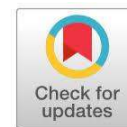


Determinant factors that affect pregnant women satisfaction on HIV AIDS screening



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ABSTRACT

HIV screening integrated into antenatal care can significantly increase satisfaction for pregnant women who are infected or not so that it can increase the awareness of mothers to do screening. Purpose of the research to determine the determinants of satisfaction of pregnant women on HIV AIDS screening. The type of research was explanatory research used mixed method with cross sectional approach. The sampling technique was total sampling. Data analysis using Chi Square test and logistic regression. There was a relationship between health worker communication ($p = 0.002$) and physical appearance ($p = 0.002$) and satisfaction with HIV AIDS screening. There was no relationship between the attitude of health workers ($p = 0.15$) and the skills of health workers ($p = 1.00$) with satisfaction on HIV AIDS screening. The most influential factor on the satisfaction of pregnant women in HIV AIDS screening is physical appearance with Exp (B) of 0.148 that means officers and health facilities with unsupportive appearance will show less satisfaction of respondents by 0.148 times greater than health workers and facilities who have good physical appearance. The most influential factor on the satisfaction of pregnant women in HIV AIDS screening is physical appearance.

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INTRODUCTION

The problem of HIV AIDS in Indonesia is one of the national health problems that require comprehensive joint treatment. Since the last 10 years, the number of AIDS cases in Indonesia has jumped. This requires the attention of all parties, especially health workers. One form of health service provided is HIV counseling and testing that aims not only to establish a diagnosis but also provide counseling to get therapy and deal with problems faced by patients. The amount of coverage of HIV testing and counseling services is still relatively low to reach at-risk populations and know their HIV status.¹ The PMTCT program for pregnant women in Indonesia has become the official policy of the government. This policy covers important matters in each step of program interventions including program integration, voluntary HIV counseling and testing, provision of ARV

drugs, safe delivery, and infant feeding. The most effective early step to prevent HIV transmission to infants is to prevent women of reproductive age from contracting HIV. By preventing young women of reproductive age infected by HIV, it is expected that pregnant women will not be infected by HIV.

UNAIDS estimated 37.9 million people globally are living with HIV. Most of them are in the productive age of 15-49 years. In Indonesia, there were an estimated 640,443 persons living with HIV (PLHIV) in Indonesia with 49,000-50,000 new HIV infection cases in 2019. The incidence of HIV/AIDS in Yogyakarta Special Region is 3405 for HIV cases and 1249 for AIDS cases.² In DIY the highest incidence of HIV/AIDS is in Yogyakarta City and the lowest is in Kulon Progo Regency. Bantul Regency ranks third highest.

The satisfaction of health service users is influenced by several factors including the understanding of service users about the type of service they will receive, the caring attitude shown by health workers, costs, physical appearance, safety guarantees by health workers, the skills of health workers and the speed of health worker in responding.³ According to research, the provision of HIV counseling and ongoing testing can increase mothers' knowledge and acceptance of the services provided.⁴ Whereas in other researches stated that integrated HIV services in antenatal care can significantly increase satisfaction with services for pregnant women who are infected or not so that it can increase the awareness of mothers to do screening.⁵ This study to determine the determinants of satisfaction with HIV/AIDS screening in pregnant women, so that it can be used as information for health facilities in the preparation of strategic programs to increase satisfaction and HIV/AIDS screening services for pregnant women.

Based on the preliminary research, the Banguntapan III Community Health Center is one of the Community Health Centers that has conducted PMTCT examinations as part of midwifery service standards. Based on the data, it is known that not all pregnant women want to screen for HIV/AIDS. From the register data, the number of pregnant women who have examined PMTCT on January - July 2018 amounted to 188 pregnant women.

