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Article

Universal Health Coverage Achieves Equitable Maternal Healthcare Quality Among JKN Participants

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Abstract. Universal Health Coverage (UHC) aims to ensure equitable access to quality healthcare services regardless of socioeconomic status. Maternal healthcare quality is a key indicator of UHC implementation because it directly influences maternal and neonatal outcomes. Although Indonesia has expanded healthcare coverage through the National Health Insurance (JKN) program, evidence regarding equity in maternal healthcare quality between Penerima Bantuan Iuran (PBI) and non-PBI participants remains limited. This study aimed to analyze differences in maternal healthcare service quality between PBI and non-PBI JKN participants at RSUD Dr. H. Moh. Anwar Sumenep. A quantitative cross-sectional study was conducted among 94 respondents, consisting of 47 PBI and 47 non-PBI participants selected using a non-probability quota sampling technique. Data were collected using a SERVQUAL-based questionnaire and analyzed using the Mann–Whitney U test. Significant differences were found in responsiveness ($p = 0.029$) and assurance ($p = 0.045$). However, no significant differences were observed in tangible ($p = 0.197$), reliability ($p = 0.154$), empathy ($p = 0.111$), or overall service quality ($p = 0.063$). These findings suggest generally comparable maternal healthcare quality between financing categories, although improvements in responsiveness, communication, and service assurance remain necessary to support UHC objectives.

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1. Introduction

Universal Health Coverage (UHC) has become a global health priority to ensure that all individuals can access quality health services without experiencing financial hardship. The World Health Organization emphasizes that UHC not only concerns service coverage but also the quality of care received by patients. Therefore, equitable access to quality healthcare remains a key indicator in evaluating the success of health systems worldwide [1]. Achieving UHC requires health systems to provide healthcare services that are accessible, affordable, safe, effective, and responsive to patients' needs. Consequently, evaluating healthcare quality has become increasingly important to determine whether health systems are able to deliver equitable and patient-centered care across different population groups.

In Indonesia, the implementation of UHC is carried out through the National Health Insurance (Jaminan Kesehatan Nasional/JKN) program administered by BPJS Kesehatan. Since its introduction in 2014, JKN has significantly expanded healthcare coverage and improved access to essential health services for the population [2]. One of the priority areas within the UHC framework is maternal health because the quality of maternal services is closely related to maternal and neonatal survival. Despite improvements in healthcare access, maternal mortality remains a public health challenge. In 2023, Indonesia recorded 4,482 maternal deaths, while East Java Province reported 499 maternal deaths and 4,105 child deaths, indicating the continued need for strengthening maternal healthcare services [3-4] .

Previous studies have demonstrated that inadequate access and poor-quality maternal healthcare contribute substantially to maternal and neonatal mortality. Nearly one-quarter of maternal and newborn deaths in low- and middle-income countries are associated with poor access to quality healthcare services [5]. Neonatal mortality was strongly associated with insufficient prenatal healthcare utilization[6]. These findings suggest that improving healthcare quality is as important as expanding healthcare coverage. Beyond increasing service utilization, healthcare systems must ensure that maternal healthcare services are delivered effectively, safely, and equitably to all patients. Therefore, evaluating the quality of maternal healthcare services remains essential for assessing the success of UHC implementation and improving maternal and neonatal health outcomes.

Although JKN has reduced financial barriers to healthcare utilization, concerns remain regarding whether service quality is perceived equally among different participant groups. JKN participants are categorized into Penerima Bantuan Iuran (PBI), whose contributions are subsidized by the government, and non-PBI participants who contribute independently or through employers [7]. Differences in financing mechanisms may influence patients' experiences and perceptions of healthcare quality, particularly in dimensions such as tangibles, reliability, responsiveness, assurance, and empathy [8-9]. Variations in socioeconomic background, healthcare expectations, and previous healthcare experiences may also contribute to differences in service evaluations between the two groups. Consequently, assessing perceived service quality among PBI and non-PBI participants is important for determining whether UHC implementation has achieved equity in healthcare delivery. Understanding these differences may provide valuable evidence for improving healthcare quality and ensuring equitable maternal healthcare services for all JKN beneficiaries.

