

Support and Obstacles for Pregnant Woman Class in Sukoharjo, Indonesia: A Qualitative Study

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Abstract. Pregnant woman class is a class of pregnant women with gestational age between 20 to 32 weeks. The aim is to reduce maternal and infant mortality. The class is facilitated by midwife/health worker. This qualitative study evaluated the course of the class in Sukoharjo. The results showed that the class had gone quite well, but the quality needed to be improved. Six categories were found, namely: 1) In general, the pregnant woman class was running well, 2) the pregnant woman class was not fully interactive, 3) the physical and moral support of the government for the pregnant woman class, 4) funds, time and technical constraints in the pregnant woman class, 5) the interaction between mother and midwife was needed to be improved, and 6) obstacle to practice meeting material from family. The pregnant woman class in Sukoharjo was running well, but the quality was still needed to be improved.

Keywords: Pregnant woman class, Sukoharjo, Evaluate, Qualitatif study

1 Introduction

SDG3 targets include reducing global MMR to no more than 70 maternal deaths per 100,000 live births by 2030, with an additional national target that no country has an MMR greater than 140 per 100,000 live births, and reducing neonatal mortality to no more than 12 infant deaths per 1,000 live births in 2030 [1]. One of the priorities in the health development program in Indonesia is an effort to improve the health status of mothers and children. Some groups who are vulnerable to health are pregnant women and babies during the perinatal period. This can be seen by the high maternal mortality rate (MMR) and infant mortality rate (IMR) [2]

Indonesia has a high maternal mortality rate when compared to maternal mortality rates in other countries in ASEAN. In 2015, the maternal mortality rate in Indonesia was 305 / 100,000 live births, while the neonatal mortality rate in Indonesia was 15 / 1,000 live births [3].

At present, there are still many counseling on maternal and child health individually and are based on a case by case. This has several weaknesses, including: 1) health knowledge obtained is only a problem faced during consultations, 2) lack of coordination, so knowledge is limited to the staff's knowledge, 3) there is no work plan so there is no monitoring and good guidance, and 4) implementation of unscheduled and unsustainable counseling [2]. Being a parent is a life transition that can be confusing [4]. For this reason, a class of pregnant women is needed [2].

The pregnant woman class has the aim to increase the knowledge, attitudes and behavior of pregnant women. Some of the scope of the material is body changes during pregnancy, complaints during pregnancy and how to overcome them, danger signs of pregnancy, and regulation of nutrition during pregnancy [5].

Evidence-based practice must be complemented by evidence-based implementation [6]. This research is a qualitative research aiming to evaluate the implementation of pregnant woman class in Sukoharjo, Central Java, Indonesia. The results of this study are expected to be able to identify feasibility and obstacles so that they can be the basis for improvements the program.

2 Method

2.1 Research setting

This research was conducted in Sukoharjo district, Central Java, Indonesia. There are public and private sectors that provide health services in Sukoharjo district. The public sector consists of district health offices and community health centers which are extensions of the district health offices to carry out their functions. The community health center coordinates, plans, implements and evaluates health programs in the community. Pregnant women classes are carried out by community health centers. Generally, pregnant woman class facilitators are midwives.

2.2 Research design and sampling method

This qualitative research aim to evaluate the pregnant woman class in Sukoharjo. The sampling technique was purposive sampling. The informants consisted of: 1) mothers who had been a member of the pregnant woman class, and 2) midwives who were facilitators of the class. The informants consisted of 11 mothers and 4 midwives.

2.3 Data collection

In-depth interviews were conducted from August to September 2019. The interviews used a semi-structured questionnaire. Interview topics include: a) what supports to the pregnant woman class, and b) anything that inhibits the pregnant woman class.

Interviews were conducted at home for mothers. Interviews were conducted at the community health center for midwives. Interviews were conducted using Indonesian. Data collection were also done by observation. The author attended several classes to see the course of the class.

2.4 Data analysis

Records of interviews were changed to verbatim transcripts. The analysis used was content analysis. After reading all the transcripts, the author then identifies the meaning units. Meanings units were summarized as condensed meanings units. Code was obtained from the condensed meaning unit. Codes that lead to the same thing became categories. From similar categories, a theme will emerge which was a meaning that linked all the categories found.

2.5 Reliability (trustworthiness)

The credibility and reliability of this analysis used triangulation. Source triangulation was conducted by interviewing various informants from various positions, namely baby mothers and midwives. Method triangulation was conducted by using more than one method, namely in-depth interviews and observation.

