
Overview of Antenatal Care Service Satisfaction for Pregnant Women in Bandung City

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ABSTRACT: The high maternal mortality rate (MMR) in Indonesia has made the government make efforts to reduce maternal mortality (MMR) as a priority program in health development. In general, there was a decrease in maternal mortality during the period 1991-2015 from 390 to 305 per 100,000 live births. The maternal and child health program is a priority of the Ministry of Health and the success of the Maternal and Child Health (MCH) program is a key indicator of the National Long-Term Development Plan (RPJPN) 2005-2025. This research is quantitative research in the nature of an analytical survey with a cross-sectional design. The population in this study is all pregnant women in Bandung City in 2022 as many as 398 pregnant women. The sampling technique uses purposive sampling which is a sampling technique based on "research" (judgment) Pregnant women who received satisfaction in access to antenatal care services amounted to 58.7% with a frequency distribution of 226 respondents. Meanwhile, pregnant women who lack access to antenatal care services amounted to 41.3 with a frequency distribution of 156.

KEYWORDS: Service Satisfaction, Antenatal Care, Pregnant Women

INTRODUCTION

The quality of health services is a service that can provide satisfaction to every user of health services in accordance with the level of satisfaction that has been determined based on the code of ethics (Rizalia Wardiah, 2021). Patient satisfaction is one of the crucial indicators in improving health services. Health services carried out by the government through organizations in the health sector have the main goal, namely to maintain and maintain the health of the entire community functionally, proportionally, and professionally (Afriozza & Baidillah, 2021). Maternal and child health programs are a priority of the Ministry of Health and the success of the Maternal and Child Health (MCH) program is a key indicator of the National Long-Term Development Plan (RPJPN) 2005-2025. The high maternal mortality rate (MMR) in Indonesia has made the government make efforts to reduce maternal mortality (MMR) as a priority program in health development. In general, there was a decrease in deaths. Despite a decrease in maternal mortality during this period, it still failed to achieve the Sustainable Development Goals (SDGs) target of 70/10,000 live births in the period until 2010. The results of the Indonesian Demographic and Health Survey (IDHS) in 2012 showed that the maternal mortality rate in Indonesia was 359 per 100,000 live births. (Kemenkes RI, 2019). In 2020 West Java Province, there were 745 maternal deaths or 85.77 per 100,000 KH, an increase of 61 cases compared to 2019, which was 684 cases. The maternal mortality rate in 2020 was 745 mothers, with 22.14% pregnancy, 219.73% maternity women, and 44.16 postpartum mothers (Dinkes Jabar, 2020). In 2020 in West Java province, the level of K1 and K4 coverage in West Java fluctuated. In 2018, K1 coverage was 94.64% and K4 was 6.1%. In 2019, K1 coverage was 98.7% and K4 was 6.8%. In 2020, K1 coverage was 96% and K4 was 5.16%. The first visit of pregnant women at the age of 0-3 months (K1) in West Java Province in 2020, as many as 970,813 pregnant women from the target of 955,411 pregnant women (101.6%), and K4 visits as many as 917,417 pregnant women (96.0%), there were 37,994 pregnant women who were absent (Drop out) at the 4th examination (5.16%). The number of K4 coverage is the lowest among 27 city districts in West Java, namely Bekasi City at 81.1%, Bandung City at 84.7%, and Bogor Regency at 86.2%. From this description, the coverage of K1 and K4 decreased in 2020, namely by 5.16% who failed to check K4 pregnant women (Dinkes Jabar, 2020). Based on data from the Bandung City Health Office, in 2019 the coverage rate of K1 was 101% and K4 was 96.73%. This level of coverage decreased when compared to 2020, namely K1 coverage of 91.82% and K4 of 84.73%. The number of pregnant women who did not complete the examination visit from K1 to K4 was 3,037 pregnant women. Meanwhile, in 2020, the smallest K4 pregnant women visit coverage was in the Bandung Kidul sub-district at 60.75% (630 pregnant women), Bandung Wetan 62.30% (314 pregnant women) and Cidadap 63.73% (585 pregnant women). Bandung kidul sub-district experienced the 1st rank of the smallest K4 pregnant women visit, which was 60.75% (630 pregnant women). Where the working area of the puskesmas in Bandung Kidul District whose visits are low for pregnant women coverage, namely PHC Kujang Sari, K1 coverage reaches