RSUD Dr. H. Moh. Anwar Sumenep was selected as the study setting because it serves as the primary referral hospital in Sumenep Regency, East Java. Sumenep is characterized by its archipelagic geography, consisting of both mainland and numerous inhabited islands, which creates disparities in healthcare accessibility and utilization. Maternal patients from geographically dispersed areas are frequently referred to RSUD Dr. H. Moh. Anwar for pregnancy, delivery, and postpartum services. These unique geographic and service characteristics make the hospital an important setting for evaluating whether Universal Health Coverage (UHC) has achieved equitable maternal healthcare quality across different beneficiary groups. In addition, maternal health remains a strategic priority in East Java due to the persistently high burden of maternal and neonatal mortality, highlighting the importance of assessing not only healthcare access but also the quality of services received by patients.

Although previous studies have examined patient satisfaction, healthcare utilization, and service quality among JKN participants, most have focused on general healthcare services or primary healthcare settings. Existing evidence primarily evaluates healthcare access and coverage achievements, while limited attention has been given to whether the quality of maternal healthcare is perceived equally between PBI and non-PBI participants within referral hospitals. Furthermore, previous studies have rarely investigated healthcare equity using a multidimensional service quality approach that captures tangible, reliability, responsiveness, assurance, and empathy dimensions simultaneously. Consequently, empirical evidence regarding the extent to which UHC has achieved equity in maternal healthcare quality at the hospital level remains insufficient.

This study addresses these gaps by specifically comparing maternal healthcare service quality between PBI and non-PBI JKN participants at a regional referral hospital using the SERVQUAL framework. Unlike previous studies that focused primarily on healthcare access, utilization, or overall patient satisfaction, this study evaluates equity in maternal healthcare quality across financing categories within the context of UHC implementation. Therefore, the findings contribute novel empirical evidence regarding whether expanded healthcare coverage under JKN has been accompanied by equitable maternal healthcare quality, particularly in geographically challenging settings such as Sumenep Regency.

Several studies have examined the implementation of UHC and healthcare quality in Indonesia [10-11]. However, most previous studies have focused on healthcare utilization, patient satisfaction, or general healthcare services rather than maternal healthcare quality. Empirical evidence comparing maternal healthcare service quality between PBI and non-PBI participants remains limited, particularly within referral hospital settings. Furthermore, few studies have evaluated healthcare equity using multiple SERVQUAL dimensions to assess whether differences exist across financing categories. This issue is important because one of the fundamental goals of UHC is to ensure equitable quality of care regardless of socioeconomic status or financing mechanism. Therefore, further investigation is needed to determine whether the expansion of healthcare coverage through JKN has been accompanied by equitable maternal healthcare service quality.

Therefore, this study aimed to analyze differences in maternal healthcare service quality between PBI and non-PBI JKN participants at RSUD Dr. H. Moh. Anwar Sumenep. The findings are expected to provide evidence regarding the extent to which UHC implementation has achieved equitable maternal healthcare quality and to inform future strategies for improving service quality and healthcare equity within the Indonesian health system.

2. Experimental Section

This study employed a quantitative analytical design with a retrospective cohort approach to compare maternal healthcare service quality between JKN participants receiving government premium assistance (PBI) and non-PBI participants. The retrospective cohort design was used to assess the quality of healthcare services previously received by both groups [12,13]. The study was conducted at RSUD Dr. H. Moh. Anwar Sumenep, East Java, Indonesia, from May to July 2025. The study population consisted of all mothers who received maternal healthcare services at the hospital, with a total maternal patient population of 1,440 in 2024. The sample size was determined using Slovin's formula:

$$n = N / (1 + Ne^2)$$

Where n represents the sample size, N represents the population size, and e represents the margin of error. Using a population size of 1,440 and a margin of error of 10%, the minimum required sample size was calculated as follows:

$$n = 1440 / (1 + 1440 \times 0.1^2)$$
$$n = 1440 / 15.4$$
$$n = 93.5 \approx 94 \text{ respondents}$$

Therefore, a total of 94 respondents were included in this study. The sampling process employed a non-probability quota sampling technique, and respondents were equally allocated into two groups consisting of 47 PBI participants and 47 non-PBI participants. Inclusion criteria comprised JKN participants registered as either PBI or non-PBI beneficiaries, mothers receiving maternal healthcare services related to pregnancy, childbirth, or postpartum care, patients receiving treatment at RSUD Dr. H. Moh. Anwar Sumenep, individuals willing to participate and provide informed consent, and patients who had received maternal healthcare services at least twice at the hospital. Exclusion criteria included patients not registered under JKN, patients receiving non-maternal healthcare services, incomplete participant records, refusal to participate, and patients who had received maternal healthcare services outside the study hospital during the study period.

