

Analysis of the Implementation of the Prenatal Class in Padang Health Center

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ABSTRACT

Prenatal Class have been implemented in all provinces with variations of 27.5 percent to 150 percent. Several of studies have shown that the implementation of prenatal class has not gone well. Prenatal class in Padang health centers also vary and are not maximal. This prenatal class is carried out twice a month, but only limited to carrying out routine programs of health centers since it has not become a priority for efforts to prevent maternal and infant morbidity and mortality. The variables in this study are prenatal class, inputs, processes, outputs and outcomes. Research with a qualitative research approach and informants consisted of heads of health centers, KIA coordinators, facilitators, cadres and pregnant women who became class participants of pregnant women. The analysis used is Componential Analysis. The results found that there were still weaknesses in the input, process and output in implementing the system of prenatal class. It is recommended to periodically evaluate the achievements and indicators of the success of these activities and the efforts needed to optimize and develop the implementation system the prenatal class

Keywords: *Prenatal Class, input, process, output, outcome*

1. INTRODUCTION

Indonesia has not succeeded in reducing maternal mortality in the era of Millennium development (2000-2015). This has become a development goal in the era of sustainable development (SDGs) for 2015-2030. Incorrect achievement in the era of sustainable development which is the goal is health for all ages. The strategy to achieve these objectives is to accelerate the fulfillment of access to quality maternal health services with indicators of maternal mortality and infant mortality [1].

One of the government's efforts to accelerate the reduction of maternal and infant mortality through increasing knowledge and changing behavior of mothers and families. With this increase in knowledge and behavior change, it is expected that awareness of the importance of health during pregnancy will increase. The program organized by the Ministry of Health to support this step is Prenatal Class [2]. The activity of this class using the learning method by discussing maternal and child health book material. The use of the Maternal and Child Health Book is expected to improve the quality of Maternal and Child Health services and nutrition so that one of the sustainable national development goals (SDG's), namely health of all ages with indicators of decreasing Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) can achieve.

This prenatal class has been planned in 2009 since the era of Milineum development as an effort to reduce maternal and infant mortality. This shows the implementation of the class lasted 6 years during the

millennium development era (MDG's). 6 years should be sufficient time for the implementation of the prenatal class as an effort to reduce maternal mortality due to pregnancy, childbirth and childbirth. Maternal mortality and infant mortality rates indicate the ability and quality of health services, health service capacity, quality of education and knowledge of the community, quality of environmental health, socio-cultural and barriers to obtaining access to health services. The continued diversity of MMR and IMR as well as not achieving the targets in the millennium development era (MDG's) is an evaluation material on how the implementation of classes for pregnant women in Indonesia.

The prenatal class have been conducted in all provinces with variations of 27.5 percent to 150 percent. The description of the implementation of the Prenatal class who reported only the number of classes of pregnant women in the Publoc Health Center area. Achievement of Maternal and Child Health is not related to the number of Classes of Pregnant Women. Several studies that have been done before show that the implementation of the prenatal class has not gone well and there is no structure of the Work Team, Standard Operating Procedure, monitoring evaluation and support for collaboration and cross-program partnerships. The description that shows the number of pregnant women classes in an area is not followed by the desired output achievement. Where the implementation of the Prenatal class is expected to increase visits of pregnant women to the examination of

pregnant women and the high number of deliveries in health facilities [3].

Several studies that have been done before show that the implementation of the prenatal class has not gone well. The results of the study in Malang showed that only 30 percent of the pregnant women classes had been implemented well, 20 percent had not been good and 50 percent had not conducted classes for pregnant women [4]. Another study conducted by Jombang District noted that during 2010 to 2011 there was a decrease in the presence of pregnant women in the prenatal class [5].