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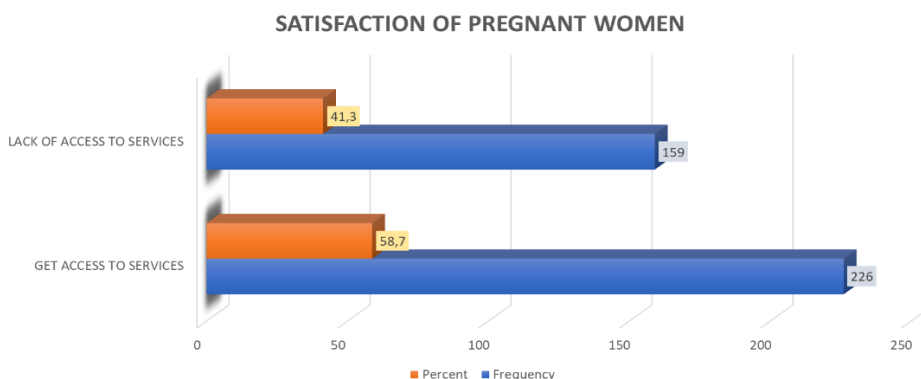
76.01% and K4 reaches 47.19% (708 pregnant women), while the highest visit, namely PHC Mengger, K1 coverage reaches 94.44% and K4 reaches 90.20% (188 pregnant women) This shows that from K1-K4 visits at the Kujang Sari Health Center, there is a decrease in visits where there are still many pregnant women checking K1 at the Kujang Health Center Sari did not continue until the K4 visit so that she experienced a decrease in Antenatal care visits (Dinkes Kota Bandung, 2020)

METHOD

This research is quantitative research in the nature of an analytical survey with a cross-sectional design. The population in this study is all pregnant women in Bandung City in 2022 as many as 398 pregnant women. The sampling technique uses purposive sampling which is a sampling technique based on research "research" (judgment) research on who deserves (meets the requirements) to be sampled. Data collection also uses a questionnaire containing a list of questions that have been well prepared and carefully prepared. So that respondents only need to give answers on the questionnaire sheet. This study looks at the level of satisfaction of pregnant women by looking at Tangibles, Empathy, Reliability, Responsiveness, and Assurance.

RESULT AND DISCUSSION

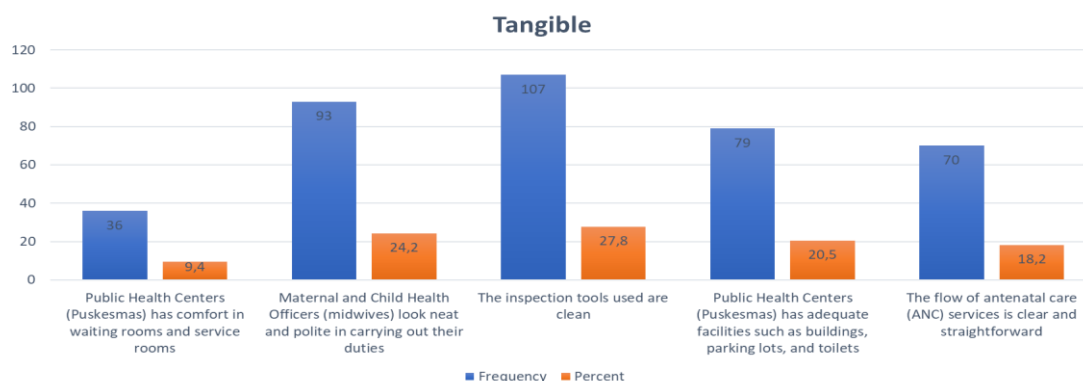
1. Distribution of satisfaction of pregnant women getting Antenatal Care service access



Picture 1. Satisfaction of Pregnant Women

The picture above explains that pregnant women who get satisfaction in access to antenatal care services by 58.7% with a frequency distribution of 226 respondents. Meanwhile, pregnant women who lack access to antenatal care services amounted to 41.3 with a frequency distribution of 156.