Data were collected using a structured questionnaire adapted from a previous study by Immelia Prastica on healthcare service quality [14]. The questionnaire assessed five SERVQUAL dimensions, namely tangibles, reliability, responsiveness, assurance, and empathy. Each indicator was measured using a Likert scale. The overall service quality score was obtained by summing the scores of the five SERVQUAL dimensions. The total score was subsequently categorized into poor, moderate, and good service quality according to the scoring criteria established in the original instrument. The instrument had previously undergone validity testing using Pearson Product-Moment correlation analysis on 37 outpatient respondents at Rumah Sakit Paru Dungus Madiun. Reliability testing was also performed to ensure the consistency and stability of the instrument. The questionnaire demonstrated acceptable validity and reliability and was therefore considered suitable for use in the present study.

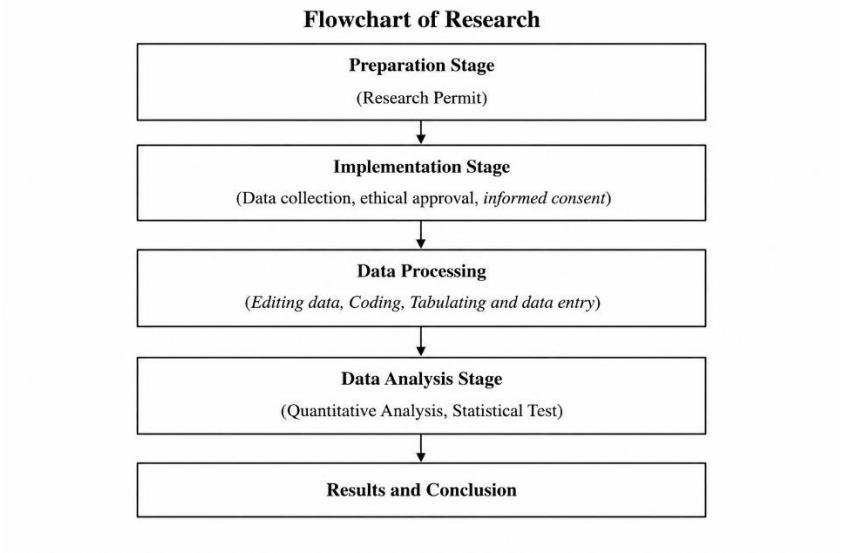

Figure 1. Flowchart of research

The research process consisted of four stages, as illustrated in Figure 1. The preparation stage included obtaining research permits, reviewing relevant literature, and preparing research instruments. The implementation stage involved respondent recruitment, application of inclusion and exclusion criteria, obtaining informed consent, and administering questionnaires. The data processing stage included editing, coding, tabulating, and entering data. Finally, the data analysis stage involved descriptive and inferential statistical analyses, interpretation of findings, and formulation of

conclusions and recommendations. Data were analyzed using descriptive and inferential statistics. Descriptive analysis was used to summarize respondents' characteristics and maternal healthcare service quality assessments. Differences in maternal healthcare service quality between PBI and non-PBI participants were examined using the Mann–Whitney U test because the data were ordinal and obtained from two independent groups. Statistical significance was determined at $\alpha = 0.05$.

3. Results and Discussion

3.1 Respondent Characteristics

A total of 94 respondents participated in this study, consisting of 47 PBI participants and 47 non-PBI participants receiving maternal healthcare services at RSUD Dr. H. Moh. Anwar Sumenep. In both groups, most respondents were adults, accounting for 80.85% of PBI participants and 82.98% of non-PBI participants. The majority of respondents were housewives, representing 68.09% of the PBI group and 65.96% of the non-PBI group. Regarding educational attainment, most respondents had completed senior high school education (63.83% in both groups). Differences were observed in the type of maternal healthcare services utilized. Among PBI participants, the most frequently accessed services were pregnancy and postpartum care (42.55%), whereas delivery services were predominant among non-PBI participants (82.98%).

The predominance of adult respondents suggests that most participants were within the reproductive age group and therefore had substantial exposure to maternal healthcare services. Maternal age has been reported as an important factor influencing healthcare utilization, particularly antenatal care attendance and decision-making related to pregnancy and childbirth [15-16]. Adult women generally possess greater maturity and health awareness, which may contribute to more consistent use of maternal healthcare services. In addition, women within the reproductive age group tend to have better access to maternal health information and support systems than younger mothers. This condition may encourage more active engagement in healthcare utilization and improve awareness of available maternal health services.