2.6 Etichal clearance

Ethical clearance was obtained from Sebelas Maret University Etichal clearance committee. Presentation of results were displayed anonymously.

3 Results

The theme of support and obstacles for pregnant woman class in Sukoharjo reflects that the class has run smoothly, although there were still some obstacles. The theme is a summary of six categories, namely: 1) In general, the pregnant woman class was running well, 2) the pregnant woman class was not fully interactive, 3) the physical and moral support of the government for the pregnant woman class, 4) funds, time and technical constraints in the pregnant woman class, 5) the interaction between mother and midwife need to be improved, and 6) obstacle to practice meeting material from family.

The pregnant woman class in Sukoharjo is going well, but there are some obstacles that need attention. The existing constraints can cause the program to be less than optimal.

3.1 Supports of pregnant woman class in general, the pregnant woman class was running well

The findings indicate that in general the pregnant woman class runs well. This can be seen from several indicators: 1) mothers like to attend the meeting, 2) mothers are enthusiastic and pay attention to the material, and 3) in general, classes run smoothly.

The four indicators can be seen from both the observation and the results of in-depth interviews with informants. "... these mothers are very enthusiastic. They don't need to be forced. They are just waiting for the next meeting schedule "(midwife, 36 years). "... I see they are serious and pay attention" (midwife, 36 years). "... yes, can understand the material" (pregnant women, 24 years). "... all pregnant women can attend and the meeting goes well" (midwife, 47 years).

The physical and moral support of the government

There were physical and moral support from the government. Physical support included physical facilities and financial support. Moral support was the visit of the wife's

village head. Although the presence of the wife's village head was not routine, this has been good motivation for pregnant women.

The following are some examples that show support from the government. "... yes, the place is in the village polyclinic owned by the village government" (midwife, 44 years). "... at the time of implementation, the wife's village head always accompanied" (midwife, 32 years). "... now, the pregnant woman class has received support from the village government" (midwife, 36 years).

3.2 Obstacles of pregnant woman class

The pregnant woman class was not fully interactive

Pregnant woman class is expected to run interactively. Research findings show that classes sometimes were interactive, sometimes were passive. This is indicated by the results of observations which show that midwives dominate the meeting, and participants tend to be passive.

Observation results indicate that midwives try to make the class interactive. The midwife ordered mothers to take turns reading. The observations also showed that some mothers tried to ask the midwife. The results of the following interviews indicate that some participants were actively involved. "... yes, there are questions and answers" (baby mother, 24 years). A midwife also said that sometime mothers were actively involved in counseling. "... they actively ask questions in meetings" (midwife, 36 years).

Funds, time and technical constraints

As the other health programs, the pregnant woman class have some obstacles too. Some of the obstacles found in this study were: 1) funding constraints, 2) time constraints, and 3) technical constraints.

Funding constraints were the perceived lack of funds for administering these classes. An interview with a midwife revealed as follows. "... only runs four times a year, because the funds are only from the village government budget (midwife, 34 years).

The time constraints found in this study were lack of time discipline and attendance constraints because pregnant women work. The results of an in-depth interview with a pregnant woman showed that they waited for each other. "... the obstacle was that the time is not right, because there is one coming home from work" (pregnant woman, 23 years). Constraints of pregnant women which coincided with work time was revealed by one of the midwives as follows. "... the obstacle was because there were working mothers who could not attend the class " (midwife, 34 years).

The technical constraints of the class of pregnant women included: 1) books that were rarely read, and 2) pregnant women were accompanied by children when attending meetings. The following in-depth interviews show that books were rarely read. "... books were rarely read, sir" (baby's mother, 24 years old). The results of observations and in-depth interviews showed that pregnant women were often accompanied by children when attending counseling. "... when I attend a meeting, I was accompanied by my child" (pregnant woman, 23 years).

The interaction between mother and midwife need to be improved.

There was interaction between the baby's mother and the midwife, both when the meeting schedule and when the pregnant mothers class program was finished. The interac-

tion between mother and midwife needed to be increased. Evidence that interactions between mothers and midwives was needed to be increased could be seen from the following expression. "...rarely. If I didn't check my baby with a midwife, we didn't interact" (baby's mother, 24 years old).

Obstacle to practice meeting material from family.

