

**EFFECT OF QUALITY IN MATERNAL AND CHILD HEALTH (MCH)
SERVICE ON THE SATISFACTION OF MOTHER IN PUSKESMAS
KENYAMNDUGA DISTRICT**

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ABSTRACT:

The government is still seriously concerned about maternal and child health at this time. The high mortality rate for mothers, babies and children under five makes MCH a top priority in the Ministry of Health's program. This study aims to analyze the effect of the quality of MCH services on patient satisfaction at Puskesmas Kenyam, Nduga Regency. This type of research is a quantitative study using an observational survey approach. . The design of this study used a cross sectional approach. Sampling used total sampling so that the sample in this study was 72 respondents. The results showed that there was a significant relationship between responsiveness, assurance, direct evidence of empathy, and reliability with respondent

satisfaction ($p = 0.000$). at the Kenyam Puskesmas in Nduga Regency in 2020. This study concludes that Jaminan and Direct evidence is a variable that has a significant and joint effect on maternal satisfaction at Puskesmas Kenyam, Nduga district in 2020. While responsiveness, empathy, reliability have a significant effect but do not jointly affect maternal satisfaction at Puskesmas Kenyam, Nduga district. the year 2020. Based on the research conclusions, it is suggested to the MCH service officers at the Kenyam Puskesmas, Nduga district, to improve their responsiveness, show empathy in the form of genuine and friendly caring, professionalism as direct evidence in providing services, and to stakeholders at the Kenyam Puskesmas, Nduga district. further enhancing the reliability capability of improving existing facilities and infrastructure, especially in MCH services, as a guarantee for the creation of satisfaction for MCH service users.

INTRODUCTION:

Currently, the main problem faced by the Indonesian nation is health problems that occur in the group of mothers and children, which are indicated by, among others, the high maternal mortality rate (MMR) and infant mortality rate (IMR). Maternal mortality reflects the state's ability to provide health services to the community. Maternal and child health issues still place an important position because they involve the quality of human resources, the most upstream, namely the period of pregnancy, childbirth, and child development.

The need for each facility to improve the quality or type of patient satisfaction is getting bigger in the era of globalization. Therefore, health institutions must be able to provide and provide quality health services in order to increase patient and/or family satisfaction. Satisfaction of health service users (health receiver) is a necessity for the performance of health service institutions in accordance with the expectations of patients or a group of people (Muninjaya, 2011; Fadli & Amirah, 2020).

Service satisfaction is a condition where the needs, wants and expectations of pregnant women have been fulfilled from the services provided by midwives and other health workers. Patient satisfaction can also be interpreted as the level of patient feelings after comparing with expectations. If a patient feels satisfied with the value provided by services, it is very likely that he will remain a loyal patient for a long time. Patient satisfaction is a reaction to the behavior of patients and their families after receiving health services. This certainly affects the decision making of reuse which is continuous towards the purchase of the same service and will affect the delivery of messages/impressions to other parties or people about the health services provided (Azwar, 2008).

The government is still seriously concerned about maternal and child health at this time. The high maternal, infant and under-five mortality rates make MCH a top priority in the Ministry of Health's program. Data from the Indonesian Ministry of Health in 2015 shows that there were 359 cases of maternal mortality per 100,000 live births and 32 infant deaths per 1000 live births. The high maternal and infant mortality rates have made MCH included in the Ministry of Health's Strategic Plan for 2015-2019. Infant Mortality Rate (IMR) is the number of people who die before reaching the age of 1 year which is stated in 1,000 live births. The target to be achieved by the government in 2019 is that there are only 306 maternal deaths per 100,000 live births and 24 infant deaths per 1000 live births. in the same year.

There are several diseases suffered by babies and mothers that sometimes cause death. Diseases such as ARI, diarrhea and tetanus are common in infants which can be fatal.

Meanwhile, diseases such as anemia, hypertension, hepatitis and others can put pregnant women at risk of death.