Most respondents in both groups were housewives. This finding is consistent with previous studies indicating that women without formal employment constitute a large proportion of maternal healthcare users [17]. Housewives typically have greater flexibility in arranging healthcare visits, enabling them to attend antenatal and postnatal care services more regularly than women with formal employment commitments [18–20]. The availability of time may facilitate adherence to scheduled healthcare visits and follow-up examinations. Furthermore, frequent interaction with healthcare providers may enhance familiarity with maternal healthcare services and contribute to more informed evaluations of service quality.

Educational attainment was predominantly at the senior high school level, indicating a moderate educational background among respondents. Education plays an important role in shaping health literacy and healthcare-seeking behavior because individuals with higher educational attainment generally demonstrate better understanding of health information and healthcare services [21]. Educational level may also influence patients' ability to understand treatment procedures, healthcare information, and service standards. Individuals with adequate educational backgrounds are often more capable of communicating their healthcare needs and evaluating the quality of services received. Consequently, education may indirectly affect patients' perceptions of maternal healthcare service quality.

Differences in service utilization patterns were observed between the two financing groups. PBI participants were more likely to utilize pregnancy and postpartum services, whereas non-PBI participants predominantly accessed delivery services. This finding may reflect referral patterns within the JKN system, in which maternal healthcare services are primarily delivered through primary healthcare facilities and referral hospitals according to clinical indications and administrative

requirements [22-23]. The difference in service utilization is important because pregnancy, postpartum, and delivery services involve different levels of clinical complexity and patient expectations. Women receiving delivery services may experience greater physical discomfort, anxiety, and urgency, which can influence their perceptions of healthcare quality. Therefore, differences in service type should be considered when interpreting variations in service quality assessments between PBI and non-PBI participants.

An important consideration when interpreting the findings is the difference in the types of maternal healthcare services utilized by the two groups. Most PBI participants received pregnancy and postpartum services, whereas the majority of non-PBI participants received labor and delivery services. Labor and delivery care is often associated with greater physical discomfort, emotional stress, urgency, and expectations of rapid clinical responses compared with routine antenatal or postpartum care. Consequently, women undergoing childbirth may evaluate healthcare services more critically, particularly regarding responsiveness and assurance. Therefore, the significant differences identified in these dimensions may not solely reflect differences associated with financing categories but may also be influenced by variations in the types of maternal healthcare services received. Future studies should control for service type to better isolate the effect of financing status on perceived service quality.

3.2 Maternal Healthcare Service Quality by Financing Category

The quality of maternal healthcare services was assessed using the SERVQUAL framework, which consists of five dimensions: tangible, reliability, responsiveness, assurance, and empathy. Service quality was categorized into three levels: good, moderate, and poor. The distribution of respondents' perceptions regarding maternal healthcare service quality according to financing category (PBI and non-PBI) is presented in Tables 1 and 2.

Table 1. Distribution of Maternal Healthcare Service Quality by Financing Category

Service Quality	PBI n (%)	Non-PBI n (%)
Good	39 (82.98)	28 (59.57)
Moderate	7 (14.89)	13 (27.66)
Poor	1 (2.13)	6 (12.77)

Source: Primary data, 2025.

Table 1 shows that most respondents in both groups perceived maternal healthcare services positively. However, the proportion of respondents rating service quality as good was higher among PBI participants (82.98%) than among non-PBI participants (59.57%). As shown in Table 2, PBI participants consistently reported higher positive perceptions across all SERVQUAL dimensions. The largest differences were observed in responsiveness (82.98% vs. 57.45%) and assurance (76.60% vs. 61.70%), while empathy received the highest positive ratings in both groups (89.36% among PBI and 72.34% among non-PBI participants). These findings indicate that maternal healthcare services were generally perceived positively, although PBI participants tended to report more favorable experiences than non-PBI participants.

The findings indicate that maternal healthcare services at RSUD Dr. H. Moh. Anwar were generally perceived positively by both participant groups. Nevertheless, PBI participants consistently reported higher levels of satisfaction across all dimensions of service quality than non-PBI participants. This finding suggests that the perception of service quality is not solely influenced by the actual services received but also by patient expectations and previous healthcare experiences. Respondents in the PBI group may perceive healthcare services more positively because their primary healthcare needs are fulfilled through government-subsidized insurance coverage, whereas non-PBI participants tend to evaluate services more critically due to higher expectations associated with self-funded contributions [24].