Therefore, research needs to be carried out to determine the determinants of satisfaction of pregnant women with HIV/AIDS screening, so that it is expected to improve services for pregnant women and mothers' awareness to carry out HIV screening. This study aims to analyze the determinants of pregnant women's satisfaction with HIV/AIDS screening at the Banguntapan III Public Health Center, Bantul Regency

METHOD

The type of research in this research is Explanatory Research with cross-sectional design.⁶ This research uses a quantitative approach combined with qualitative (Mixed Method).⁷ The population in this study was pregnant women who visited the Banguntapan III Public Health Center and had received an HIV/AIDS screening. Sampling is conducted in total sampling, which is a sampling technique where the number of samples is equal to the population.⁸ Data collection was carried out in September 2019. Quantitative data was carried out in 4 days according to the schedule for HIV/AIDS screening visits and qualitative data finished in 1 day. The sample in this research was 81 pregnant women. For a qualitative approach, triangulation of sources is carried out which aims to compare and check the degree of trust in information obtained from respondents. Triangulation of sources in this study was the Coordinating midwife and Laboratory Officer as the main informant and the Head of the Community Health Center as the key informant. The data source in this study uses primary data. Quantitative data collection technique was carried out using questionnaires while qualitative data collection was done by in-depth interviews. Data analysis techniques were Chi-Square, multiple logistic regression and content analysis. Prior to collecting research data, an ethical test was carried out and was declared to have passed the feasibility test.

RESULTS

Characteristics of Respondents

Characteristics of respondents in this research can be seen in table 1 as follows :

Table 1. Distribution of Characteristics of Respondents by Age, Educational Level, Occupation, Gravida and Ever Obtaining Information on HIV / AIDS in Banguntapan III Community Health Center

Characteristic	F	%
Age		
Non Healthy Reproduction	17	21
Healthy Reproduction	64	79
Educational Level		
Basic	17	21
Intermediate	41	50,6
High	23	28,4
Occupation		
Does Not Work	35	43,2
Work	46	56,8
Gravida		
Primigravida	30	37
Multigravida	50	61,7
Grandemulti	1	1,2
Ever Obtain HIV/AIDS Information		
Never	0	0
Ever	81	100
Total	81	100

Table 1 shows that the majority of respondents were in the category of healthy reproduction, as many as 64 (79%). Based on the level of education, most of the respondents were in the intermediate education category of 41 (50.6%). Based on the occupation, most of the respondents were in the work category of 46 (56.8%). Based on gravida, the majority of respondents were multigravida in 50 (61.7%). All respondents had received information about HIV AIDS.

Communication of Health Workers, Attitude of Health Workers, Physical Appearance and Health Workers Skills

The description of the communication of health workers, attitude of health workers, physical appearance (the neatness of the officers and the comfort of the room), health workers skills in providing HIV AIDS screening services at the Banguntapan III Community Health Center can be seen in the following table 2:

Table 2. Distribution of Frequency of Communication of Health Workers, Attitude of Health Workers, Physical Appearance (the neatness of the officers and the comfort of the room), Health Workers Skills in Banguntapan III Community Health Center

Variable	F	%
Communication of Health Workers		
Not Good	38	46,9
Good	43	53,1
Attitude of Health Workers		
Not Good	12	14,8
Good	69	85,2

Physical Appearance		
Does not Support	13	16
Support	68	84
Health Workers Skills		
Unskilled	18	22,2
Skilled	63	77,8
Total	81	100

Table 2. shows that the communication of health workers most of the respondents were in the good category of 43 (53.1%). However, there are still respondents in the bad category as many as 38 (46.9%).

This was clarified from the results of interviews with midwives when asked about how the pre-HIV AIDS testing counseling procedure had been carried out, the informant said that it was usually only according to format because there was enough data from the format, such as the following interview quote:

".. usually only in accordance with the format because pregnant women have obtained information from the class of pregnant women ... from the data in this format, it has been many and long ..."

(Coordinating midwife, interview results, October 2019)

Midwife Counselors do not introduce themselves to patients because they are accustomed to Community Health Center.