[6] added that the class program of pregnant women in Banjarbaru City does not yet have a Work Team structure, Standard Operating Procedure, monitoring evaluation and support for collaboration and cross-program partnerships. [5] states that the variables related to the implementation of class programs for pregnant women in East Lombok Regency are communication, resources, disposition and bureaucratic structure⁷. The results obtained from the implementation of the prenatal class according to Saswaty in 2010 in Garut Regency; Rosmawati in 2011 in Tangerang Regency; Linarsih in 2012 in Kebumen Regency; pregnant women who participate in the Pregnancy Class get the benefit of increasing knowledge about pregnancy, childbirth and childbirth; decision making is more independent, and choosing labor with health. Besides the results of the implementation of the Prenatal class according to [7] The level of postpartum depression from the physical condition of pregnant women who were given training was lower than those who were not given training.

Research [8] in the health center and Biaro Malalak Agam concludes the overall lack of the midwife's role in carrying out its duties and functions as the executor of midwifery services in the community and the lack of inter-professional collaboration in implementing programs for pregnant women class. The system for implementing the prenatal class is not in accordance with the guidelines for implementing classes for pregnant women. Various efforts are needed to optimize and develop the implementation of classes for pregnant women.

The results of the static scoping review and tax assessment development of care models conducted by [9] describe the drawbacks and strengths of the antenatal care model. This SR suggests that the focus of antenatal care is on inclusion, not on consistency.

In 2017, the City of Padang has 23 health centers consisting of 16 non-health centers and 7 health centers. All public health center carry out classes for pregnant women. Classes of pregnant women at the Public health center in Padang also vary and are not maximal. This prenatal class is carried out 2 times a month, but only limited to carrying out routine health center programs, has not been a priority for efforts to prevent maternal morbidity and mortality. This is due to the activities of the Prenatal class not yet focused on the quality and achievement of the desired output. Classes for pregnant women are implemented universally or without grouping. Classes are attended by Trimester I, II and III pregnant women with the same material. The implementation of the

class has not run well and is still found to be unstructured. Pregnant women are also not motivated to come and attend classes for pregnant women so that the pregnant woman does not get the overall learning material during her pregnancy. While one of the government's efforts to reduce maternal and infant morbidity and mortality rates through the prenatal class is part of quality antenatal care. This has strengthened researchers to conduct research on how to implement classes of pregnant women in Public health center in the Padang City area.

2. METHOD

This research is a qualitative descriptive study. The study was conducted at the Public Health Center in Padang. This study began from January to September 2018. The population in this study were all informants involved in the implementation of prenatal class at the Padang Health Center. Determination of data sources in people interviewed/research informants carried out purposively, which is chosen with certain considerations and objectives. The health centers that were used as the location for the selection of informants were 2 health centers, namely the Belimbing health center and Andalas health center. The informants consisted of the head of the public health center, the Maternal and Child Coordinator, facilitators, cadres and pregnant women who were participants in the prenatal class.

The researcher conducted an interview using a research instrument that was made in the form of a waancara guide that had been prepared in writing after the problem, then used as a tool to obtain information. The other instrument is in the form of an observation sheet that is used to help researchers obtain secondary data from the implementation of classes of pregnant women at the Public health center and the Padang municipal health office.

Data collection techniques were carried out in 4 ways, namely in-depth interviews, focus group discussions, observations, and document review. data is processed through several stages: data transcripts, data reduction, data display, drawing conclusions and verification.

3. RESULT

The results of the research found related to the implementation of prenatal class are as follows:

3.1 Input the prenatal class

Prenatal class inputs include pregnant women, husbands, officers or facilitators, means and prescriptions. Identified by Prenatal class followed by pregnant women with a gestational age of 20-36 weeks, but not all pregnant women who come and are still low in awareness of pregnant women to attend the prenatal class. It can be seen that the midwife or cadre had to pick up at home so that the pregnant woman would take the prenatal class.

Based on triangulation informants from the person in charge of the activity that there was still a lack of knowledge and role of the husband to assist pregnant women in attending classes for pregnant women. The husband only arrived at the stage of delivering the

pregnant woman. However, there were also those who waited, but did not want to enter the classroom for pregnant women.