Grandmother's persuasion to mothers to give other liquid than breast milk before the baby was 6 months old was revealed by a midwife as follows. "... because the baby was often fussy, baby's grandmother ordered formula milk" (midwife, 34 years). Persuasion from the husband was shown by the statement of the mother as follows "... the husband asked to give formula milk, when the baby cried" (baby's mother, 24 years).

4 Discussion

The results of this study indicated that the pregnant woman class in Sukoharjo has run quite well. This finding was also related to other findings in the form of support from the government. Government support in the form of moral and physical support. There were several obstacles in the implementation of the class. Some related studies are as follows.

Nurdiyana et al. (2015) conducted a study to look at the course of pregnant woman class in the Malalak and Biaro community health centers, Agam district, Indonesia. The results showed that the implementation of the class was not in accordance with the guidelines for implementing the class issued by the Ministry of Health of the Republic of Indonesia. Various efforts were needed to optimize and develop the implementation of the class [7].

Dahlan et al. (2018) conducted a study to look at the course of pregnant woman class in Padang city community health centered. The results showed that the implementation of the class of pregnant women had not run optimally. There were still weaknesses both in terms of input, process and output. Community health center needed to conduct periodic evaluations regarding the achievements and indicators of success of pregnant woman class [8].

Barimani et al. (2018) conducted a study to see the course of ante natal classes given to parents in Sweden. The study was conducted in two antenatal care units in a large city in Sweden. Sweden has a long tradition of antenatal classes, which were offered to parents who are having their first child. Ante natal classes were held at the end of pregnancy. About 70% of parents attended antenatal classes. Midwives who work in the antenatal care unit lead the class. The style of facilitation and focus of the material varied. The results showed that about 67 percent of the material was related to labor preparation and the topic of pain relief. Conversely, parents were more interested in baby care, breastfeeding, and child care. Participants also often reflected on one another over several topics such as child problems, marital relations, sex, and anxiety. Both male and female participants actively listened to the midwife. They also seem receptive to complex problems, and they required a lot of time to ask. Participants appreciated the ante natal class [4].

Al Otaiby et al. (2013) conducted a study to analyze the knowledge and preferences of mothers towards ante natal education. The study was conducted by distributing questionnaires to see knowledge scores, preferred education formats, preferred education pro-

viders, preferred educational strategies, and preferred material content. The results showed that: 1) low level of knowledge, 2) the most preferred material form was written form, followed by one-on-one face-to-face education, 3) doctors were the most preferred material providers, 4) preferred educational strategies were motivation, support, guidance, problem solving, and what should be and are prohibited, and 5) the material chosen is a sign of pregnancy and maintenance after birth [9].

Miquelutti et al (2013) reported the qualitative study to see the experience the women had participated birth preparation program. The results showed that women participating the birth preparation program reported self control during labor and used non pharmacological techniques in controlling pain and facilitating labor. They also expressed satisfaction with the birthing experience. Women who did not participate the program reported difficulties in maintaining control during labor and almost half of them reported lack of control [10].

The results of research on evaluating classes of pregnant women show generally unsatisfactory results. This has similarities with the results of this study, but the difference in the results of this study shows that in general the class of pregnant women has been going well but there were some obstacles.

The results of this study indicated that the interactivity of the participants was not good. The results of a study of ante natal classes in Sweden showed that participants were actively involved in the education program. This might be caused by cultural differences.

The results of this study also indicate the need to increase interactivity between the facilitator and the participating mothers. These results are quite in line with the findings of Barimi et al. (2018). Barimi et al. (2018) found that the facilitator needed to give more time to give participants the opportunity to ask for material that was of interest to the participants. But the difference, Barimani et al (2018) found that the meeting was interactive, but still felt less by the participants[4].

Implementation of public health program can succeed and be sustainable if organizations and coalitions effectively address six key things: innovation, a rigorously established technical package, management, partnerships, communication, and political commitment [11].

The Sukoharjo government, particularly the health department, can carry out periodic evaluations and monitoring of the course of pregnant woman class. This research can be used as one of the considerations to improve the program. Evaluation research that combines qualitative and quantitative methods is needed. The results of the mixed methods research are expected to provide a more comprehensive picture.

5 Limitation

This research has not been able to analyze the real impact such as maternal mortality rates and infant mortality rates.

6 Conclusion

The pregnant woman class was going well. The government supported the pregnant woman class. Pregnant women classes have not been fully interactive. The interaction of

the facilitator and mothers were still needed to be improved. There were still obstacles from the family, when the mother would practice the material provided in the class.

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