"... We are already accustomed to Community Health Center ... so we do not need to introduce ourselves here ..."

(Coordinating midwife, interview results, October 2019)

At the time of pre-test counseling the patient has not been explained in its entirety and the patient immediately signs the approval letter.

"... everything has not been explained yet, just filling in screening questions ... patients are asked to read then sign but they usually do not read, just sign right away ..."

(Coordinating midwife, interview results, October 2019)

After the examination results are completed, the evaluation is only conducted on patients whose results are positive only, as the following interview quote:

"... Evaluation is usually conducted on patients with positive results ..."

(Laboratory Officer, interview results, October 2019)

The attitudes of the majority of health workers in the good category were 69 (85.2%). This was made clear from the results of the interview with the coordinating midwife at the Banguntapan III Community Health Center when asked how the attitude of the health staff when carrying out the procedure of informants said that as a counselor trying to be close to the patient, as the following interview quote:

"... as a counselor as much as possible is close to the patient so that the patient is open ... but it is really difficult..."

(Coordinating midwife, interview results, October 2019)

In order for patients to feel comfortable during the examination, laboratory workers always try to smile, greet and communicate.

"... the first one with a greeting smile ... I ask to communication ..."

(Coordinating midwife, interview results, October 2019)

The physical appearance (neatness of the officers and comfort of the room) most of the respondents were in the support category of 68 (84%). This was made clear from the results of interviews with the Head of the Community Health Center at the Banguntapan III Community Health Center when asked opinions about the appearance of counselors such

as midwives and laboratory officer, the informant said that the culture at the Community Health Center was 3S (Smile, Greeting, Regard) and the laboratory officer had always used PPE as an interview quote the following:

“... In our culture, 3 S should be treated the same, so there is no difference. If there are positive patients, only we know it ... so the health worker should already know for example, the APD of the lab officer is the same ...”

(Head of Community Health Center, interview results, October 2019)

There were still respondents who stated that physical appearance (neatness of the officers and comfort of the room) was in the category of not supporting as many as 13 (16%).

The examination room was neat, but the standard of the room is indeed not standard.

“... it is neatly arranged ... but from the standard of the room in general, if I say it is not standard ... so I propose a relocation of the Community Health Center ... because our Community Health Center is not yet in accordance with the standard ... KIA room ... the lab room is also not up to standard. KIA room is cramped (narrow) ... hot ... the document is also there ...”

(Coordinating midwife, interview results, October 2019)

Supporting facilities at the Community Health Center do not meet the standards.

“... it is not appropriate hehehe ... there are only 2 bathrooms ... 1 bathroom is a public bathroom ... there is a relocation plan, there is also a prayer room for visitors ...”

(Head of Community Health Center, interview results, October 2019)

The skills of most health workers were in the skilled category of 63 (77.8%).

Satisfaction of Pregnant Women On HIV AIDS Screening

The results of the distribution of pregnant women satisfaction with HIV AIDS screening can be seen in table 3 as follows:

Table 3. Distribution of Frequency of Pregnant Women Satisfaction with HIV AIDS Screening in the Banguntapan III Community Health Center

Variable	F	%
Pregnant Women Satisfaction with HIV AIDS Screening		
Less Satisfied	0	0
Satisfied Enough	5	6,2
Satisfied	76	93,8
Total	81	100

Table 3 shows that the satisfaction with HIV AIDS screening, most of the respondents were in the satisfied category of 76 (93.8%).