Every village has a prenatal class. Each prenatal class has 1 midwife who is a class officer. The results of triangulation information that the executing officers of the pregnant women class are midwives who are regional advisers, officers in the maternal room at the public health center, nutrition, dental and laboratory teams and facilitators. The average trained facilitator in each public health center is 2-3 people.

The media that has been distributed by the Padang City health office for the implementation of the prenatal class in the form of a package of bags containing classes for pregnant women, a flipchart on pregnancy as a discussion on the implementation of classes for pregnant women. As for the infrastructure for the place of implementation of the prenatal class it was decided that it would be in accordance with the health of the midwife in charge of the program, the midwife who was the supervisor of the region, the cadres were as close as possible. The place used is usually the room of the auxiliary health center or the mosque where the maternal class is carried out. Based on the results of the informant's triangulation of the person in charge of the program, there were a lack of infrastructure such as sound systems and mattresses for the implementation of classes for pregnant women. This causes problems that do not occur during pregnancy during pregnancy classes.

The results of the interviews also identified the availability of funds from the Health Operational Assistance. The funds are used to fulfill consumption needs during class activities for pregnant women. In addition, there is also assistance from sponsors from across sectors.

3.2 The process of implementing classes for pregnant women

One form of early planning for the activities of this prenatal class is the determination of the place and time of activity. Each Public health center has more than 1 class and generally the implementation is carried out every month. Basically, the target of public health center in this activity is women with a gestational age of 20-36 weeks but still allow younger mothers to follow. The material that will be delivered in 4 meetings has also been prepared from the beginning.

Ideally a class, pregnant women must go through the stages of meeting the classes of pregnant women regularly. However, the results of the study identified that pregnant women do not take classes regularly so that the participants of the pregnant women become diverse both from the age of pregnancy and have or have not attended classes for pregnant women. This causes the facilitator to repeat the material from the beginning and is no longer compatible with the Standard Operating Procedure program.

The implementation process is not carried out like formal learning because it might cause boredom for participants. Activities carried out such as study groups,

mothers can immediately share related complaints. In addition to the provision of material also carried out supporting examinations for participants to meet the quality antenatal.

Observation results of the implementation of the prenatal class that the prenatal class also carried out pre-test and post-test to evaluate the knowledge of pregnant women.

Completeness of facilities and infrastructure actually does not become a significant obstacle. But sometimes in some activities such as pregnancy exercise it will be more optimal if all that is needed is available. Results of in-depth interviews with facilitators that difficulties in carrying out classes for pregnant women are due to the limited availability of supporting facilities.

The organizer of the activity also hopes that there are family members of pregnant women, especially husbands, who can also take part in the activity. This is so that the family also has the same understanding with the mother so that they can jointly make decisions about the health condition of the mother. But the results of interviews and observations that the husband just simply deliver or wait outside of the classroom.

Based on the results of the public health center leadership informants that monitoring evaluations were carried out carried out by the responsible person on a regular basis. Evaluation aims to see what the program is according to the direction. Evaluations are carried out through mini workshops. Supervision of the implementation of classes for pregnant women was also carried out by the leaders of the public health center and kelurahan.

The form of recording and reporting of the implementation of classes for pregnant women was made after the class activities of pregnant women were completed. The form of recording and reporting in the form of a present list of pregnant women who come and records of the results of the activities of the prenatal class compiled by pembinan region. The results of in-depth interviews with the person in charge that the area supervisor responsible for the prenatal class in his village made a report and presented it to the program responsibility and told it to the head of the health center and the health office of the city of Padang.

3.3 Output of the implementation of classes for pregnant women

This prenatal class has many benefits for mothers. After routinely participating in activities, knowledge of pregnant women is expected to increase so that the high risk of pregnancy and childbirth can be reduced. Because in this activity all aspects of maternal health ranging from the condition of the pregnancy to how to breastfeed the correct baby is taught. With the purpose and benefits of the prenatal class, the head of the health centers hopes that there will be an increase in the achievement of pregnant women class participants. But the fact is that there are still a number of public health center that state that there is a lack of participation of pregnant women in attending classes and that the participation of husbands is still low.