2. Distribution of the frequency of satisfaction of pregnant women in antenatal care services based on Tangible



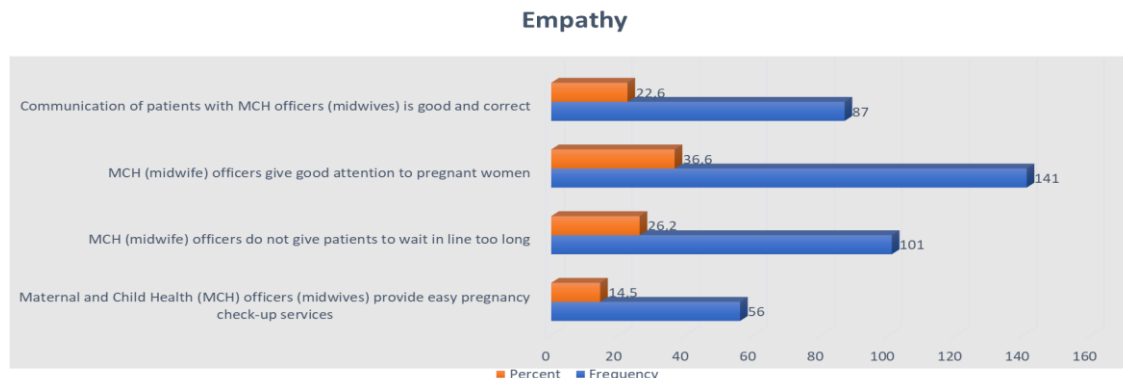
Picture 2. Frequency distribution of satisfaction of pregnant women on tangible

Based on figure 2 shows the level of satisfaction with tangible (physical evidence) in Antenatal Care services where respondents get more satisfaction with the examination tools used clean when conducting Antenatal care examinations. The percentage was 89.4%, and a small percentage of respondents were dissatisfied with the percentage of 27.8% with the frequency distribution of 107 respondents. While the smallest is in the comfort service of the waiting room and service room with a percentage of 9.4%. Infrastructure and equipment in serving antenatal services is one of the indicators in determining the level of satisfaction of pregnant women with ANC services. Although this is not vital in determining the assessment of client satisfaction, healthcare places need to pay attention to healthcare facilities in attracting consumers. Health workers are one of the indicators in this study to determine the level of satisfaction of pregnant women with ANC services.

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According to (Yamit, 2001), that patient satisfaction with a product depends on direct evidence obtained such as completeness of equipment, product quality capacity and good equipment support. Facility convenience related to health services that are not directly related to clinical effectiveness, but can affect patient satisfaction and willingness to return to health care facilities for the next service. This research is in line with research (Mursyida et al., 2012) The relationship pattern that occurs is that respondents with good tangibles perception tend to be satisfied (75.6%), while respondents with bad tangibles perception tend to be dissatisfied (63.6%).

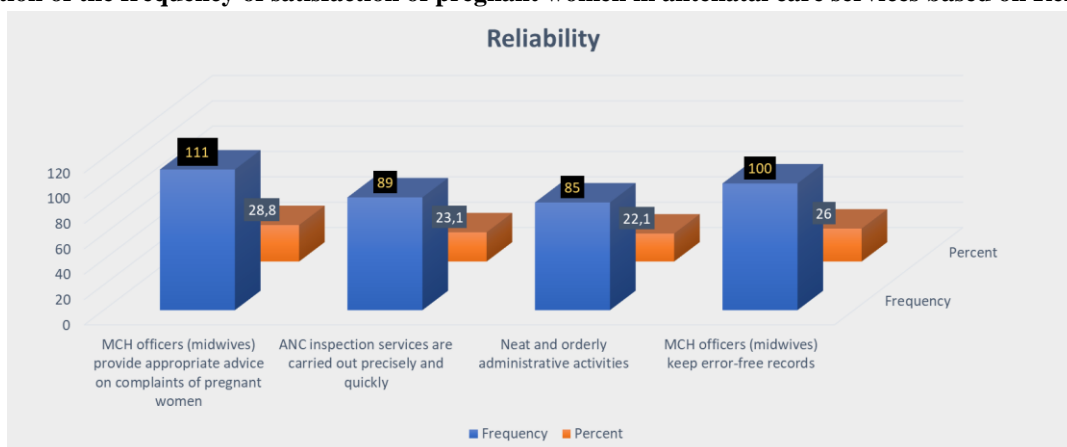
3. Distribution of the frequency of satisfaction of pregnant women in antenatal care services based on Empathy



Picture 3. Frequency distribution of satisfaction of pregnant women on Empathy.