Table 2. Distribution of Maternal Healthcare Service Quality Based on SERVQUAL Dimensions

Dimension	Category	PBI n (%)	Non-PBI n (%)
Tangible	Good	34 (72.34)	28 (59.57)
	Moderate	12 (25.53)	19 (40.43)
	Poor	1 (2.13)	0 (0.00)
Reliability	Good	43 (91.49)	36 (76.60)
	Moderate	3 (6.38)	5 (10.64)
	Poor	1 (2.13)	6 (12.77)
Responsiveness	Good	39 (82.98)	27 (57.45)
	Moderate	7 (14.89)	16 (34.04)
	Poor	1 (2.13)	4 (8.51)
Assurance	Good	36 (76.60)	29 (61.70)
	Moderate	10 (21.28)	13 (27.66)
	Poor	1 (2.13)	5 (10.64)
Empathy	Good	42 (89.36)	34 (72.34)
	Moderate	5 (10.64)	13 (27.66)
	Poor	0 (0.00)	0 (0.00)

Source: Primary data, 2025.

The positive ratings observed in the tangible dimension indicate that the hospital has provided adequate physical facilities and service environments for maternal healthcare. According to the SERVQUAL framework, tangible aspects constitute an important component of healthcare quality because they form patients' initial impressions of healthcare services [25]. Previous studies have similarly reported that adequate infrastructure, facility appearance, and environmental cleanliness contribute positively to patient satisfaction [26]. However, several studies have emphasized that non-physical dimensions, particularly responsiveness and empathy, often exert a stronger influence on patient perceptions of healthcare quality than physical facilities alone [15],[26].

Interestingly, the present findings differ from several previous studies. PBI participants tended to perceive lower service quality, particularly in the reliability and responsiveness dimensions [27]. Likewise, non-PBI participants expressed higher satisfaction regarding responsiveness [28], higher perceptions of assurance among non-PBI participants [29]. In contrast, the present study demonstrated that PBI participants consistently rated all dimensions more positively than non-PBI participants [30].

This discrepancy may be explained by contextual factors within the study setting. Healthcare providers at RSUD Dr. H. Moh. Anwar may have delivered services in a manner that minimized differential treatment between PBI and non-PBI participants, thereby supporting equitable healthcare delivery. Furthermore, differences in socioeconomic background, prior healthcare experiences, and service expectations may influence how patients evaluate healthcare quality. Patients with lower expectations may perceive equivalent services more positively, whereas those with higher expectations may apply stricter standards when assessing service performance. In addition, variations in the types of maternal healthcare services received by respondents may have contributed to differences in perceived service quality. Consequently, although PBI participants reported more favorable perceptions across all SERVQUAL dimensions, these findings should be interpreted cautiously because patient expectations and service characteristics may also influence healthcare evaluations.

3.3 Comparison of Maternal Healthcare Service Quality Between PBI and Non-PBI Participants

To determine whether differences existed in maternal healthcare service quality between PBI and non-PBI participants, a Mann–Whitney U test was performed. This non-parametric test was selected

because service quality data were measured on an ordinal scale and compared between two independent groups. The results of the analysis are presented in Tables 3 and 4.

Table 3. Comparison of Maternal Healthcare Service Quality Dimensions Between PBI and Non-PBI Participants

Dimension	PBI Mean Rank	PBI Sum of Ranks	Non-PBI Mean Rank	Non-PBI Sum of Ranks	p-value
Tangible	50.88	2391.50	44.12	2073.50	0.197
Reliability	51.41	2416.50	43.59	2048.50	0.154
Responsiveness	53.49	2514.00	41.51	1951.00	0.029*
Assurance	53.01	2491.50	41.99	1973.50	0.045*
Empathy	51.67	2428.50	43.33	2036.50	0.111

Source: Primary data, 2025.

Table 3 shows that PBI participants consistently obtained higher mean rank scores across all service quality dimensions than non-PBI participants. However, statistically significant differences were observed only in the responsiveness and assurance dimensions. The responsiveness dimension produced a p-value of 0.029, indicating a significant difference between groups. Similarly, the assurance dimension yielded a p-value of 0.045, demonstrating a statistically significant difference in perceptions of service quality between PBI and non-PBI participants. In contrast, no significant differences were found for tangible ($p = 0.197$), reliability ($p = 0.154$), or empathy ($p = 0.111$).

