# Connection Quality Health Services With Neonatal Visits at the Community Health Center Tawangmangu and Karangpandan Karanganyar Regency

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***Abstract***

*Neonatal services are one of the government's efforts to reduce the risk of infant and maternal mortality. The quality of neonatal services is necessary to ensure that established standards provide services. The quality of neonatal services is related to postpartum mothers' compliance in carrying out neonatal visits. As primary health service providers, community health centers are responsible for providing optimal neonatal services. This study aims to determine the relationship between service quality and neonatal visits at Tawangmangu Health Center and Karangpandan Health Center, Karanganyar Regency. This research is a quantitative analytical research with a cross-sectional research design. The population in this study was postpartum mothers, totaling 119 people. The sampling technique is total sampling. The research sample was 112. The research instrument was a questionnaire. Data analysis uses the Chi-Square Test. The results of the study showed that there was no relationship between the quality of health services and neonatal visits at the Tawangmangu Health Center and Karangpandan Health Center, Karanganyar Regency (p-value 0.266; α > 0.005). Therefore, the quality of health services needs to be improved, especially in the dimension of empathy which is still lacking. Empathy can be enhanced through personal relationships with patients. Health workers should always provide information about the importance of visits to health services and also recommend involving the people closest to them so that mothers make regular visits to maintain their health and know the growth and development of babies and toddlers so that it can increase the mortality rate. speed. speed.*

***Keywords: Quality of Service, Neonatal Visits, Community Health Center***

## INTRODUCTION

The Infant Mortality Rate (IMR) is an indicator that can describe the welfare of the people of a country. The higher the infant mortality rate in a country, the worse the country's health status (Ministry of Health of the Republic of Indonesia, 2021). Maternal and child health problems can be detected early by visiting health service facilities, such as posyandu or community health centers. With these visits, the health of the mother and child can be monitored and health services can be provided as fully as possible (Sasmita et al., 2023).

The high infant mortality rate (IMR) is a very serious problem. Because this causes a decrease in the quality of life of children and mothers. On the other hand, Indonesia is included in the top 5 countries with the highest infant mortality rate in the Southeast Asia region. In this case, the government is trying to reduce the infant mortality rate in various ways, one of which is by encouraging neonatal visits by mothers who have just given birth (Mulyono & Umaroh, 2023)

Infant mortality is important information; mortality rates are still increasing, and neonatal deaths may require new interventions to control or treat neonatal infections such as meningitis, pneumonia, and septicemia (Sinha et al., 2021). Over the past decade, continuous improvements in neonatal services have not provided optimal benefits for all neonates; These service gaps can change the lifestyle of babies and children. The well-being of their families negatively impacts health services (Reichman et al., 2021).

Based on World Bank data, the global infant mortality rate in 2019 was 28.2 deaths per year . 000 live births (WHO, 2020). The results of the 2017 Indonesian Demographic and Health Survey (SDKI) show that the IMR rate is 24 per 1000 live births (SDKI, 2017). According to data from The World Health Report 2005, the infant mortality rate in Indonesia is still high. This means that 20 per 1,000 live births or 10 babies die every 1 hour after birth. Based on data from the Central Statistics Agency In 2020, Indonesia's infant mortality rate (IMR) was 16.9 per 1,000 live births. Central Java Province is the third region contributing the most IMR cases in Indonesia. Reducing the infant mortality rate is very dependent on reducing the neonatal mortality rate because 2/3 of infant deaths occur during the neonatal period. Central Java has 7.79 cases of infant mortality per 1000 live births (Wati et al. , 2020).

Data on the infant mortality rate in Central Java for the 2019-2020 period shows a decrease from 5.8 per 1000 live births to 5.7 per 1000 live births; This shows that there is a tendency for infant mortality cases in Central Java to decrease. However, in 2021, the IMR increased to 7.87 per 1,000 live births. The number of infant deaths in Karanganyar Regency includes the infant mortality rate. Karanganyar Regency is classified as having a relatively high infant mortality rate in 2021 compared to other Soloraya areas. The infant mortality rate in 2021 in Karanganyar Regency was reported to be around 96 cases. Tawangmangu District and Karangpandan District are areas in Karanganyar Regency that have high death rates. In 2020, there were 5 cases of child deaths in Tawangmangu District and 4 cases in Karangpandan District; In 2021, Tawangmangu District and Karangpandan Regency experienced an increase, namely 8 cases in the district. Tawangmangu and 7 cases in Karangpandan Regency.