According to Maas& Delaney (2004) and Pancho (2015) the biggest cause of infant death 0-6 days is due to asphyxia cases of 35.3%, followed by LBW cases by 32.4%, while the most cause of infant mortality aged 7-28 days is due to sepsis cases of 32.4%. 22%. The cause of maternal death in 2013 based on routine data from the Directorate of Maternal Health was due to other cases of 35%, bleeding by 32% and hypertension of 28%. Every day, 830 mothers in the world (in Indonesia 38 mothers, based on MMR 305) die from diseases / complications related to pregnancy and childbirth.

The results of the study were conducted by Aklima (2016) at the Regional General Hospital of Aceh Tamiang Regency in 2016. It shows that the quality of health services that affects the satisfaction of maternal patients normally includes direct evidence, responsiveness, reliability, assurance, personal attention and counseling. The results of the study the effect of the dimensions of the quality of midwifery services on patient satisfaction of the Jampersal program at RSUD Rokan Hulu with a population of all Jampersal users, namely 92 Jampersal program patients who had satisfaction with the quality of midwifery services as many as 67 people (72.8%) of the 92 samples.

Maternal and child mortality in Jayawijaya Regency in 2018 was quite high. The Head of the Jayawijaya Regency Office confirmed that, in numbers in 2018, maternal and child mortality was quite high and that at a macro level, the factors that caused the high rate of maternal and child mortality included childbirth aid equipment, lack of prenatal care.

To anticipate and reduce the high mortality rate in Wamena, the Jayawijaya Regency government has paid attention, so that he will discuss this with the field that handles this in order to be able to try to suppress and even reduce the high rate of maternal and child mortality in Jayawijaya. Director of the Wamena Regional General Hospital (RSUD) revealed, Wamena Regional Hospital data shows that the mortality of pregnant women and newborns has increased from 2015 to 2016. In 2015 the number of births reached 1,888 people and seven people died. In 2016, as many as 2009 people who gave birth and six pregnant women died. Meanwhile, newborn babies Nduga Regency is one of the districts in Papua Province which has a population of 106,354 people in 2017 and increased in 2019 to 203,315 people. Number of maternal visits to Puskesmas Kenyam, Nduga Regency.

METHODS:

This research was conducted in Nduga District Health Center Kenyam. This research is a type of quantitative research using an observational survey approach. The population in this study were mothers who gave birth at the Public health center Kenyam, Nduga Regency. The sample of this research is 72 respondents. The sampling technique in this study is Probability Sampling. The instrument used in quantitative data collection was using a questionnaire, regarding the independent variable in the form of service quality, while the dependent variable was the satisfaction variable. Univariate analysis was conducted to get an overview of the research problem by describing each variable used in the study and the characteristics of the respondent. The univariate analysis consisted of descriptive analysis of the characteristics of the respondents, descriptive analysis of the research variables, and analysis of the crosstabulation between the characteristics of the respondents and the research variables. Bivariate analysis done for seeing the relationship between two variables, namely between the independent variable and

the dependent variable with the statistical test used is chi-square and multivariate analysis, namely logistic regression analysis.

RESULTS:

Quantitative Analysis

Table 1: Distribution of Respondents Based on Characteristics of Patient Respondents

Characteristics	Research Samples	
	n	%
Age		
< 25 years	19	26.4
26 - 35 Years	40	55.6
36 - 45 Years	13	18.0
Total	72	100
Last education		
Graduated from Elementary School / equivalent	15	20.8
Completed Junior High School / equivalent	24	33.3
Completed high school / equivalent	28	38.9
College Graduates	5	7.0
Total	72	100

Source: Primary Data, 2020

Table 1 shows that most respondents can noted that respondents aged 26-35 years many, namely 40 people (55.6%), while respondents The least number was in the age group of 36 - 45 years, namely 13 people (18.0%). The education level of the respondents is the most dominant high school graduates / equivalent, namely as many 28 people (38.9%), while the most educational level little is PT graduates as many as 5 people (7.0%).

