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Demographic characteristics and their impact on satisfaction with antenatal care

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ABSTRACT

Introduction Satisfaction with antenatal care is an important indicator of the quality of care that supports maternal compliance in undergoing ANC examinations. The purpose of this study was to determine the effect of demographic characteristics on satisfaction with antenatal care at the Halmahera Health Center. Method An analytical observational design utilizing a cross-sectional approach was employed for this study. Data were collected through observations and questionnaires from 72 ANC patients. The analyzed variables included age, gestational age, education, income, parity, distance, occupation, and satisfaction with services. Logistic regression was used for data analysis to identify the factors that most significantly influence satisfaction with antenatal care. Results The findings revealed that 62 respondents (86%) expressed satisfaction with the services received. Age was found to have a significant effect on antenatal satisfaction (p = 0.004), as did education (p = 0.017) and occupation (p = 0.002). However, no significant relationship was found between gestational age (p = 0.966), parity (p = 0.195), distance (p = 0.607), or income (p = 0.104) and satisfaction with antenatal care. In conclusion, the factors of age, education, and occupation were identified as influential in determining patient satisfaction. It is recommended that the Halmahera Health Center adopt a more personalized service approach, tailor educational materials to various education levels, offer flexible services for working patients, and enhance communication across different age groups to improve overall satisfaction levels.

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INTRODUCTION

Antenatal care (ANC) is crucial for improving maternal and fetal health during pregnancy. Quality antenatal care allows for early detection of pregnancy complications, provides relevant education for pregnant women, and improves preparedness for childbirth and the postpartum period (Aisyah & Kartikasari, 2023), (Azizah, Rahmawati, Wulandari, & Widaryanti, 2024). The World Health Organization (WHO) recommends at least eight antenatal care visits during pregnancy to

ensure optimal care for both mother and fetus. Patient satisfaction is an important indicator in assessing the quality of healthcare. However, the level of satisfaction of pregnant women with antenatal care remains a concern in various regions (Putri, Munawaroh, Khaer, & Hernawati, 2025), (Hardy, Yetti, & Basyir, 2024).

Dissatisfaction with ANC services can have negative implications, including low adherence to treatment, poor participation in care, disruptions in service continuity, and increased maternal morbidity and mortality (Tsegaye et al., 2021), (Maina, 2024). Factors influencing this satisfaction are diverse, including the demographic characteristics of pregnant women. Demographic characteristics such as age, education level, occupation, income, and parity can influence mothers' perceptions of the quality of care provided. Poor antenatal care implementation can negatively impact the detection of pregnancy complications, increase the risk of infection, malnutrition, and complications during delivery, ultimately increasing maternal mortality rates (Elmeida, Nurlaila, & Nurchairina, 2024), (OYAITOU, 2024).

WHO data shows that approximately 295,000 women die during and after pregnancy, with nearly 95% of all maternal deaths occurring in developing and low- to middle-income countries, including Indonesia (Sari et al., 2023), (Putu, Rejeki, & Pramatama, 2024). The Maternal Mortality Rate (MMR) in Indonesia in 2024 is still around 305 per 100,000 live births, below the target of 183 per 100,000 live births. A similar trend is also seen in infant and toddler mortality rates. Locally, the Semarang Health Office shows that the MMR has increased from 71.35 per 100,000 live births in 2020 to 21 cases in 2021. https://www.google.com/search?q=2021.

This high maternal mortality rate indicates the need for various preventive efforts, including quality ANC, to detect and treat various pathological pregnancy conditions early. Quality services include ease of access, speed of response, friendly medical personnel, professional skills in providing diagnosis and treatment, and the availability of adequate facilities (Mursyida et al., 2024), (Sasriawati, 2024). In addition, transparency of information and effective communication between patients and service providers also contribute to the level of public satisfaction. Although various studies have reported the influence of demographic characteristics on satisfaction with antenatal care in various regions, the results remain disparate. For example, research by Rohati and Siregar (https://www.google.com/search?q=2023) showed that age, education, parity, occupation, and distance from home did not significantly influence satisfaction with antenatal care. This finding is supported by Boadi et al.

In the context of antenatal care (ANC) services in West Africa, the study concluded that free healthcare policies had a greater impact on patient satisfaction than sociodemographic factors such as age, gender, and education. These results differ from research by Ayalew et al (Agustina, 2025), (Pratiwi, 2024). Reported that sociodemographic factors, including religion, parity, age, and pregnancy characteristics, influenced satisfaction with health services among 405 pregnant women (Hanifah[1] & Wahyuningsih, 2017), (Fitriyani, 2019). Other research suggests that mothers with higher levels of education tend to have greater expectations of health services, while age and previous pregnancy experience also play a role in determining satisfaction levels. Furthermore, economic factors can influence accessibility to better health facilities, which in turn can influence satisfaction levels (Astuti et al., 2025), (Alayda, Aulia, Ritonga, & Purba, 2024).

