

## **Evaluation of Pregnant Women's Satisfaction Towards Pregnant Women Classes Implementation**

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### **Abstract**

*The population in this study were all pregnant women who participated in pregnant women classes implementation at public health center Sanden, Bantul Regency, with a total sample of 32 people who were determined by total sampling. The results showed that the satisfaction of pregnant women in the pregnant women classes implementation at public health center Sanden, Bantul Regency were mostly satisfied as many as 22 people (68.8%). The satisfaction of pregnant women with the quality of class service for pregnant women at public health center Sanden, Bantul Regency was mostly satisfied as many as 24 people (75%) and pregnant women satisfaction with the class service system for pregnant women at public health center Sanden, Bantul Regency, was mostly satisfied as many as 22 people (68.8%). It's advisable for health workers to maintain the quality of existing class services for pregnant women and always increase pregnant women knowledge about high-risk pregnancies by providing direct information.*

**Keywords:** *pregnant women class, satisfaction evaluation*

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### **INTRODUCTION**

Health development in Indonesian is an effort carried out by all components aimed at increasing awareness, willingness and ability to live a healthy life in order to realize the highest degree of public health, as an investment in the socially development and economically productive human resources. The success of health development is determined by the continuity between programs and sectors, as well as the efforts that have been carried out by the previous period (Indonesia Health Ministry, 2016).

Indicators of success in maternal health efforts can be seen from the Maternal Mortality Rate (MMR, in Indonesia language also known as *Angka Kematian Ibu* or AKI). Maternal Mortality Rate is assessed from pregnant women deaths number, childbirth mothers and post-partum mothers every 100,000 live births (Indonesia Health Ministry, 2016) According to 2014 World Health Organization (WHO) report, the Maternal Mortality Rate (MMR) in the World is 289,000. Several countries have high MMR, such as Sub-Saharan Africa with 179,000 people, South Asia with 69,000 people, and Southeast Asia with 16,000 people. The Maternal Mortality Rate in Southeast Asian countries, i.e Indonesia 190 per 100,000 live births, Vietnam 49 per 100,000 live births, Thailand 26 per 100,000 live births, Brunei 27 per 100,000 live births, and Malaysia 29 per 100,000 live births (WHO, 2014)

Maternal Mortality Rate in Indonesia has experienced a downward trend from 1991 to 2007, from 390 to 228. However, the 2012 IDHS showed a significant increase

in MMR, namely to 359 MMR / 100,000 KH. It again showed a decrease to 305 MMR / 100,000 KH based on the results of the 2015 Inter-Census Population Survey (SUPAS) (Indonesia Health Ministry, 2016). There were 34 cases of maternal mortality in DIY in 2017 (2017 DIY health office profile), while in Bantul Regency there were 9 cases in 2017 and an increase in 2018, namely 14 cases with the largest cause of bleeding (Bantul Health Office, 2018).

However, efforts to reduce MMR also cannot be said to be completely failed, although more efforts are needed to achieve the target which must be followed by improving services for pregnant women, one of which is through the class of pregnant women, increasing the competence of health personnel and improving health service facilities. (Hamsari, 2018). Various efforts have been made to reduce MMR and IMR, one of which is through a class program for pregnant women. The efforts made by the government and the community are also responsible for ensuring that every mother has access to quality maternal health services, starting from the time of pregnancy (Maulana, 2017).

The class for pregnant women at public health center Sanden began in 2017 with 250 pregnant women in class and in 2018 the participants' number increased to 368. In 2019, there is a downward trend to 280 pregnant women. With this background, this study aims to determine the evaluation of pregnant women satisfaction with pregnant women classes implementation.

## RESEARCH METHODS

This research type is descriptive quantitative. The sample in this study was all pregnant women who participated in the pregnant women class implementation at public health center Sanden totaling 32 people in March 2020. The sampling technique used in this study was total sampling. The data used are primary data with a data collection tool in the form of a questionnaire that has previously been tested for validity and reliability. The data collection technique was carried out during the pregnancy class.

## RESULTS AND DISCUSSION

Satisfaction of Pregnant Women against Class of Pregnant Women Implementation at public health center Sanden

### a. Satisfaction with access to pregnant women

**Table 1.** Description of satisfaction with access to Classroom for Pregnant Women at Sanden Health Center in 2020

Access for pregnant women	Frequency ( <i>f</i> )	Percentage (%)
Satisfied	16	50
Not satisfied	16	50
Total	32	100

Source: Primary data processed (2020)

Based on the research results regarding the satisfaction with the access of pregnant women in Table 1 it can be seen that 50% of the respondents in the study were satisfied with the access of pregnant women at Sanden health center. Satisfaction with access to health services is expressed by attitudes and knowledge about the extent to which health services are available at the time and place when needed, the ease of obtaining health services. both in ordinary circumstances and in an emergency situation and the extent to which patients understand how the health care system works, the benefits and availability

of health services (Pohan, 2014). This study results support the research conducted by Murti (2018) regarding the analysis of factors related to the satisfaction of pregnant women on the quality of service for pregnant women in the city of Semarang.

