

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Variable	Result	p-value
Assurance (n/%)		
Poor	16/15.5	0.032
Fair	30/29.1	
Good	57/55.4	
Empathy (n/%)		
Poor	11/10.7	0.045
Fair	30/29.1	
Good	62/60.2	

Based on the table above, the majority of respondents were aged 26-35 years (66 respondents, 64.1%), had completed elementary school (81 respondents, 78.6%), and were housewives (94 respondents, 91.2%). The majority of respondents (63 respondents, 61.1%) reported being satisfied with the healthcare services provided. All aspects of maternal and child healthcare service quality were categorized as good, with the following ratings: Tangibility: 54.4%, Reliability: 49.9%, Responsiveness: 66.0%, Assurance: 55.4%, and Empathy: 60.2%. Each quality indicator showed a statistically significant relationship with patient satisfaction, with a p-value < 0.05.

DISCUSSION

Based on the descriptive research findings, the majority of respondents stated that the tangibility (physical evidence) quality of maternal and child healthcare services (MCH) was categorized as good, with 56 respondents (54.4%) and a significance value of 0.004 (< 0.05). This indicates that tangibility quality affects the satisfaction of pregnant women. These findings align with previous research, which stated that there is a relationship between the perception of physical evidence and patient satisfaction in MCH clinics at Poasia Public Health Center (Mahmuda, Yusran, & Mersatika, 2024).

A study conducted at the Way Kandis Inpatient Public Health Center in Bandar Lampung also supports this, showing a significant relationship between the application of physical evidence principles and the standard of antenatal care services, with a p-value of 0.000 (Desianti, Irianto, & Ekasari, 2023). Another study also mentioned that there is a significant relationship between pregnant women's perceptions of the tangible (direct evidence) dimension of ANC service quality and patient

satisfaction (Suryadi, 2017).

Physical evidence refers to the visible aspects of service delivery, including the appearance of physical facilities, equipment, communication materials, infrastructure, and environmental conditions as tangible proof of service quality (Umoke, Umoke, Nwimo, Nwalieji, Onwe, Emmanuel Ifeanyi, & Samson Olaoluwa, 2020). Based on the respondents' answers to the physical evidence questionnaire, the majority rated it as good. However, 30 respondents rated it as poor, particularly regarding the availability of equipment and technology during service delivery. This finding suggests that some pregnant women perceive a lack of medical equipment and technology, highlighting the need for improved equipment availability.

The fulfillment of the tangibility dimension is measured by patients' responses to physical aspects that can be perceived through their senses, such as the appearance of health facilities (room layout, equipment, service procedures, staff neatness, and room signage). Patient satisfaction or dissatisfaction will influence future behavior—if satisfied, patients are more likely to return for future visits (Ariyanti, Rahmat, Surtikanti, & Wahyuni, 2022).

The study found that almost half of the respondents (51 respondents, 49.9%) rated the reliability quality as good, with a p-value of 0.043 (< 0.05). This indicates a significant relationship between reliability quality and pregnant women's satisfaction. These findings are consistent with previous research, which showed a significant relationship between the reliability of MCH services and the satisfaction of mothers giving birth normally at Lalang Public Health Center, Medang Deras District, Batubara Regency, with a p-value of 0.034 (Sianipar, Sari, Fauzianty, & Sari, 2023).

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Reliability refers to the ability of healthcare providers to deliver promised services accurately and consistently. A service is considered satisfactory when it meets customers' needs and expectations. If customers are dissatisfied, the service is deemed ineffective and inefficient (Ekasari, Pradana, Adriansyah, Prasnowo, Rodli, & Hidayat, 2017). From the five reliability-related questions, 24 respondents rated the service as poor, particularly regarding whether medical personnel provided accurate and timely service. According to researchers, many pregnant women feel that medical personnel lack precision and punctuality in service delivery. However, in general, MCH services have met pregnant women's expectations.