Relationship of Communication, Attitude, Physical Appearance (Neatness Of The Officers and Room Comfort) and Health Officer Skills with Pregnant Women Satisfaction with HIV AIDS Screening

Table 4. Cross Table of Communication, Attitude, Physical Appearance (Neatness of the Officer and Room Comfort) and Health Workers' Skills with Pregnant Women Satisfaction with HIV AIDS Screening in Banguntapan III Coomunity Health Center

Variable	Satisfaction				Total		p
	Satisfied Enough		Satisfied		f	%	
	f	%	f	%			
Communication							
Not Good	5	6,2	33	40,7	38	46,9	0,02*
Good	0	0	43	53,1	43	53,1	
Attitude							
Not Good	2	2,5	10	12,3	12	14,8	0,15
Good	3	3,7	66	81,5	69	85,2	
Physical Appearance							
Does not Support	3	3,7	10	12,3	13	16	0,02*
Support	2	2,5	66	81,5	68	84	
Health Workers' Skills							
Unskilled	1	1,2	17	21	18	22,2	1
Skilled	4	4,9	59	72,8	63	77,8	
	5	6,2	76	93,8	81	100	

Table 4 shows that the majority of respondents with health worker communication in good category and satisfaction with HIV AIDS screening in satisfied category were 43 (53.1%). Chi-square test results, obtained a value of $p = 0.02$, then the null hypothesis is rejected so that there is a meaningful relationship between communication of health worker and satisfaction with HIV AIDS screening.

Most respondents with good category health worker attitude and satisfaction category with HIV AIDS screening were 66 (81.5%). Chi-square test results, obtained $p = 0.15$, then the null hypothesis is accepted so that there is no meaningful relationship between health workers' attitudes and satisfaction with HIV AIDS screening.

Most respondents with physical appearance of health workers in the support category and satisfaction with HIV AIDS screening were satisfied as many as 66 categories (81.5%). Chi-square test results, obtained $p = 0.02$, then the null hypothesis is rejected so that there is a significant relationship between physical appearance with satisfaction with HIV AIDS screening.

Most respondents with health worker skills of skilled category and satisfaction with HIV AIDS screening were 59 (72.8%). Chi-square test results, obtained a value of $p = 1.00$, then the null hypothesis is accepted so that there is no meaningful relationship between the skills of health workers and satisfaction with HIV AIDS screening.

Analysis of the Influence of Health Workers' Communication and Physical Appearance (Neatness of Workers and Room Comfort) on Pregnant Women Satisfaction with HIV AIDS Screening

The independent variable that has a significant relationship, namely health worker communication and physical appearance (Neatness of worker and Room Comfort) was

tested using a logistic regression analysis Backward method to determine the effect together on the satisfaction of pregnant women with HIV AIDS screening which can be seen in table 5 below:

Table 5. Results of the Multiple Logistic Regression Test Analysis of the Backward Method

	B	S.E	Wald	d f	Sig.	Exp (B)	95,0% C.I.for EXP(B)	
							Lower	Upper
Communication	-18,970	5952,493	0,000	1	0,997	0,000	0,000	4,732
Appearance	-1,910	1,018	3,516	1	0,061	0,148	0,020	1,090
Constant	-1,146	5952,493	0,000	1	0,997	23385 23429		

Physical appearance has an influence with Exp (B) of 0.148. This means that officers and health facilities with unsupportive appearance will show less satisfaction of respondents by 0.148 times greater than health workers and facilities who have good physical appearance.

DISCUSSION

Characteristic of Respondent

Based on the characteristics of respondents (table 1), it is known that most respondents in the category of healthy reproduction that is aged 20-35 years as many as 35 (64%), this can be concluded that pregnant women in a safe age range. Increasing age of pregnant women will be more risky than younger women. Risks increase not only for mothers such as hypertension, preeclampsia, diabetes mellitus, bleeding, but also for the fetus. According to research, it is known that there is a significant relationship between maternal age and pregnancy complications in primigravida.⁹

The research results showed that the majority of respondents had an intermediate education level of 41 (50.6%). Education is a fundamental social determinant in health behavior. It is because basic education skills and expertise, including basic knowledge, reasoning abilities, emotional self-regulation, and interaction skills, are important components of health.¹⁰ According to the research results, found that a good level of education can affect a person's health behavior. Health behavior is an important factor to improve one's health status.¹¹