Table 4. Comparison of Overall Maternal Healthcare Service Quality between PBI and Non-PBI Participants

Variable	Financing Category	N	Mean Rank	Sum of Ranks	p-value
Service Quality	PBI	47	52.70	2477.00	0.063
	Non-PBI	47	42.30	1988.00	
	Total	94			

Source: Primary data, 2025.

The overall comparison of maternal healthcare service quality presented in Table 4 revealed a mean rank of 52.70 for PBI participants and 42.30 for non-PBI participants. Nevertheless, the Mann–Whitney U test produced a significance value of $p = 0.063$, exceeding the significance threshold of 0.05. Therefore, no statistically significant difference was found in overall maternal healthcare service quality between PBI and non-PBI participants. The significant difference observed in the responsiveness dimension suggests that PBI participants perceived healthcare personnel as more responsive to their needs than did non-PBI participants. This finding contrasts with the study conducted by Budiharjo et al. (2022), which reported higher responsiveness scores among non-PBI participants [31]. No significant difference in the assurance dimension, whereas the present study identified a statistically significant difference favoring PBI participants. These inconsistencies indicate that perceptions of healthcare quality are dynamic and may change according to healthcare policies, institutional practices, and patient expectations.

Although responsiveness and assurance differed significantly between groups, no statistically significant difference was identified in overall maternal healthcare service quality ($p = 0.063$). This finding suggests that perceptions of service quality were broadly comparable between PBI and non-PBI participants. However, the p-value was relatively close to the conventional significance threshold of 0.05, indicating a possible trend toward differing perceptions between the two groups. Therefore, conclusions regarding equity should be interpreted cautiously, particularly given the relatively small sample size and the differences in service types received by respondents. Similar conclusions were reported by the Indonesian Ministry of Health, which stated that PBI and non-PBI participants receive

equal healthcare services without differences in treatment facilities [4]. Previous studies have also shown that fair and non-discriminatory healthcare delivery contributes to positive patient perceptions and satisfaction among both participant groups [15].

The present findings are further supported by Amalia et al. (2020), who reported no significant differences in healthcare service quality between PBI and non-PBI participants [32]. These results suggest that patients' perceptions of healthcare quality are influenced not only by financing status but also by equal treatment, effective communication, and positive experiences during service delivery. The absence of a statistically significant difference in overall service quality indicates that maternal healthcare services were generally perceived similarly by both participant groups. However, the p-value obtained in this study ($p = 0.063$) was relatively close to the significance threshold, suggesting that the findings should be interpreted with caution. Differences in service characteristics and patient expectations may still contribute to variations in perceived healthcare quality. Consequently, maintaining equitable healthcare practices and continuously improving service responsiveness and assurance remain essential for achieving Universal Health Coverage goals and ensuring high-quality maternal healthcare services for all populations.

This study has several limitations. First, the cross-sectional design limits the ability to establish causal relationships between financing status and perceived service quality. Second, the study was conducted in a single referral hospital, which may limit the generalizability of the findings. Third, no pilot study was conducted among maternal patients at the study site prior to data collection, although the instrument had previously demonstrated acceptable validity and reliability. Finally, differences in the types of maternal healthcare services received by respondents may have influenced service quality perceptions and acted as a potential confounding factor.

4. Conclusion

This study found that PBI participants generally reported higher maternal healthcare service quality scores than non-PBI participants across all SERVQUAL dimensions. Statistically significant differences were identified in the responsiveness ($p = 0.029$) and assurance ($p = 0.045$) dimensions, indicating that PBI participants perceived healthcare personnel as more responsive and reassuring than non-PBI participants. However, no statistically significant difference was observed in overall maternal healthcare service quality between the two groups ($p = 0.063$), although the result was close to the significance threshold and should therefore be interpreted cautiously. These findings suggest that maternal healthcare services were generally perceived similarly across financing categories, but differences remain in specific aspects of service delivery.

Based on these findings, RSUD Dr. H. Moh. Anwar Sumenep should strengthen quality improvement efforts, particularly in the responsiveness and assurance dimensions of maternal healthcare services. Hospital management is encouraged to evaluate therapeutic communication practices, enhance the timeliness of clinical responses, and improve patient-provider interactions, especially within labor and delivery units (VK/Maternity Building), where patients often experience higher levels of anxiety and require rapid clinical attention. Continuous monitoring of patient experiences and service quality is also recommended to support equitable maternal healthcare and strengthen the implementation of Universal Health Coverage.

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