Table 2: Frequency Distribution of Research Variables

Variable	District Health Center Kenyam Nduga	
	n	%
Responsiveness		
Good	46	63.9
Not good	26	36.1
amount	72	100
Assurance		

Good	47	65.3
Not good	25	34.7
amount	72	100
Tangible		
Good	47	65.3
Not good	25	34.7
amount	72	100
Empathy (Empathy)		
Good	46	63.9
Not good	26	36.1
amount	72	100
Reliability (Reliability)		
Good	44	61.1
Less	28	38.9
amount	72	100
Mother Satisfaction		
Satisfied	48	66.7
Not satisfied	24	33.3
amount	72	100

Source: Primary Data, 2020

Table 2 explains the research variables that can be known that in terms of responsiveness, number respondents who stated it is good as many as 46 people (63.9%) and which states that it is still lacking as many as 26 people (36.1%). from in terms of guarantee, amount respondents who stated it is good as many as 47 people (65.3%) and those stated still less as many as 25 people (34.7%). from in terms of direct evidence, the number of respondents who think it's good as many as 47 people (65.3%) and those think it's still lacking as many as 25 people (34.7%). the number of respondents who think empathy of officers in service MCH was good as many as 46 people (63.9%) and those who thought it was still lacking as many as 26 people (36.1%). amount respondents who perceive reliability attendant at service MCH is good as many as 44 people (61.1%) and who think still not enough as many as 28 people (38.9%). amount respondents who feel 48 people (66.7%) were satisfied with MCH services, meanwhile not satisfied as many as 24 people (33.3%).

Table 3: Effect of Independent Variables on Dependent Variables

Responsiveness	Satisfaction				Total		P
	Satisfied		Less satisfied		N	%	
	n	%	n	%			
Good	42	91.3	4	8.7	46	100	0.000
Not good	6	23.1	20	76.9	26	100	
Total	48	66.7	24	33.33	72	100	
Guarantee	Satisfaction				Total		P
	Satisfied		Less satisfied		N	%	
	n	%	n	%			
Good	41	87.2	6	12.8	47	100	0.000
Not good	7	28.0	18	72.0	25	100	
Total	48	66.7	24	33.33	72	100	
Direct Evidence	Satisfaction				Total		P
	Satisfied		Less satisfied		N	%	
	n	%	n	%			
Good	42	89.4	5	10.6	47	100	0.000
Not good	6	24.0	19	76.0	25	100	
Total	48	71.3	24	28.7	72	100	
Empathy	Satisfaction				Total		P
	Satisfied		Less satisfied		N	%	
	n	%	n	%			
Good	42	91.3	4	8.7	46	100	0.000
Not good	6	23.1	20	76.9	26	100	
Total	48	71.3	24	28.7	72	100	
Reliability	Satisfaction				Total		P
	Satisfied		Less satisfied		N	%	
	n	%	n	%			
Good	40	90.9	4	9.1	44	100	0.000
Not good	8	28.6	20	71.4	28	100	
Total	48	71.3	24	28.7	72	100	

Source: Primary Data, 2020

Table 3 shows the relationship between the independent variable and the dependent variable. Based on the results of the analysis, it can be seen that there is a variable effect of responsiveness to patient satisfaction with a value of $p = 0.000 < 0.05$, there is an effect of the guarantee variable on patients with a value of $p = 0.000 < 0.05$, there is an effect of direct evidence variables on patients with a value of $p = 0.000 < 0.05$, there is a variable effect of

empathy on patients with a value of $p = 0.000 < 0.05$. there is an effect of the reliability variable on the patient with a value of $p = 0.000 < 0.05$.

Table 4: Results of the Independent Variable Regression Analysis on Mother’s satisfaction

Step	Variable	B	Sig.	Exp (B)	95% Cifor EXP (B)	
					Lower	Upper
1	Responsiveness	1,902	0.033	6,699	1,169	38,404
	Guarantee	0.325	0.773	1,384	0.151	12,664
	Direct Evidence	0.781	0.491	2,184	0.237	20,171
	Empathy	2,071	0.040	7,936	1,103	57,127
	Reliability	1,915	0.042	6,785	1,071	43,005
	Constant	-9,686	0.000	0.000	-	-
2	Responsiveness	1,930	0.026	6,887	1,258	37,700
	Empathy	2,592	0.003	13,360	2,469	72,298
	Reliability	2,170	0.015	8,759	1,534	50,002
	Constant	-9,291	0.000	0.000	-	-