The implementation of this prenatal class was felt by the Public health center to be far from expected, especially in terms of the presence of pregnant women. Some of them reasoned that they could not follow because of work, there were no vehicles and so on so that sometimes in one class only half of the targets followed

The lack of participation of pregnant women is tricked by health centers in various ways, one of which is by making innovations to be attractive to pregnant women in each public health center having different innovations, some working with obstetricians and portable USG and others making innovation programs.

In addition to increasing knowledge and reducing the risk of this activity, it is also expected to be able to give birth to health workers so that maternal and infant mortality is also expected to decline. The first thousand days of life are a period of rapid growth and development for children. This activity is also intended so that the mother can prepare the first thousand days of a child's life from an early age. However, the results of the observations were found not to have the maximum expected output. The class activities of pregnant women are still only a routine implementation of the program and it has not been seen how the prenatal class is related to pressing the prenatal class.

3.4 Outcome in implementing classes for pregnant women

Based on interviews with the head of the health center that the prenatal class is expected to reduce the high risk of pregnancy and reduce maternal and infant mortality. But the results of the study identified that the high risk of pregnancy is still high. To maximize the results of the class activities of pregnant women, the person in charge of the program undertakes program innovation efforts. The innovation program "4 too" is intended for high-risk pregnant women with activities that are more focused on reducing risk than the usual class. In addition to making innovations, organizers also try to modify methods such as using videos in addition to the availability of back sheets and leaflets that are already available. To reach distant targets and not attend the activity, one of the public health center has also used it

4. DISCUSSION

The description of the implementation of the prenatal class in the city area of Padang is still not maximal in achieving the outputs and outcomes of the classroom activities of pregnant women. The classroom activities of pregnant women have not been seen how the management of activities reaches the stage of measuring indicators of the success of classroom activities for pregnant women. With the implementation of the classroom pregnant women are expected to change attitudes and knowledge and reduce high-risk pregnancy rates. In addition, the output of the activities of the prenatal class is also intended so that the mother can prepare the first thousand days of a child's life from an early age. The purpose of class

activities is difficult to materialize if there is no structured evaluation.

Evaluation of management or management of the implementation of the prenatal class can be done with a system approach, namely reviewing from the aspects of input, process, output and outcome of the activity. The input of pregnant women class holds importance as an internal factor that supports the realization of the prenatal class according to the appropriate technical guidelines. The findings in the field are still found, among others: the weakness of awareness of pregnant women to consistently attend classes according to the rules, support of husbands, the limitations of facilitators, methods and limitations of supporting infrastructure. These results also support Fuada and [3] study also found weaknesses in internal factors, among others: the facilitation side that is not yet competent, the consistency of implementation, the method of delivering material, incomplete tools and problems of pregnant women who did not attend the prenatal class.

If the initial goal of the Prenatal class is to change the attitudes and behavior of mothers to understand about pregnancy, of course with four months, (even less than four months), if pregnant women do not routinely attend classes for pregnant women, then this goal is difficult to realize. This is in line with the [2] that Pregnant Women Classes are a means to learn together about health for pregnant women, in the form of face-to-face groups that aim to improve maternal knowledge and skills regarding pregnancy, care for pregnancy, childbirth, postpartum care, new baby care birth, myth, infectious disease and birth certificate. For this reason, awareness of pregnant women and husband's support is needed so that the desired outcomes from the activities of pregnant women can be maximally realized.