The reliability of services is evident from the questionnaire data, showing that medical personnel provide accurate and timely services, explain health conditions thoroughly, provide clear instructions on medication usage, and respond to pregnant women's complaints patiently. However, there is still a need for service quality improvement, particularly regarding accuracy and timeliness, to increase pregnant women's satisfaction with MCH services.

The study found that the majority of respondents (68 respondents, 66.0%) rated the responsiveness quality as good, with a p-value of 0.042 (< 0.05). This indicates a significant effect of responsiveness on pregnant women's satisfaction. The findings are consistent with previous research, which found a significant relationship between responsiveness and antenatal care service standards, with a p-value of 0.000 (Desianti et al., 2023). Another study also confirmed that there is a strong relationship between pregnant women's perceptions of ANC service quality in the responsiveness dimension and patient satisfaction levels (Suryadi, 2017). Responsiveness refers to healthcare providers' willingness and ability to assist patients and respond promptly to their needs (Satria, 2021). The responsiveness of MCH healthcare providers has generally met pregnant women's expectations, as indicated by the questionnaire analysis—healthcare providers respond quickly and appropriately to patient complaints and follow established procedures.

However, 18 respondents still rated the responsiveness as poor, particularly regarding how promptly staff assisted pregnant women. This suggests that some pregnant women feel that

healthcare providers are slow in handling complaints. Factors contributing to this issue include delays in medical staff attending to patients and a lack of patient understanding due to insufficient explanations from staff. To improve service, healthcare providers should be more patient, offer clearer explanations, and enhance their responsiveness. This would help ensure that pregnant women feel supported and cared for during their healthcare visits.

The study revealed that most respondents (57 respondents, 55.4%) rated the assurance quality as good, with a significance value of 0.032 (< 0.05). This indicates a significant effect of assurance quality on pregnant women's satisfaction. The findings align with previous studies, which found a significant relationship between assurance quality and antenatal care service standards ($p = 0.000$) (Desianti et al., 2023). Another study also confirmed a strong correlation between pregnant women's perceptions of ANC service quality in the assurance dimension and patient satisfaction levels (Suryadi, 2017).

Assurance quality includes extensive knowledge, competence, friendliness, politeness, trustworthiness, and safety provided by medical and non-medical staff to instill confidence in patients (Putri & Afriyani, 2021; Manzoor, Wei, Hussain, Asif, & Shah, 2019; Mariska & Shihab, 2016). Although the assurance quality was generally rated as good, some respondents still reported dissatisfaction with the availability of medicines and medical equipment. This highlights the need to improve the availability of medications and medical tools to enhance service assurance and patient satisfaction. The study found that most respondents (62 respondents, 60.2%) rated the empathy quality as good, with a significance value of 0.045 (< 0.05). This indicates a significant effect of empathy on pregnant women's satisfaction.

The findings align with previous research, which found a significant relationship between empathy perceptions and patient satisfaction levels in MCH clinics at Poasia Public Health Center (Mahmuda et al., 2024). Another study also confirmed that the application of empathy principles in antenatal care significantly impacts patient satisfaction (Desianti et al., 2023).

Empathy refers to healthcare providers' ability to offer personal attention, establish effective communication, and understand patient needs

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(Srivastava, Avan, Rajbangshi, & Bhattacharyya, 2015; Zumria, Narmi, & Tahiruddin, 2020).

The majority of respondents felt that healthcare providers demonstrated genuine care, politeness, and attentiveness, actively listening to patient complaints and providing appropriate solutions. However, some pregnant women felt that healthcare providers did not fully meet their needs and expectations, particularly regarding mobility assistance and personal attention.

Improving empathy among healthcare providers would significantly enhance pregnant women's satisfaction with MCH services, ensuring they feel valued and well cared for.

CONCLUSION

Good quality maternal and child healthcare services will increase the satisfaction of pregnant women, indicating a significant relationship between healthcare service quality and patient satisfaction, with a p-value < 0.05 for each aspect of healthcare quality.

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