Source: Primary Data, 2020

Table 4 shows output jointly test the independent variables on the dependent variable using the Binary Logistic Regression analysis with the enter method. The results of the analysis show that of the five candidate variables that are thought to have an influence on satisfaction, there are 2 variables with a $p\text{-value} > 0.05$, namely the guarantee variable ($p\text{-value}: 0.773$) and the direct evidence variable ($p\text{-value}: 0.491$). This means that the guarantee variable and direct evidence variables do not have a positive influence (protective factors) on the workload so that the second step regression test is carried out without including these variables. From the results of the second step regression analysis above, it can be seen that the variable that most influences maternal satisfaction at the Kenyam Community Health Center is empathy ($p = 0.003$) (Exp (B) = 13,360), Reliability ($p = 0.015$) (Exp (B) = 8,759) then responsiveness ($p = 0.026$) (Exp (B) = 6,887).

DISCUSSION:

Quality of health services are degrees perfection of health services in accordance with standards profession and service standards with use potential sources power available at the hospital or health center in a reasonable, efficient manner and effective and delivered safely and satisfactorily according to norms, ethics, law, and society culture with pay attention to limitations and government capacity, as well as society consumers (Bustami, 2011).

In process giving services exist 5 (five) dimensions or size which can be seen. Measures this is what then became characteristic and from Quality service obtained five the main dimension is tangible, responsiveness, reliability, assurance and empathy, known as Service Quality (ServQual) (Landrum et al., 2009; Bustami, 2011).

Based on the result research conducted on mothers giving birth at Puskesmas Kenyam, Nduga district, showing that responsiveness to category good. This shows respondents are quite satisfied against action that fast and deliver clear information about deep

care service MCH given by the officer. From the results research test statistically bivariate with Chi Square obtained results there that relationship meaningful between responsiveness and satisfaction respondents ($p=0.000$). Analysis multivariate with egression logistics multiple indicates that the variable responsiveness has an effect significant against satisfaction mothers giving birth at PKM Kenyam. The results of this study are in line with the research of Ndruruet al (2019) which shows that is there relationship between power respond with satisfaction mother give birth at RSIA Sri Queen Field with p value = 0.000. However, this study was not in line with research by Aklima (2016), where the results of his research show the absence of a relationship between power respond with satisfaction patient with p value = 0.057.

In condition sick, patient terribly expect immediate help from officers in order could reduce taste the pain. A policy for help and provide service that fast and right as well information that clear to patient form friendly and polite service personnel, and pay attention to needs and complaints patient. Result stimulus from the panca the patient senses towards service received will be can be perceived so later it will can judge the quality service, if that's what they are expect it accordingly with the reality that they are get, then will be able to give satisfaction to patient. Responsiveness has influence positive towards satisfaction consumer. The better the perception consumers against responsiveness company then satisfaction consumers will also be increasingly high. And if consumer perception to Bad responsiveness is satisfaction consumers will also be increasingly low (Nurhaida, 2015; Aklima, 2016).

Based on the result research that done to mothers giving birth at Puskesmas Kenyam, Nduga district, showed that guarantee on the category good. This shows the patient is quite satisfied with service officer in giving service MCH. Data analysis by test statistically bivariate with Chi Square obtained results there that relationship meaningful between guarantee with satisfaction respondents ($p = 0.000$). Result This research supported by research Aklima (2016) who show that there is a relationship Among appraisal guarantee with satisfaction patient with p value = 0.001. Where the more good guarantee that given it is getting high anyway satisfaction customer. Guarantee is one of Defining factor comfort and safety the patient during treatment. Guarantee in this case is the patient guaranteed during the course treatment (does not occur in mal practice).

While The research of Ndruruet al (2019) shows good results different, that is, it is not there is a relationship between guarantees with satisfaction mothers gave birth with a value of $p = 0.115$. Knowledge and attitude as well para ability house clerk hurts for cultivate taste believe themselves in the form of doctors, nurses and the team other medical educated and able to serve patient, take care patient confidentiality, and improve patient trust and help in the healing process patient. The stimulus results from the panca the patient senses towards service received will be able to perceived so that later it will can judge the quality service.