The limitations of trained facilitators will also be a limiting factor in the implementation of classes for pregnant women. According to the [2] Pregnant women class facilitators are midwives or health workers who have received training in facilitator classes for pregnant women and after that are allowed to carry out facilitation for pregnant women. In terms of staffing for the implementation of the prenatal class, the head of the city health office explained that alone, from the existing facilitators in each Public health center there were 2-3 trained facilitators. This is one of the problems in terms of class performance of pregnant women in the city of Padang. The solution is indeed needed training but it cannot be done because it is related to budget problems that do not yet exist. The statement from the head of the agency was also mentioned by the Maternal and Child Health Coordinator, the head of the health center and the facilitator Midwife at the health center.

The results of this study are also in line with the research of [8], the head of the district health office explained that for Agam itself, there was enough energy from the current staff but what was lacking was the ability of the existing staff to facilitate the poor prenatal class. This is one of the problems in terms of the class power of pregnant women in Agam Regency. The head of the Biaro Community Health Center stated that the solution at Biaro

was that the pregnant women class was still conducted by looking at the existing guidebook. The head of the health center in Biaro and Malalak also added that for each prenatal class performed it still had to be facilitated by the MCH management midwife at the health.

Class pregnant women is a learning process. According to [10] there are four groups of factors that influence the success of training / learning, namely (1) material factors / things learned, (2) physical environment among others, temperature, air humidity, learning conditions and the social environment that is human with all its interactions, (3) instrumental consisting of hardware such as learning equipment, teaching aids and software such as curriculum, instructors, and learning methods, and (4) individual subject conditions namely physiological conditions such as the senses and nutritional status and conditions psychology such as intelligence, observation, capture and memory. But the findings in the field of these factors are obstacles to the success of the prenatal class. For the material, the facilitator has been guided with a package of bags containing a class book for pregnant women, a flipchart about pregnancy. The environment for the implementation of classes for pregnant women is also carried out in a wide area, both in the auxiliary health centers and the prayer rooms are expected to create a comfortable room for pregnant women. However, the results of interviews and observations found limited facilities and infrastructure such as sound systems and mattresses needed to support the implementation of classes for pregnant women.

Many factors are the supporters of the prenatal class. This supporting factor makes the planned activities take place on schedule. One of them is the involvement of the community, both cadres and other community leaders. However, the results of the research have not been maximized by community involvement.

This was also found by [8] The results of observations conducted in the Biaro region, for the participation of various parties in the implementation of the Pregnant Mothers Class in this region were good, but for the Malalak region, the awareness of the nagari government, cadres, and pregnant women there is no one to support and take part in this prenatal class. If we look at the implementation of the Class of Pregnant Mothers in Bulukumba district, the implementation of the Pregnant Mothers Class is a community-based health development practice, where the community is not only an object of the program but is an implementer, mobilizer, and even funder. This approach to preparation for Pregnant Women Classes that might be carried out for the implementation of the Pregnant Mothers Class and increasing public awareness about the importance of the prenatal class is supplemented by a practice-based approach, whereas explained earlier there needs to be consideration of local cultural and environmental backgrounds.

The output of pregnant mothers' classroom activities is an increase in knowledge and a reduced risk of pregnancy. this activity is also expected that mothers can give birth to health workers so that the output of maternal and infant mortality is also expected to decline. [3] also said that the Class Output of pregnant women was an increasing change

in attitudes towards the selection of labor assisted by medical personnel. Furthermore, [4] stated that changes in the selection of labor using medical personnel are knowledge, the role of health workers. Another output that is the strength of the prenatal class program is the increasing number of K1 and K4 visits. This is also evident from the reports on the achievements of K1 and K4 visits at the Public health center. Even in the research of [11] it was said that one village in Bulukumba, South Sulawesi, the K4 number increased to 100 percent.

5. CONCLUSION

The system for implementing the prenatal class has not been maximized and is still weak both in terms of input, process and output. PHC need to conduct regular evaluation of achievements and indicators of success of pregnant women classroom activities both in terms of inputs, processes, outputs and outcomes. Various efforts are needed to optimize and develop the implementation system for pregnant women in order to achieve the expected outputs and outcomes.

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