The government has attempted to reduce the risk of death in neonates (0-28 days) at least twice, namely at 0-7 days and 8-28 days by providing neonatal services. Neonatal visits aim to re-examine the newborn, review counseling and anticipatory guidelines with parents, identify symptoms of illness, and provide support to parents. (Indonesian Ministry of Health, 2014).

The quality of health services is the main focus of society. Public awareness and concern for quality is currently increasing. Quality of health services is the level of perfection

of health services that are carried out in accordance with established codes of ethics and service standards, thereby creating satisfaction for each patient. (Az-zahroh, 2017).

However, on the other hand, when using a health service, there are things that service users pay attention to, one of which is the quality of service. This is because service quality has a relationship with patient satisfaction, so patient satisfaction is correlated with continuous or ongoing use of services (Asmirati Yakob et al., 2023).

The level of patient satisfaction is a measure of the quality of service provided by a hospital. The higher the level of patient satisfaction, the quality of service provided by the hospital will increase. If the patient is satisfied with the services provided by the hospital, the patient's interest in returning will be higher. Interest in visiting is a behavior that appears as a response to an object that shows the customer's desire to make repeat purchases (Karlin, 2017).

The post-pregnancy period is important for carrying out ideal neonatal visits to save the child's existence because many mothers and their babies do not visit health services in the neonatal or early post-pregnancy phase. This condition places both mother and baby at greater risk of disease and death. Additionally, there are social factors; Mothers and babies spend more of the neonatal phase at home without paying attention to health service visits to check their condition. These factors may lead to a decrease in the number of neonatal visits (Tiruneh et al., 2019).

The number of infant deaths in Karanganyar Regency has a high number of infant deaths. Karanganyar Regency itself has a high number of infant deaths in 2021 compared to other Soloraya areas. The infant mortality rate in 2021 is reported to be around 96 cases. Meanwhile, Sukoharjo Regency had 64 cases, Salatiga City 32 cases, and Surakarta City 11 cases (Central Java Health Service, 2021). Factors causing the high infant mortality rate in Karanganyar Regency are mothers who are too young and do not have much experience in giving birth, limited access to health services at a distance of >10 km, mothers' lack of knowledge about child care, poor sanitation conditions, and factors affecting the economy, access to adequate nutrition.

Babies less than one month old are the age group most at risk of experiencing health problems. Health efforts to reduce this risk include providing birth assistance by health workers and health services for neonates (0-28 days). Based on standards, essential neonatal services include quantity and quality standards. There are 12 minimum service standard indicators in the health sector. However, there are still 9 minimum service standard indicators that still need to reach the 100% target, one of which is the indicator for newborn health services. There are two standards in the mechanism for newborn health services.

**METHOD**

The type of research used in this research is quantitative with a cross sectional research design. This research was conducted at the Tawangmangu Community Health Center and the Karangpandan Community Health Center, Karanganyar Regency from July to October 2023. The population of this study were postpartum mothers who were in the Karanganyar Regency Community Health Center area, namely the Tawangmangu Community Health Center. as many as 44 people and the Karangpandan Community Health Center as many as 75 people, totaling 119 respondents.

The sampling technique in this research is total sampling. Total sampling is a technique where the number of samples is the same as the population. However, the number of respondents involved in this research was 112 people, This was because 4 people were sick and 3 people moved house.

The research instrument used in this research was a questionnaire. The health care quality questionnaire consists of 25 questions, and neonatal visits consist of 14 questions. This validity test was carried out by distributing questionnaires to 30 postpartum mothers in the working area of the Matesih Community Health Center, Karanganyar Regency. The questionnaire in this research has been tested for validity and reliability, showing that it is valid, reliable and suitable for use.