Based on research result done to the mother give birth at the Puskesmas Kenyam district of Nduga, shows that variable direct evidence category good. This shows respondent's satisfaction already good against amenities provided in the delivery room. Based on test results statistically bivariate with Chi Square obtained the results are there that relationship meaningful between direct evidence with satisfaction patient ($p = 0.000$).

Thing this is appropriate with result research Aklima (2016) and Contesa (2019). Result statistical test shows there is a relationship direct evidence of satisfaction patient. As is the appearance of the giver officer service that neat and clean, room that examination convenient,

inspection tools function properly, as well as space that action clean, then it can improve taste trust and believe in Home inspection Sick Muhammadiyah so with sense of taste trust and believe the patient will feel satisfied when doing examination. According to researchers' assumptions, evidence had an immediate effect which is significant against mother's satisfaction maternity caused by there are facilities that are complete like the place neat bed, tools complete medical and its atmosphere calm will make the patient feels comfortable and can affect satisfaction patient against service facilities given

Based on research result which is conducted towards mother give birth at the Puskesmas Kenyam district of Nduga, shows that empathy for categories good. This shows respondents already feel quite satisfied with attention is given by service personnel MCH that can fulfill needs and responds mother's complaint maternity. Test analysis statistically bivariate with Chi Square obtained the results are there that relationship meaningful between empathy with respondent satisfaction. Analysis multivariate with regression multiple logisticsshow that variable empathy gives significant influence to satisfaction mother in labor at PKM Kenyam.

Attention sincerely given for understand desires patient, includes convenience for consult, ability officers to communicate with patient and effort inside officer give encouragement for healing patient. On service nursing care aspects most important in giving satisfaction is an aspect affective, namely feeling patient that nurse as a health worker listen and understand complaints patient, if This is not can be given will be dissatisfaction arose. Apart from that, attitudes and behavior house attendant pain that includes less officers communicative and informative with the patient will be able to inflict dissatisfaction (Aklima, 2016;Asmuji et al 2018).

Based on research results are done to the mother giving birth at Puskesmas Kenyam, Nduga district, showing that reliability on the category good. This indicates the respondent It is enough satisfied with ability midwife to give MCH services in accordance with that procedure it should and shouldn't convoluted, accurate and satisfying. Based on statistical test analysis bivariate with Chi Square is obtained the results are there that relationship meaningful between reliability with satisfaction respondents. Analysis multivariate with multiple logistic regression shows that the variable reliability delivers significant influence to satisfaction respondents.

Result this research is supported research by Aklima (2016) which shows thereis a relationship meaningful between reliability withsatisfaction patient ($p = 0.034$). More and less good perception of respondents to quality service reliability midwifery, then the respondent increasingly not satisfied with the service midwifery, and vice versa. Result Nazariah research and Marianthi (2017) and Ndruruet al (2019) show the result that level satisfaction dimension reliability in mother post-partum are located in the category not satisfied as much 31 respondents (53.4%). Thing this can be seen from research result that level mother's satisfaction post-partum in category no satisfied due to the service in providing nursing care in mother post-partumless. Examination just only and no done in a thorough and if post-partum mothers require help then nurse or midwife not soon come. When nurse or midwives carry out nursing care still many nurse did not give service with well that is the nurse there are still many scowl at when giving service. Examination which is conducted in mother post-partum only see the circumstances physical alone does not check a mental state mother and baby.

CONCLUSION:

Based on the results of the study, the researchers formulated the following conclusions: directly a protective factor for maternal satisfaction at the Kenyam Puskesmas, Nduga Regency. It is suggested to the MCH service officers at the Kenyam puskesmas in Nduga district to increase their responsiveness in providing services for the sake of creating satisfaction for users of MCH services and to stakeholders at the Puskesmas Kenyam in Nduga district so that they will further improve the ability of officers at the MCH service to guarantee satisfaction for MCH service users.

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