Based on the phenomenon of high maternal mortality rate (MMR) and the importance of quality ANC, as well as the controversy surrounding previous research regarding the influence of demographic characteristics on satisfaction with antenatal care, researchers are interested in conducting further research (Juwita, 2015), (NURHIDAYAH, 2025). Specific studies on integrated antenatal care with six visits according to the 2020 ANC guidelines on patient satisfaction are still limited and have not been widely reported.

Therefore, this study aims to examine the influence of demographic characteristics on satisfaction with antenatal care at the Halmahera Community Health Center. This location was selected based on the status of the Halmahera Community Health Center as a community health

center capable of PONED (Basic Emergency Obstetric Neonatal Services) with a total of 237 pregnant women according to data from the Semarang City Health Office in 2022, as well as the lack of research related to satisfaction with ANC services for pregnant women in the region (Yanuari & Hafidz, 2023), (Artu Alayya Karani, 2023).

RESEARCH METHOD

This study was designed using an observational analytic approach with a cross-sectional design. This design was chosen to allow researchers to collect information on the independent variables (demographic characteristics) and the dependent variable (satisfaction with antenatal care) simultaneously over a single time period. This approach allows for identification of the relationship between pregnant women's demographic characteristics and their level of satisfaction with the ANC services they receive.

The population in this study includes all pregnant women who utilize Antenatal Care (ANC) services at the Halmahera Community Health Center. More specifically, the accessible population is pregnant women who received ANC services at the Halmahera Community Health Center in Semarang during March 2025. From this population, the study sample consisted of 72 patients, determined using the Slovin formula with an assumed error rate of 10%. Sampling was carried out using a non-probability sampling technique with the consecutive sampling method. This method involves sequentially selecting respondents who meet the inclusion criteria (pregnant women in their first, second, or third trimester who utilize ANC services at the Halmahera Community Health Center and are willing to be respondents) until the required sample size is reached. Respondents with incomplete questionnaires will be excluded from the study.

The primary data collection technique in this study was primary data collection using a questionnaire. This questionnaire was designed to gather detailed information on respondents' demographic characteristics, such as age, gestational age, distance from residence, income, occupation, education, and parity. In addition, the questionnaire also included 28 specific questions measuring satisfaction with ANC services based on the five dimensions of the SERVQUAL model: tangibles, responsiveness, reliability, assurance, and empathy. This questionnaire has been validated and its reliability tested. In addition to primary data, secondary data was also utilized, namely from the KIA (Maternal and Child Health) book for information on visit history and pregnancy development, and from relevant scientific journals to strengthen the theoretical framework and analysis.

All collected data were then processed through several stages of data analysis. The first stage was univariate analysis, which aimed to describe the frequency distribution of each demographic characteristic variable and ANC service satisfaction, with the results presented in the form of a frequency distribution table. The second stage was bivariate analysis, which was conducted to examine the relationship between each demographic characteristic variable and service satisfaction. The statistical tests used were Chi-square and Mann-Whitney, with a criterion of $p < 0.25$ as the threshold for variable selection to the next stage. If the assumptions of the Chi-square test were not met, alternative tests such as the Fisher exact test or Mann-Whitney test were applied. Finally, a multivariate analysis using multiple multinomial logistic regression was conducted to evaluate the simultaneous influence of several demographic variables on service satisfaction. Only variables showing a p value < 0.25 in the bivariate analysis (namely, age, education, and occupation) were included in the multivariate model. In all bivariate and multivariate analyses, a p value < 0.05 was considered significant.

RESULTS AND DISCUSSIONS

Respondent Characteristics

Table 1. Responden characteristics

Respondent Characteristics (n=72)	Information	Frequency	Presentation	P(bivariate)	P(multivariate)
Age	<20 years and >35 years	20	28%	0,004*	0,00*
	20-35 years	52	72%		
Education	Elementary School	7	10%	0,017*	0,01*
	Junior High School	10	14%		
	Senior School	38	53%		
	Associate's Degree, Bachelor of Applied Science	2	3%		
	Bachelor's Degree, Master Degree	15	21%		
Work	Housewife,-	47	65%	0,002*	0,07
	Private	18	25%		
	Self-employed	2	3%		
	ASN	5	7%		
Respondent Characteristics (n=72)	Information	Frequency	Presentation	P(bivariate)	P(multivariate)
Income	Below the minimum wage	63	88%	0,104	-
	Above the minimum wage	9	12%		
Distance	<2km	6	8%	1	-
	>2km	66	92%		
Parity	Nulliparous	31	43%		
	Primipara 1-2 times	36	50%	0,195	-
	Multipara 3-4 times	5	7%		
Gestational Age	Trimester 1 (0-13 mg)	10	14%		
	Trimester 2 (14-26 mg)	9	13%	0,966	-
	Trimester 3 (27-40 mg)	53	74%		
Use of Services	BPJS	68	94%		
	General	3	5%		
	Insurance	1	1%		
Patient Satisfaction	not satisfied	10	14%		
	satisfied	62	86%		
	72		100%		