This type of internal data research consists of primary data on giving questionnaires to postpartum mothers using direct interviews. Meanwhile, secondary data consists of existing data, namely data from health services. Data analysis in this study used the Chi-square test to analyze the relationship between the quality of health services and the processing of neonatal visits using SPSS.

**RESULTS**

The frequency distribution of respondent characteristics, aspects of service quality, and the relationship between health service quality and neonatal visits at Tawangmangu Health Center and Karangpandan Health Center, Karanganyar Regency can be seen in the table below:

**Table 1 . Characteristics of Respondents (n= 112 )**

| Variable | Frequency | % |
|---|---|---|
| **Age** | | |
| 17-25 Years | 32 | 28.6 |
| 26-35 Years | 69 | 61.6 |
| 36-45 Years | 11 | 9.8 |
| **Maternity Status** | | |
| The first child | 44 | 39.3 |

| Variable | Frequency | % |
|---|---|---|
| Second child | 43 | 38.4 |
| The third child | 20 | 17.8 |
| Fourth Child | 4 | 3.6 |
| Fifth child | 1 | 0.9 |
| **Family income** | | |
| minimum wage | 18 | 16.1 |
| ≥ Minimum wage | 94 | 83.9 |
| | | |
| **Distance to delivery point** | | |
| < 10 Km | 55 | 49.1 |
| ≥ 10 Km | 57 | 50.9 |
| **Place delivery** | | |
| Midwife Village | 13 | 11.6 |
| Maternity Clinic | 35 | 31.3 |
| Community Health Center | 4 | 3, 6 |
| Hospital | 60 | 53.6 |

Based on Table 1, it can be seen that the majority of respondents were aged 26-35 years, namely 69 people (61.6%). The first child has the highest percentage of birth status, namely 44 people (39.3%). The majority of family income exceeds the UMK for Karanganyar Regency, namely 94 people (83.9%). Some respondents lived more than 10 km from the place of birth, namely 57 people (50.9%), and a history of giving birth at home while sick, namely 60 people (53.6%).

**Table 2. Relationship between quality of Neonatal services and visits (n=112)**

| Quality service | Neonatal Visit | | | | Total | | P-value |
|---|---|---|---|---|---|---|---|
| | Finish | | Incomplete | | | | |
| | F | % | F | % | F | % | |
| Good | 43 | 76.79 | 13 | 23.21 | 56 | 100 | 0.291 |
| Not good | 38 | 67.9 | 18 | 32.1 | 56 | 100 | |

Table 3 shows that there were 44 postpartum mothers who received good quality of service with a complete neonatal visit (77.2%), while there were 13 postpartum mothers who received good quality of service with a complete neonatal visit (22.8%). A total of 38 postpartum mothers received poor quality services with complete neonatal visits (67.9%) and 18 postpartum mothers received poor quality services with complete neonatal visits (32.1%). The results of the chi-square analysis obtained p-value = 0.266 > α = 0.005, meaning there is no relationship between service quality and neonatal visits.

**DISCUSSION**

**The Relationship between the Quality of Health Services and Neonatal Visits at the Tawangmangu Community Health Center and Karangpandan Community Health Center, Karanganyar Regency**

Quality of health services is the level of health services for individuals and society that can improve health outcomes optimally, in accordance with service standards and the latest scientific developments, as well as fulfilling the rights and obligations of patients. The quality of health services can satisfy every health service user based on the average level of community satisfaction and its implementation in accordance with professional standards and codes of ethics. (Indonesian Ministry of Health, 2019). Various other factors that can cause low neonatal visits are factors within the mother herself, including age, knowledge, education, family support, employment, parity, social culture, access to health services, and the role of health workers (Sasmita et al., 2023).

The dimension of health service quality is the process of analyzing ongoing health service quality problems and finding the solutions needed to overcome them. If there is dissatisfaction with health services, an analysis can be carried out on each dimension of health service quality that still needs to be met. The appropriate solution will be determined and then analyzed against the health service standards used (Toliaso et al., 2018).