In the picture Frequency distribution of satisfaction of pregnant women on Empathy above, it can be seen that pregnant women feel satisfied with the empathy given by midwifery officers, namely MCH officers (midwives) give good attention to pregnant women with a percentage of 36.6 and a frequency distribution value of 141 respondents. While the satisfaction of pregnant women with MCH officers (midwives) providing ease of pregnancy check-up services gets a percentage value of at least 14.5%. Power Health in providing services for the community must have (ability), (attitude), (appearance), (attention), (action), and (responsibility) (Gultom, 2011: 2). These six things must be owned by health workers so that patients or customers feel satisfied with the services provided by health workers. The loyalty attitude of pregnant women is always directly proportional to the satisfaction obtained from a good sense of attention from service providers, which shows that with a good sense of satisfaction with customers, customers will decide to return or buy services that have been obtained. Thus, the existence of good empathy (attention) will give satisfaction to patients which then causes patients to decide to take advantage of services. This research is in line with research (Rizky et al., 2017) which states that good empathy perceptions tend to have a high interest in making repeat visits. Pregnant women are satisfied with the empathy (Empathy) given by health workers to respondents, this is indicated by MCH officers providing easy pregnancy check-up services, MCH officers do not giving patients waiting in queues too long, MCH officers giving good attention to pregnant women, patient communication with MCH officers goes well and correctly. This research is in line with research (Mursyida et al., 2012) which states there is a very meaningful relationship between the perception of assurance and the satisfaction of pregnant women.

4. Distribution of the frequency of satisfaction of pregnant women in antenatal care services based on Reliability



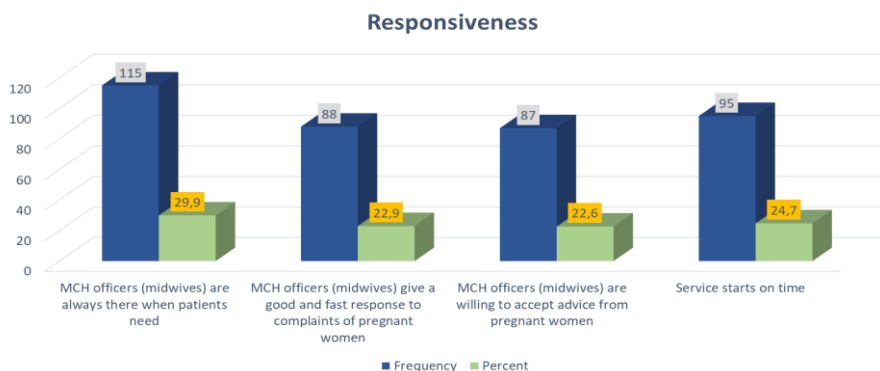
Picture 4. Frequency distribution of satisfaction of pregnant women on Reliability.

The frequency distribution in reliability above shows that pregnant women feel satisfied with Antenatal Care services where MCH officers (midwives) provide appropriate advice on complaints of pregnant women with a percentage value of 28.6%. While pregnant

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women feel less satisfied with antenatal care services officers pay less attention to administration when providing services with a percentage value of 22.1%. Health workers, especially midwives who work in the Antenatal Care room, have met certification from the Indonesian Midwives Association (IBI). So the ability to serve pregnant women patients has proven to be quite good, besides that the midwives at the Kujang Sari Health Center are quite friendly because fellow women have felt the condition of pregnancy. According to (Azwar, 1996), the higher the level of knowledge and ability of officers, the higher the quality of health services. High quality will increase patient satisfaction, then patients will revisit the same service. This research is in line with research (Mursyida et al., 2012) which states that respondents with a good perception of reliability tend to be satisfied (82.2%) while respondents with a perception of reliability are not good tend to be dissatisfied (70.5%). Pregnant women are satisfied with the reliability possessed by health workers, it is indicated by MCH officers who always provide appropriate advice on complaints of pregnant women, ANC examination services are carried out appropriately and quickly, administrative activities are neat and organized, and MCH officers maintain error-free records.

