



Evaluation of Pregnant Class Implementation in Work Area of Community Health Center

Muhammad Ryman Napirah^{1*}, Vidyanto¹, Nisa Rohimah¹, Rasyika Nurul Fadjriah²

Correspondence e-mail: ryman_smart@yahoo.com

¹Department of Health Policy Administration, Tadulako University, Indonesia

²Department of Health Promotion, Tadulako University, Indonesia

ABSTRACT

The purpose of this study is to evaluate the implementation of pregnant women's classes in the working area of a community health center of Puskesmas Bulili, South Palu District, Palu City. This type of research used a qualitative method with a case study design. Informants were determined by purposive sampling technique. This research indicates that the midwife conducting the pregnant mother's class has never attended training for the facilitator, the funds used were from the Health Operational Assistance (In Indonesia known as BOK), the media used by the Maternal and Child Health book (In Indonesia known as KIA book), the carpet, the way of disseminating information through invitations and notices in the mosque; material is done once. Reporting is done once a month. The implementation of the pregnant mothers' class in the work area of the community health center of Puskesmas Bulili is not yet according to the class guidance for pregnant mother. We expect that the community health center of Puskesmas Bulili will meet every mother more than once, so it is not finished in one meeting and can separate per class of pregnant women according to the age of the pregnancy.

ARTICLE INFO

ORIGINAL RESEARCH

Submitted: 11 December 2023

Accepted: 07 April 2024

Keywords:

Evaluation; Input, Process, Output, Pregnant Class; Implementation; Community Health Center

Copyright (c) 2024 Authors.

Access this article online



Quick Response Code

Key Messages:

- Regarding input, the Palu City Health Service suggests carrying out training for midwives who carry out classes for pregnant women so that midwives are more competent as facilitators of classes for pregnant women. The Community Health Center can maintain the quality of implementing classes for pregnant women by completing the facilities and infrastructure, which can increase motivation for participants to take part in Pregnancy classes.
- Regarding the process, the Community Health Center can meet each pregnant woman more than once, so that it is not completed in one meeting. For the Palu City Health Service to increase supervision and be directly involved in activities so that the implementation of classes for pregnant women is in accordance with implementation guidelines.
- Regarding output, the Community Health Center of Puskesmas Bulili should carry out pre-tests and post-tests in the implementation of classes for pregnant women because pre-tests and post-tests are important in the implementation of classes for pregnant women.

Introduction

The level of health of a country is determined by several indicators, one of which is the Maternal Mortality Rate (MMR). The maternal mortality rate in the world is 216 per 100,000 live births, the maternal mortality rate in developed countries is 12 per 100,000 live births, while the maternal mortality rate in developed countries is 12 per 100,000 live births. growing, namely 239 per 100,000 live births (1). The maternal mortality rate in Indonesia is still relatively high. In 2013, the maternal mortality rate in Indonesia increased to 359 per 100,000 live births(2). The 2000 Millennium Development Goals (MDGs) global agreement in 2015 in Indonesia saw a maternal mortality rate of 102 per 100,000 live births (3). In 2030, the target of the Sustainable Development Goals (SDGs) is 70 per

100,000 live births (4).

In order to help accelerate the achievement of maternal health and reduce maternal mortality, it is necessary to monitor the health of pregnant women during their pregnancy through increasing knowledge and changing the behavior of mothers and families and it is hoped that awareness of the importance of health during pregnancy will increase. The Ministry of Health's program to support this step is the Pregnant Women's Class. This is in accordance with the Regulation of the Minister of Health of the Republic of Indonesia No. 97 of 2014 concerning health services for pregnant women, pregnancy, childbirth, and the postnatal period, the provision of contraceptive services, and sexual health services (5).

Based on data obtained from the Central Sulawesi Provincial Health Service, in 2014 the maternal mortality rate was 107 per 100,000 live births, while in 2015 there was an increase to 131 per 100,000 live births. The highest maternal mortality rate in Central Sulawesi is in Palu City. The maternal mortality rate in Palu City fluctuates, in 2013 the maternal mortality rate was 165 per 100,000 per live births, in 2014 it decreased to 111 per 100,000 live births, while in 2015 it increased again from the previous year, about 326 per 100,000 live births (6).