b. Satisfaction with the quality of services for pregnant women

**Table 2.** Description of Pregnant Women Satisfaction with Quality Services for Pregnant Women at Sanden Health Center 2020

Quality of service	Frequency ( <i>f</i> )	Percentage (%)
Satisfied	24	75
Not satisfied	8	25
Total	32	100

Source: Primary data processed (2020)

Based on the research results in table 2 regarding satisfaction with service quality for pregnant women, it is known that most of respondents were satisfied with the service quality, about 24 people (75%). Satisfaction with this service is expressed by attitudes towards the technical competence of doctors and / or other health care professionals relating to patients and outcomes of disease or how changes are felt by patients as a result of health services (Pohan, 2014). The study results support the research conducted by Winarni (2014) regarding the satisfaction of pregnant women with antenatal care services by midwives in Ngoresan health center where the research results were from 77 respondents, 53.2% or 41 respondents were very satisfied with service is reviewed from the Antenatal Care Service Standards.

c. Satisfaction with the class process of pregnant women

**Table 3.** Description of pregnant women satisfaction with classroom process Pregnant women at the Sanden Health Center in 2020

Process	Frequency ( <i>f</i> )	Percentage (%)
Satisfied	23	71.9
Not satisfied	9	28.1
Total	32	100

Source: Primary data processed (2020)

Based on research results about pregnant women satisfaction with the class process pregnant women in table 3, it can be seen that most of respondents were satisfied as many as 23 people (71.9%). Satisfaction with the maternal class process means that health services are available when and where they are needed. This shows that the attitude of being patient, attentive, responsive in responding and recognizing the problems raised by the participants during the class implementation for pregnant women is very important for pregnant women. The level of trust and confidence in doctors, the level of understanding of the condition or diagnosis and the degree of difficulty in being able to understand the doctor's advice or treatment plan (Hamsari, 2018).

d. Satisfaction of pregnant women with the class service system for pregnant women

**Table 4.** Description of Pregnant Women Satisfaction with Service System Class of Pregnant Women at Sanden Health Center 2020

Service system	Frequency ( <i>f</i> )	Percentage (%)
Satisfied	22	68.8

Not satisfied	10	31.3
Total	32	100

Source: Primary data processed (2020)

Based on the results above in table 4 it can be seen that most of the respondents were satisfied with the class service system for pregnant women, about 22 people (68.8). The smoothness of patient services, namely the registration process and fast and precise service personnel will form a positive perception of patient and will lead to sense satisfaction with the services of the relevant health facility. Satisfaction with the system is determined by attitudes towards physical facilities and the health service environment, the system of agreements, including waiting turns, waiting time, time utilization while waiting, attitudes to help or concern for personnel, mechanisms for solving problems and complaints that arise and the nature of the health services benefits offered. .

#### e. General Satisfaction

**Table 5.** Description of Pregnant Women Satisfaction Towards Class of Pregnant Women at Sanden Health Center 2020

Satisfaction in general	Frequency ( <i>f</i> )	Percentage (%)
Satisfied	22	68.8
Not satisfied	10	31.3
Total	32	100

Source: Primary data processed (2020)

Based on the research results regarding pregnant women satisfaction by class of pregnant women in table 5 shows that most of research respondents were satisfied with the class of pregnant women at Public health center Sanden, namely as many as 22 people (68.8%). This satisfaction is accompanied by respondents' satisfaction with access to the class of pregnant women, satisfaction with the class process of pregnant women, satisfaction with the services quality for pregnant women, and satisfaction with the service system for pregnant women. Satisfaction is the level of the state felt by a person which is the result of comparing the appearance or the perceived product outcome in relation to one's expectations (Kotler, 2015). Satisfaction level is a function of the difference between perceived performance and expectations. There are three levels of satisfaction, namely: If the appearance is less than customer expectations aren't satisfied

## CONCLUSION

Pregnant women satisfaction in implementing the class of pregnant women at Public Health Center Sanden, Bantul Regency was mostly satisfied as many as 22 people (68.8%). Pregnant women satisfaction with access to class of pregnant women at Public Health Center Sanden, Bantul Regency, was 16 satisfied (50%). The satisfaction of pregnant women with service quality for pregnant women at quality, Bantul Regency, was mostly satisfied as many as 24 people (75%). The decision of pregnant women on the class process of pregnant women at Public health center Sanden, Bantul Regency were mostly satisfied as many as 23 people (71.9%). Pregnant women satisfaction with the class service system for pregnant women at Public Health Center Sanden, Bantul Regency was mostly satisfied, as many as 22 people (68.8%)

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