5. Distribution of the frequency of satisfaction of pregnant women in antenatal care services based on Responsiveness

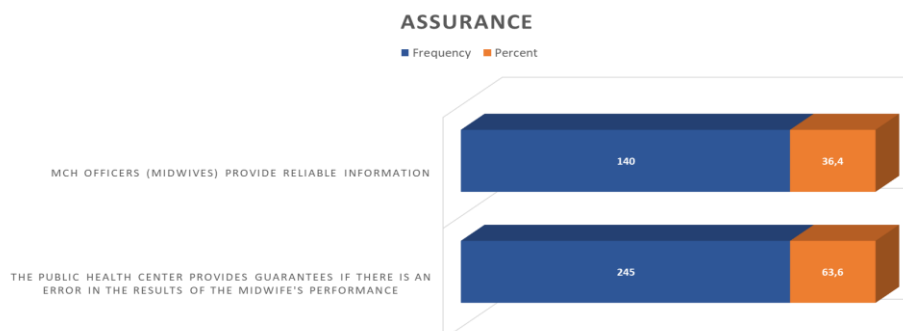


Picture 5. Frequency distribution of satisfaction of pregnant women on Responsiveness

The frequency distribution in Responsiveness above shows that pregnant women feel satisfied with Antenatal Care services where MCH Officers (midwives) are always there when patients need it with a percentage value of 29.9%. While pregnant women feel less satisfied with Antenatal care services where MCH Officers (midwives) are willing to accept advice from pregnant women with a percentage of 22.6%. This shows that most MCH officers do not receive advice from pregnant women who carry out examinations. Officers in the Antenatal Care room have a dexterous responsiveness, this can be seen during the mass pandemic where midwives must help vaccinate and also Antenatal Care services, so midwives must have good responsiveness by dividing tasks with each other by minimizing misunderstandings in the distribution and taking of tasks.

This study is in line with research (Adam, 2006) that the responsiveness dimension factor, most people rated satisfaction with health services in puskesmas caused by the responsiveness factor of officers had a contribution of 2.7 times to repeat visits as compensation for satisfaction. Shows that pregnant women are satisfied with the responsiveness provided by ANC officers, marked by MCH officers always being there when patients need it, services start on time, MCH officers give good and fast responses to complaints of pregnant women, MCH officers are willing to accept advice from pregnant women, and information delivery procedures are easy to understand. This study is in line with (Rizky et al., 2017) which states there is a significant relationship between the perception of responsiveness and the interest in revisiting integrated antenatal services. The pattern of relationships that occurred was in respondents with a good perception of responsiveness tended to have a high interest in making repeat visits (82.9%), while respondents with a perception of less good responsiveness tended to have low interest in making repeat visits (81.8%).

6. Distribution of the frequency of satisfaction of pregnant women in antenatal care services based on Assurance



Picture 6. Frequency distribution of satisfaction of pregnant women on Assurance

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The frequency distribution in the Assurance above shows that pregnant women feel satisfied with the Antenatal Care service where the Puskesmas provides guarantees if there is an error in the midwife's performance results with a percentage value of 63.6%. Pregnant women feel safe when doing the examination because the security guarantee provided from the MCH petuga is very good. Factors that affect the satisfaction of health service users according to Zeithaml (2010) are assurance, namely the knowledge and courtesy of officers and their ability to generate trust and confidence, for example: medical knowledge and ability to determine diagnosis, medical skills / medical at work, polite and friendly service, security guarantees, social status trust. The value obtained is known to pregnant women satisfied with the results of services based on assurance. Based on factors that affect the satisfaction of health service services, assurance has established the habit of working by giving a smile to the community, as a form of polite and friendly service. This research is in line with research (Adam, 2006) which shows that if health services in Puskesmas cannot provide quality assurance in accordance with the expectations of pregnant women, it will reduce community satisfaction by 2.56 times. Shows that pregnant women are satisfied with the assurance given by respondents, This is marked by providing guarantees if there is an error in the midwife's performance results, KIA Puskesmas officers have a friendly, honest and trustworthy nature towards pregnant women, KIA officers are able to answer pregnant women's questions regarding ANC services, KIA officers provide convincing explanations without hesitation, and KIA officers provide reliable information. This research is in line with research (Rizky et al., 2017) which states the pattern of relationships that occur is that respondents with a good perception of assurance tend to have a high interest in making repeat visits (70.3%), while respondents with a perception of poor assurance tend to have low interest in making repeat visits (71,0%).

CONCLUSION

Pregnant women who received satisfaction in access to antenatal care services amounted to 58.7% with a frequency distribution of 226 respondents. Meanwhile, pregnant women who lack access to antenatal care services amounted to 41.3 with a frequency distribution of 156.

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