The majority of pregnant women who visited Banguntapan III community health center were working mothers, amounting to 46 (56.8%). Pregnant women who work need to get more attention, because mothers need to spend time in care outside working hours. Based on various studies, it shows that long working hours and long standing can put pregnancy at risk. Working patterns of pregnant women can affect pregnancy both mother and fetus. Working during pregnancy slightly increases the risk of miscarriage and threatens preterm labor. Thus, doctors / health professionals need to provide counseling to patients about this potential risk and provide recommendations for early modification of work activities, in order to have a positive impact on pregnancy outcomes.¹²

According to the results of this research, it is known that most respondents were multigravida 50 (61.7%). This shows that most of the mothers have experience in pregnancy care. The lack of experience in pregnancy care is one of the factors that increases the risk of primigravida mothers experiencing depression.¹³ Factor gravida contributed and

influence on the process of pregnancy and childbirth, especially in mothers who experience pregnancy first.¹⁴

All pregnant women (100%) who come to the Banguntapan III community health center have received information about HIV / AIDS. Sources of information are not only from health workers but also from other information media such as television or the internet. According research result, shows that pregnant women who have received information about HIV / AIDS are more receptive and have awareness to carry out HIV / AIDS screening.¹⁵ The results of previous researches at the Banguntapan Community Health Center also showed differences in behavior in the implementation of HIV / AIDS screening before and after providing counseling about HIV / AIDS.¹⁶

Communication of Health workers

Based on table 2 health workers 43 (53.1%) have good communication techniques. This shows that respondents have a positive response with health workers. The communication aspect plays an important role because health services are high personal contact because with good communication understanding of pregnant women about HIV / AIDS screening will be easier.³ Good communication from health workers is developed since patients come by introducing themselves before the service and shown by the ability of officers when giving an explanation of HIV / AIDS screening.

Even though the majority of respondents said that the officers had good communication methods, there were still 46.9% of respondents who stated that they were not good. Therefore, efforts are still needed to improve the ability of officers to communicate with patients, so that pregnant women will be more comfortable and increase awareness / acceptance of pregnant women for HIV / AIDS screening. It is because based on the results of research that it is not easy for patients to convey their problems to health workers. The problem that often arises is the language barrier and officers are too busy to listen to their problems so there is no good communication between officers and patients.¹⁷

There are still respondents who stated that the communication of officers was not good, it was made clear by the results of the interview with the coordinating midwife that pre-test counseling was usually only in the format because there was enough data from the format. In the Community Health Center, the patient has not been thoroughly explained about HIV AIDS before signing the agreement and is strengthened by the results of interviews with laboratory workers who stated that the evaluation after obtaining the results was only carried out on patients whose results were positive.

Attitude of Health Workers

According to the results of the research (Table 2), the majority of health workers 69 (85.2%) had a good attitude. The attitude of health workers is shown by hospitality, attention, courtesy, smiles, respect and being able to provide confidence when screening for HIV / AIDS. The attitude of good health workers can affect patient compliance with HIV / AIDS screening.³ According to research patients will be happy if health workers show respect when patients arrive.¹⁷

Most respondents stated that the attitude of health workers in the good category was made clear by the results of interviews with the coordinating midwife that as a counselor had tried to be close to patients and laboratory staff always tried to smile, greetings, and communicate with patients.

Physical Appearance

The results of this research (Table 2) showed that 68 (84%) patients stated their physical appearance was supportive in supporting service satisfaction. Physical appearance is not only about the neatness of the officers but also the comfort of the room

in providing HIV AIDS screening services. According to UNAID, one of the factors that affects satisfaction standards is the right physical environment (comfort, privacy and confidentiality). According research result that efforts to improve services are to improve facilities such as cleanliness, waiting rooms, shortening queues and increasing the number of health workers.¹⁸

There were still respondents who stated that physical appearance (neatness of the worker and comfort of the room) was in the category of not supporting as many as 13 (16%). This was made clear from the results of the interview with the Head of the Community Health Center that the room standard was not yet standard and the MCH (Mother and Child Health) room was narrow and hot and the supporting facilities were not appropriate