Based on preliminary observation results, in 2015, the Maternal Mortality Rate at the Community Health Center of Puskesmas Bulili was the 4th highest Maternal Mortality Rate, out of 408 pregnant women there were 2 cases of maternal death. According to data obtained from the Palu City Health Service in 2015, there were 437 classes for pregnant women spread across 12 community health centers in Palu City. In 2015, the community health center of Puskesmas Bulili formed 8 classes of pregnant women from 408 pregnant women. This is still far from what is recommended by the Ministry of Health of the Republic of Indonesia because, in its implementation, the class for pregnant women in the working area of the community health center of Puskesmas Bulili is attended by more than 30 participants in the class for pregnant women, each class for pregnant women should be attended by only 10 participants. Pregnancy class is an educational program designed to provide important knowledge and skills for pregnant women during pregnancy, childbirth and postpartum. This program has proven to play an important role in efforts to prevent maternal mortality (MMR) (7). The effectiveness of the KIH program in improving knowledge among pregnant women remains unclear due to the scarcity of comprehensive studies (8). Existing research is limited to a single district and may not be generalizable.

The purpose of this study is to evaluate the implementation of pregnant women's classes in the working area of a community health center of Puskesmas Bulili, South Palu District, Palu City

Methods

This type of research used qualitative methods with a case study design. The research was carried out in the working area of the community health center of Puskesmas Bulili from April to June 2017. Sources of information for qualitative research were obtained from key informants, including the Head of the Maternal and Child Health Division of the Palu City Health Service, the Head of the Community Health Center of Puskesmas Bulili, and the Manager of the Maternal and Child Health program at the Community Health Center of Puskesmas Bulili. The usual informant was the midwife who carried out the pregnant women's class. Additional informants, including pregnant women.

Data collection techniques in this research used primary data and secondary data. Primary data consisted of in-depth interviews, observation, and documentation using an interview guide. Meanwhile, secondary data consisted of data from related parties, supporting regulations, and various sources that support research. The main instrument in this research was the researcher himself with complementary instruments, such as interview guides, stationery, recording equipment, and a camera. Data validity used source triangulation and technical triangulation

Results

The results obtained for input into the implementation of the pregnant women's class were 5 midwives who carried out the pregnant women's class at the Community Health Center of Puskesmas Bulili, but of all the midwives, only 1 midwife had attended training, and the other 4 midwives had never participated in training for facilitators.

The funds used to finance class activities for pregnant women come from Health Operational Assistance funds (In Indonesian known as BOK). These funds are only in the form of transportation money for health workers who carry out classes for pregnant women, amounting to IDR 50,000 per meeting. Facilities and infrastructure for pregnant women's classes included turning sheets, carpets, pregnant women's class modules, and technical guidelines for pregnant women's classes.

Dissemination of information in the implementation of classes for pregnant women through

invitations distributed to every pregnant mother, notifying them to the sub-district or via the mosque, where there is an integrated health service, called Posyandu.

The attraction of the community health center of Puskesmas Bulili for the people in the working area of Puskesmas Bulili is that it is close to where they live, and health insurance is placed at the Puskesmas Bulili. Also, the health workers make door prizes to attract pregnant women. The implementation of classes for pregnant women in this Community Health Center does not use technology. The planning for the pregnant women's class has been recorded in the Puskesmas Bulili's activity proposal plan (In Indonesia known as RUK), the planning for the pregnant women's class is also based on looking at the situation of the pregnant women's class at the Community Health Center in the previous year.

In one meeting it takes about 30 minutes to discuss material regarding pregnancy, breastfeeding, and so on, the material is completed in one meeting. In the implementation of classes for pregnant women at the Puskesmas Bulili Community Health Center, there are no exercises for pregnant women after receiving the material, but classes for pregnant women are held every Saturday. The implementation of classes for pregnant women at the Puskesmas Bulili does not carry out pre-tests or post-tests, either verbally or in writing, but only in the form of general questions that are given by midwives to pregnant women participants.

Discussion

Input in the Implementation of Pregnancy Classes

5 midwives carry out classes for pregnant women at the Community Health Center of Puskesmas Bulili. However, of all the midwives, only 1 midwife has attended training, and the other 4 midwives have never attended training for facilitators. The last time training for facilitators for pregnant women's classes was carried out was \pm 2 years ago, so new midwives have not yet taken part in class training for pregnant women. Even though they have never taken part in training, midwives have tried to carry out their duties well and work according to the skills they have. This does not follow the guidelines for implementing classes for pregnant women which state that class facilitators for pregnant women are midwives/health workers who have received training as class facilitators for pregnant women after which they are allowed to carry out class facilitation for pregnant women(9).