The research results showed p-value = 0.266 (>0.005) which means there is no relationship between the quality of health services and neonatal visits at the Tawangmangu and Karangpandan Community Health Centers, Karanganyar Regency. These results are in line with the research results of Rahmawati et al.,( 2019) which also showed that there was no relationship even though the majority of respondents considered the accessibility of health services to be good. The results of hypothesis testing with Chi-Square show p-value = 0.442.

Based on the results of research conducted on 112 respondents using five dimensions of health service quality, unsatisfactory results were obtained in the empathy dimension; As many as 19.80% of respondents stated that the lack of services provided was related to communication between health workers and postpartum mothers, health services that still looked at rank or status in society and a lack of friendly attitudes towards postpartum mothers. This research is in line with Sunengsih et al. ( 2023). There needs to be more satisfaction between patient expectations and the performance of health services at the time of visit, resulting in patients not having neonatal visits. Based on research conducted by Pasalli et al.( 2021), it is known that service quality, including empathy, is correlated with patient

satisfaction. Patients who are dissatisfied tend not to make repeat visits because they already felt dissatisfied first.

Every patient wants to be served well in health services. The attitude of health workers plays an important role in increasing empathy. There needs to be a common perception among health workers who serve patients about the importance of building personal relationships with patients. Therefore, patient complaints or requests must be listened to carefully. So that patients do not experience poor treatment which tends to result in them not wanting to make repeat visits (Novasyra, 2023).

According to research conducted by Layli (2022), there is a relationship between empathy and patient satisfaction. The service provided by health workers, such as being friendly and getting to know patients, makes patients feel satisfied with the services of nurses who give special attention to patients. In addition, satisfaction can increase by making interactions and meetings with health workers such as doctors or nurses easier.

The most satisfactory quality of health services was found in the insurance dimension at 20.16% of respondents. In the assurance dimension, postpartum mothers assess the feeling of security they receive; health workers are skilled in providing neonatal services, health workers pay attention to complaints from babies and mothers, and health workers can convey messages well to babies and mothers. They provide certain services such as neonatal immunization and early initiation of breastfeeding.

This research is in line with research conducted by Magfirah et al., ( 2021) which shows that the competence of service providers is a guarantee in health services. In this case, midwives are tasked with providing health services. This competency creates a sense of security in patients so that they do not feel worried when carrying out neonatal visits. Based on Julianda et al. (2023),  assurance refers to the competency of existing health service providers and the existing infrastructure in health facilities. Adequate facilities and infrastructure will help patients feel safer. Based on research conducted by Haeruddin et al., ( 2021), patients are interested in returning or making repeat visits to RSUD Haji Makassar because of the quality of service in the assurance dimension. The more favorable the patient perceives the company's guarantee, the higher the guarantee.

Based on the results of research conducted using five dimensions of health service quality from 112 respondents, results were obtained that were less than satisfactory in the empathy dimension. In the empathy dimension, some respondents received services that were less than related to health workers in communicating with postpartum mothers and health services. still seeking rank or status in society and lack of friendly attitude towards postpartum

mothers. Meanwhile, the satisfactory research results lie in the guarantee dimension, in the guarantee dimension that postpartum mothers receive services from health workers, create a sense of security, health workers have the ability and skills to provide neonatal services, health workers pay attention to complaints from babies and postpartum mothers, health workers are able to convey good messages to postpartum mothers and health workers providing certain services such as immunization for neonates and implementing early breastfeeding initiation.

## CONCLUSION

The quality of service at Tawangmangu Community Health Center and Karangpandan Community Health Center has nothing to do with neonatal visits to postpartum mothers. However, the empathy dimension needs to be improved because it received a low assessment from postpartum mothers. Meanwhile, reliability, responsiveness, guarantees and physical evidence are still maintained to encourage postpartum mothers to make Neonatal visits. Recommendations given to health services To improve health services with a focus on increasing empathy. Empathy is an aspect that needs to be improved in health services. Health workers are advised to always inform mothers about visits to health services. They are also advised to encourage the involvement of those closest to mothers in making regular visits to maintain their health. It is also necessary to emphasize knowledge about the growth and development of infants and toddlers to increase the number of neonatal visits.

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