Bivariate Analysis

Bivariate analysis was conducted to identify the relationship between respondents' demographic characteristics and their satisfaction with antenatal care. Statistical testing was performed using the Chi-square or Mann-Whitney test, depending on the type and distribution of the data.

a. Age on Patient Satisfaction, the Chi-square test results showed a significant relationship between respondent age and satisfaction with services (p=0.004). The majority of respondents (52 out of 72) were in the 20-35 age group, of which 49 expressed satisfaction. Conversely, of the 20 respondents in the ≤ 20 and ≥ 35 age groups, only 13 were satisfied. This finding indicates that pregnant women in the productive age group (20-35 years) tend to have a higher level of satisfaction with antenatal care services.
b. Education on Patient Satisfaction, the Mann-Whitney test showed that education had a significant relationship with service satisfaction (p=0.017). Respondents with secondary education (SMA/SMK/MA) constituted the largest group (38 respondents), with 37 of them stating they were satisfied. In contrast, of the two respondents with D1/D2 education, both stated they were dissatisfied. This suggests that secondary education tends to correlate with higher satisfaction.
c. Jobs on Patient Satisfaction, analysis using the Mann-Whitney test revealed a significant relationship between job type and satisfaction with the service (p=0.002). Housewives

constituted the majority of respondents (47 of 72), with 45 of them stating they were satisfied. Meanwhile, of the two self-employed respondents, both stated they were satisfied. These results indicate that respondents' employment status influences their perceived level of satisfaction.

d. Income to Patient Satisfaction, based on the Chi-square test, no significant relationship was found between income level and satisfaction with healthcare services (p=0.10). Most respondents (63 of 72) had incomes below the Provincial Minimum Wage (UMP), of which 56 reported satisfaction. Although descriptively, the low-income group showed higher satisfaction, income differences did not statistically affect satisfaction.
e. Parity in Patient Satisfaction, the Mann-Whitney test showed no significant relationship between parity and satisfaction with care (p=0.195). Primiparas dominated the respondents (36 out of 72), with 32 of them reporting satisfaction. However, previous childbirth experience did not statistically influence respondents' satisfaction with care.
f. Gestational Age on Patient Satisfaction, the Mann-Whitney test showed no significant relationship between gestational age and satisfaction with services (p=0.966). The majority of respondents were in their third trimester (53 of 72), with 46 reporting satisfaction. This indicates that gestational age does not significantly influence pregnant women's perceptions of service quality.
g. Distance to Patient Satisfaction, achi-square test showed no significant relationship between the distance from the respondent's residence to the health facility and satisfaction with the service (p=1.00). Most respondents (66 out of 72) lived more than 2 km away, with 57 of them reporting satisfaction. This finding suggests that distance does not directly influence respondents' satisfaction with the services provided.

Multivariate Analysis

Based on the results of the bivariate analysis, three variables (age, education, and occupation) were identified as eligible for further testing in a multivariate analysis using logistic regression. This analysis aimed to evaluate the simultaneous influence of these three demographic characteristics on patient satisfaction with services.

a. Age on Patient Satisfaction, the results of the logistic regression analysis show that the age variable has a positive regression coefficient (B = 3.658) with a significance value of p = 0.00. Since the p value < 0.05, it can be concluded that the respondent's age significantly influences the level of service satisfaction. A positive coefficient indicates that respondents in the more ideal or optimal age group tend to have a higher chance of feeling satisfied with the services provided.
b. Education on Patient Satisfaction, the education variable shows a negative regression coefficient (B = -1.101) with a significance value of p = 0.03. With p < 0.05, this indicates a significant influence between education level and respondent satisfaction. The negative coefficient and Exp(B) value = 0.332 indicate that in certain education categories, especially lower education levels, the likelihood of respondents feeling satisfied with the service tends to be lower compared to the reference category. In other words, the higher the level of education, the higher the perceived satisfaction.
c. Jobs on Patient Satisfaction, logistic regression analysis for the occupation variable showed a negative regression coefficient (B = -0.802) with a significance value of p = 0.09. Since the p value > 0.05, it was concluded that there was no significant influence between occupational category and respondent satisfaction. Although there was a trend, differences in employment status did not statistically affect perceived satisfaction levels.

Logistic Regression Prediction Model: Based on the results of this analysis, the prediction equation for satisfaction (Y) can be formulated as follows:

$$Y=0.772+(3.68\times Age)-(1.101\times Education)$$

This equation predicts the logarithm of the odds of satisfaction based on the respondent's age and education, considering age and education as significant variables in the model.