The funds used to finance class activities for pregnant women come from Health Operational Assistance (BOK) funds as regulated in Article 5 Paragraph (2) of Minister of Health Regulation No. 82 of 2015 (10). The Health Operational Assistance (BOK) funds are only in the form of transportation money for health workers who carry out classes for pregnant women, amounting to IDR 50,000 per meeting. This is because the implementation of classes for pregnant women does not require large funds for each implementation.

Facilities and infrastructure for pregnant women's classes, including turning sheets, carpets, pregnant women's class modules, and technical guidelines for pregnant women's classes. Based on the guidelines for implementing classes for pregnant women, ideally complete facilities and infrastructure in implementing classes for pregnant women, such as having a flip sheet for class for pregnant women, or LCD, teaching aids (contraception kits, food models, dolls, kangaroo method), pillows, chairs, and physical activity CDs(9).

Resource methods are the methods used by human resources to achieve organizational goals. Dissemination of information in the implementation of classes for pregnant women through invitations distributed to every pregnant mother, notifying them to the sub-district or via the mosque, where there is an integrated public health center, called Posyandu. The attraction of the community health center of Puskesmas Bulili for people living in their working area is the close distance, health insurance is at the Puskesmas Bulili, and health workers make door prizes to attract pregnant women. The community's attraction is also due to the personal closeness between the community and health workers, such as pregnant women and midwives, so that pregnant women are more comfortable conveying their complaints.

This research is in line with previous research that the poor quality of pregnant women's class activities is due to the room being less comfortable and conducive and the material providers not preparing enough materials and teaching aids (10). In the implementation of classes for pregnant women in the working area of the Puskesmas Bulili as a community health center, technology such as LCDs or sound systems is not used. Interventions were primarily developed by research teams and focused on mental health issues including depression, anxiety, and stress. Interventions incorporated the use of technology including computers, mobile phones, and audiovisual aids (11). SEKAR card media is an educational tool developed by researchers which has had a lot of influence in increasing the knowledge of pregnant women (12).

Process in Implementing Pregnancy Classes

Pregnant women's class planning has been recorded in the Puskesmas Bulili Community Health Center's RUK. Pregnant women's class planning is also based on looking at the situation of the Pregnant Women's class at the Public Health Center in the previous year. Once the planning has been completed, the next thing that needs to be done is to carry out the organizing function (13). Before health workers and pregnant women in their work area determine the schedule for holding classes for pregnant women. Determining the schedule for pregnant women's classes should not coincide with the integrated health center called Posyandu, because it will make pregnant women uncomfortable.

Implementation of classes for pregnant women in the Bulili Subdistrict area on May 22nd, 2017, at the Community Health Center of Puskesmas Bulili. The implementation of the class for pregnant women was attended by only 5 pregnant women with different gestational ages. Only a small number of pregnant women's class participants came, compared to the number of pregnant women at this Community Health Center. This is usually because pregnant women do not receive information regarding the implementation of classes for pregnant women, there is a lack of awareness among pregnant women, or midwives do not provide enough information to pregnant women. Pregnant women reported feeling overwhelmed by household chores and caring for their families, making it difficult to find time to seek information about their pregnancy. For some working pregnant women, attending childbirth preparation classes and visiting healthcare centers proved challenging due to work commitments (14).

In one meeting it takes about 30 minutes to discuss material regarding pregnancy, breastfeeding, and so on, the material is completed in one meeting. In the implementation of classes for pregnant women at the Community Health Center of Puskesmas Bulili, exercise for pregnant women is not carried out after receiving the material, but classes for pregnant women are held every Saturday. However, based on the results of the researcher's observations while the researcher was conducting research on Saturdays there were no pregnancy exercises at this Community Health Center. This is due to several reasons, midwives have other activities so they do not carry out exercise for pregnant women, apart from that, pregnant women do not come, because many of them are better off doing their activities such as going for a walk. The results of this research are in line with previous research that women can build good relationships with peers or midwives and can get information from various experiences and what can be done by midwives (15). Organizational factors, such as staffing ratios and workload issues, may impede midwives' abilities to build supportive relationships with women (16).

Output in Implementing Pregnancy Classes

Supervision is carried out directly by the Head of the Community Health Center, once every 3 months. Meanwhile, indirect supervision is carried out after every class for pregnant women through a report made by a health officer. The Palu City Health Service never carries out direct supervision of pregnant women's classes, and the Health Office only carries out general supervision once every three months.