This section discusses the results of research on the relationship between demographic characteristics of pregnant women and satisfaction with antenatal care services, and compares them with the findings of previous research.

Demographic Characteristics and Service Satisfaction

a. Age on Service Satisfaction, the analysis showed that age significantly influenced service satisfaction (p=0.004). Respondents aged 20-35, considered the ideal age for childbirth, tended to be more satisfied. This finding is consistent with research by Rahmawati which found that age influences patient expectations regarding service quality. Mothers aged 20-30 in developing countries were more satisfied due to better access to information and decision-making autonomy. Conversely, Rosyida found that mothers aged >35 years had higher concerns. The tendency of mothers at a safe age to be more critical in assessing the professionalism of healthcare workers may explain their higher satisfaction, in contrast to those at an unsafe age who may face more complex procedures and complicated administration Rahmawati et al.
b. Education on Service Satisfaction, respondents' education, dominated by high school/vocational high school/Islamic high school graduates, showed a high level of satisfaction. Statistical analysis demonstrated a significant effect of education on service satisfaction (p=0.017). This aligns with the argument that higher education levels lead to more critical patient responses to services nuwematsiko and vice versa. This finding is supported by Rahmawati et al., who stated that education level influences patient expectations of service quality, with high school education significantly influencing satisfaction with healthcare services.
c. Jobs on Service Satisfaction, although respondents were predominantly housewives, bivariate analysis showed that occupation significantly influenced service satisfaction (p=0.002). Occupation, which is often related to healthcare coverage or facilities, can influence patient perceptions of the services received. These results are consistent with research by Mutika, which also found a significant influence of occupation on service satisfaction among pregnant women.
d. Parity in Service Satisfaction, most respondents were primiparous, but analysis showed that parity had no significant effect on service satisfaction (p=0.195). This finding aligns with research by Cania which found that mothers with more than one parity tended to be less anxious and had lower expectations of healthcare providers due to previous experiences. Rosyidah and Rif'ah also supported the finding that parity did not significantly impact service satisfaction.
e. Income to Service Satisfaction, although the majority of respondents earned below the minimum wage (UMP), the analysis showed that income did not significantly influence service satisfaction (p=0.10). This may be due to the tendency for uniform services at community health centers, regardless of patient economic status. Research by Patui and Rosyidah also supports this finding, stating that income does not significantly influence patient satisfaction because patients focus more on staff attitudes and facility comfort.

f. Distance to Service Satisfaction, although most respondents lived more than 2 km from the community health center, analysis showed that distance did not significantly influence service satisfaction (p=1.00). Easy access to the community health center, even if it was far away, made it easier for patients. Patients tended to prioritize service quality and health facilities over distance. This finding is supported by Patui and Rosyidah, who stated that distance did not significantly influence satisfaction, with staff attitude and facility comfort being more important factors.

g. Gestational Age on Service Satisfaction, the majority of respondents were in their third trimester, but analysis showed that gestational age did not significantly influence service satisfaction (p=0.966). This may be due to the greater experience of third-trimester pregnant women, which tends to lower expectations of healthcare providers. This finding is consistent with Rahfiludin, who stated that providing general material in prenatal classes that covers all trimesters can ensure that each pregnant woman receives material appropriate to her gestational age, so gestational age does not significantly impact satisfaction.

Multivariate Test Results

Multivariate analysis identified two variables that significantly influenced service satisfaction: age and education.

The productive age group (20-34 years) significantly influences service satisfaction. Pregnant women in this age range show higher levels of satisfaction compared to those aged <20 or >35 years (Tuan Dasi, 2023), (RAHMAT, 2024). This may be because non-productive age groups require more complex procedures and more administration. Research by Smith et al also supports that the 25-34 age group is more satisfied with delivery services because they feel their specific needs, such as psychological support, education, breastfeeding, and childcare information, are better understood (Rokhimawaty et al., 2025), (Wahyuni et al., 2023).

After age, education also significantly influences service satisfaction. These findings suggest that lower (elementary/junior high school) and higher (college) education groups have different expectations regarding service quality, such as consultation time, facilities, and staff communication (Firdana, 2024), (HM Suyanto, 2020). Andrianto also suggested that mothers with high school education in urban areas may be more dissatisfied with ANC due to a mismatch between expected service standards (based on online information) and the reality at health facilities, as well as the possibility that health workers may not adapt educational language to the health literacy of middle-class groups. Meanwhile, the occupation variable, although significant in the bivariate analysis, did not show a significant effect in the multivariate model, indicating that its effect may be mediated or subsumed by other variables in the combined context.

CONCLUSION

Age and education significantly affect satisfaction with antenatal care services. Health workers should provide personalized communication and flexible service hours to improve ANC quality.

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