The implementation of classes for pregnant women at the Community Health Center of Puskesmas Bulili does not carry out pre-tests or post-tests, either verbally or in writing, but only in the form of general questions, which are given by midwives to pregnant women participants. This is because if the pre-test and post-test are carried out in writing it will take a long time and be complicated because the implementation of the class for pregnant women also coincides with the posyandu. Pre-tests and post-tests in implementing classes for pregnant women are important because midwives or health workers can find out whether pregnant women understand the material provided so that they can increase their knowledge about pregnancy. Then, pre-tests and post-tests can be used as improvements in the implementation of future classes for pregnant women (17). The provision of pregnancy training class with slide media is more effective than flipchart media in improving delivery preparation in pregnant women as indicated by Post Hoc Tamhane's which is $0.000 < 0,05$ and N-gain value is $0.70 > 0,71$ (18).

This research is in line with previous research in that evaluation was carried out using pre-test and post-test. The form for recording and reporting the results of these class activities for pregnant women is made after the class activities for pregnant women are completed. The form of recording and reporting is in the form of records of the results of pregnant women's class activities, and a list of absences for pregnant women who come (19). The expected achievements or results from the implementation of the pregnant women's class are the reduction of high-risk pregnant women, increasing the knowledge of pregnant women so that they have minimal provisions for themselves so that if something happens they will immediately seek help or contact a midwife, the increase in pregnant

women giving birth in facilities. health, the number of visits by pregnant women increases, and the maternal mortality rate decreases. Likewise, the results of research conducted by previous researchers (20,21).

Conclusion

Midwives who carry out classes for pregnant women have never attended training for facilitators. The source of funds for implementing classes for pregnant women comes from the Health Operational Assistance (BOK) funds. The facilities and infrastructure used are carpets and the Maternal and Child Health book. The attraction of the Bulili Health Center is that it is close to where they live, health insurance is at the Health Center of Puskesmas Bulili, and health workers make door prizes to attract pregnant women. In implementing the class, pregnant women do not use technology to provide material. Planning for pregnant women's classes begins with identification to determine the targets and achievements of pregnant women's classes. Pregnancy classes are usually attended by 5-20 pregnant women each meeting with different gestational ages. In one meeting it takes around 30 minutes to discuss material regarding pregnancy and is completed in one meeting. In carrying out classes for pregnant women at the Community Health Center of Puskesmas Bulili, there is no pre-test or post-test, the midwife only asks general questions.

Future researchers are expected to further develop this research by expanding the scope of research variables not only to input, process, and output.

Funding: This research received no external funding

Acknowledgments: Thank you to the Head of the Community Health Center of Puskesmas Bulili for allowing researchers to conduct research at this Community Health Center

Conflicts of Interest: The authors declare no conflict of interest

References

1. UNFPA. Trends in Maternal Mortality: 1990 to 2013 [Internet]. 2014 [cited 2024 Apr 6]. Available from: <https://www.unfpa.org/publications/trends-maternal-mortality-1990-2013>
2. Badan Pusat Statistik BPS. Survei Demografi dan Kesehatan Indonesia 2012 (SDKI12) [Internet]. 2012 [cited 2024 Apr 6]. Available from: <https://www.bps.go.id/id/news/2012/05/28/6/survei-demografi-dan-kesehatan-indonesia-2012--scki12-.html>
3. BAPPENAS. Millenium Development Goals Archives [Internet]. SDGs Indonesia. 2016 [cited 2024 Apr 6]. Available from: <https://sdgs.bappenas.go.id/tag/millennium-development-goals/>
4. Kemenkes RI. Kesehatan Dalam Kerangka Sustainable Development Goals (SDGs) [Internet]. SDGs Indonesia. 2015 [cited 2024 Apr 6]. Available from: <https://sdgs.bappenas.go.id/kesehatan-dalam-kerangka-sustainable-development-goals-sdgs/>
5. Menteri Kesehatan RI. Peraturan Menteri Kesehatan Republik Indonesia Nomor 97 Tahun 2014 Tentang Pelayanan Kesehatan Masa Sebelum Hamil, Masa Hamil, Persalinan, Dan Masa Sesudah Melahirkan, Penyelenggaraan Pelayanan Kontrasepsi, Serta Pelayanan Kesehatan Seksual [Internet]. 2014 p. 1–119. Available from: https://sikompak.bappenas.go.id/pembelajaran/view/52/id/other_doc/Permenkes%20No%2097%20tahun%202014%20tentang%20P4K/download.pdf
6. Kemenkes RI. Profil Kesehatan Indonesia Tahun 2014. Jakarta: Kementerian Kesehatan Republik Indonesia; 2014.
7. Azhar K, Dharmayanti I, Tjandrarini DH, Hidayangsih PS. The influence of pregnancy classes on the use of maternal health services in Indonesia. *BMC Public Health*. 2020 Mar 20;20:372.
8. Aswita A, Naningsi H, Yulita H. Efektifitas Pelaksanaan Kelas Ibu Hamil terhadap Peningkatan Pengetahuan dan Sikap Ibu Hamil tentang Deteksi Dini Risiko Tinggi di Puskesmas Lalowaru Kabupaten Konawe Selatan Provinsi Sulawesi Tenggara. *Health Information : Jurnal Penelitian*. 2019 Jun 1;11(1):59–75.
9. Kemenkes RI. Pedoman Pelaksanaan Kelas Ibu Hamil. Jakarta: Kementerian Kesehatan Republik Indonesia; 2014.
10. Kusumawati F. Pelaksanaan Kelas Ibu Hamil Sebagai Upaya Menurunkan Angka Kematian Ibu Ditinjau Dari Peraturan Menteri Kesehatan No. 97 Tahun 2014 Tentang Pelayanan Kesehatan Masa

- Hamil Di Puskesmas Kota Semarang [Internet] [masters]. [Semarang]: Unika Soegijapranata Semarang; 2016 [cited 2024 Apr 6]. Available from: <http://repository.unika.ac.id/13444/>
11. Lee Y, Cho S. Technology-Supported Interventions for Pregnant Women: A Systematic Review. *Comput Inform Nurs*. 2019 Oct;37(10):501–12.
 12. Hairiyah S, Toaha A, Abri N, Virawati DI. The Effect of SEKAR (Sumber Edukasi Anemia yang Relevan) Card-Based Nutrition Education on Knowledge and Iron Intake in Pregnant Women. *Journal of Health and Nutrition Research*. 2023 Nov 30;2(3):146–57.
 13. Rahmawati IF. Analisis Pelaksanaan Fungsi Manajemen Di Dinas Pengendalian Penduduk Dan Keluarga Berencana Kota Surakarta. *JIKAP (Jurnal Informasi dan Komunikasi Administrasi Perkantoran)*. 2019 Feb 28;3(1):87–99.
 14. Javanmardi M, Noroozi M, Mostafavi F, Ashrafi-rizi H. Challenges to access health information during pregnancy in Iran: a qualitative study from the perspective of pregnant women, midwives and obstetricians. *Reproductive Health*. 2019 Aug 22;16(1):128.
 15. Brock E, Charlton KE, Yeatman H. Identification and evaluation of models of antenatal care in Australia--a review of the evidence. *Aust N Z J Obstet Gynaecol*. 2014 Aug;54(4):300–11.
 16. Almorbaty H, Ebert L, Dowse E, Chan SWC. An integrative review of supportive relationships between child-bearing women and midwives. *Nursing Open*. 2023;10(3):1327–39.
 17. Tesch A. Implementing Pre-Post Test Designs in Higher Education Evaluations. *New Directions for Evaluation*. 2016;2016(151):85–96.
 18. Widiar R, Soesanto S, Deliana SM. The Effectiveness of Pregnancy Training Class towards the Childbirth Preparation in Kendal Regency. *Public Health Perspective Journal*. 2018 Jun 4;3(1):50–8.
 19. Puspitasari L. Gambaran Pelaksanaan Kelas Ibu Hamil di Puskesmas Bangetayu Kota Semarang. *JKM*. 2012;1(2):18829.
 20. Andriani Y, Respati SH, Astirin OP. Effectiveness of Pregnant Woman Class in The Prevention of Pregnancy Anemia in Banyuwangi, East Java. *Journal of Maternal and Child Health*. 2016;1(4):230–41.
 21. Brixval CS, Axelsen SF, Lauemøller SG, Andersen SK, Due P, Koushede V. The effect of antenatal education in small classes on obstetric and psycho-social outcomes - a systematic review. *Syst Rev*. 2015 Feb 28;4:20.