Skill of Health Workers

The majority of health worker skills in this research (table 2) were 63 (77.8%) expressed as skilled by respondents. Skills demonstrate the ability of officers to provide services promptly, accurately and satisfactorily so as to guarantee the risk of harm caused by actions.¹⁹

Satisfaction of Pregnant Women Against HIV AIDS Screening

Based on the results of the research (Table 3) the majority of respondents 76 (93.8%) expressed satisfaction with HIV / AIDS screening services at the Banguntapan III Community Health Center. Respondent satisfaction is the level of feeling after comparing the performance (results) she feels compared to her expectations.²⁰ Satisfaction with the quality of health services includes reliability, responsiveness, assurance, empathy and direct evidence.¹⁹

The results of this research support previous research that the majority of clients were satisfied with health workers even though the majority did not have a good understanding of counseling. Client satisfaction is shown by the client likes the discussion session and counselor.²¹

Relationship of Communication, Attitudes, Physical Appearance and Skills of Health Workers with Pregnant Women Satisfaction with HIV AIDS Screening

Based on the research results (table 4), the health workers who have good communication as many as 43 (53.1%) expressed satisfaction with HIV / AIDS screening. Communication of health workers can improve patient understanding of the type of service they receive, so that communication aspects play an important role because health services are high personal contact.³

The results of this research show that there is a relationship of officer communication with the level of patient satisfaction with HIV / AIDS screening. This supports previous research that officer communication influences the level of client satisfaction. Poor communication by health workers can lead to very low levels of client satisfaction.²²

The research results showed that the good attitude of the officers 66 (81.5%) expressed satisfaction with the HIV screening provided by the officers. However, a number of 12 (14.8%) who stated that the staff's attitude was not good also felt satisfied with HIV screening. According to a research of health care sites with staff who behave well, patients will be willing to spend time and be willing to accept and want to access HIV / AIDS service providers.²²

However, according to the results of the analysis, it is known that there is no relationship between the attitude of the officers with the satisfaction of pregnant women towards HIV / AIDS screening. This can be due to the satisfaction of users of health services is influenced by several factors, not only the attitude of health workers.³

Supporting physical appearance, showed that respondents were satisfied as many as 66 (81.5%). Physical appearance is seen not only from the neatness of the officers but also the comfort of the room. The results of this research indicate that physical appearance is related to satisfaction of pregnant women with HIV / AIDS screening. This supports previous research where it was reported that the level of patient satisfaction was related to several dimensions, such as the appearance of officers, availability and cleanliness of health facilities.¹⁷

The results of this research indicate that skilled health workers, 59 (72.8%) respondents expressed satisfaction with HIV / AIDS screening. This is supported by previous research that clinically competent health workers contribute to patient satisfaction. The most common obstacle is the limited time of health workers so that patients feel less heard and cared for.²²

The results of this research show that there is no relationship between the skills of health workers with satisfaction of pregnant women on HIV / AIDS screening. Satisfaction is something complicated and difficult to measure. Satisfaction is reported to change with time, so it needs to be considered to measure patient satisfaction routinely.²²

Analysis of the Influence of Health Workers' Communication and Physical Appearance (Neatness of the Workes and Room Comfort) on Pregnant Women Satisfaction with HIV AIDS Screening

Based on table 5, The satisfaction of users of health services is influenced by several factors.³ Based on results of analysis, it is known that communication and physical appearance influence HIV / AIDS screening and backward logistic regression results show that physical appearance is the most influential factor on patient satisfaction with an OR value of 0.148. This shows that the appearance that does not support can result in less satisfaction of respondents by 0.148 times greater than health workers who have good physical appearance.

The physical appearance was judged not only by the neatness of the worker but also the cleanliness and comfort of the room. Research in Bangladesh shows that good infrastructure and complete facilities and room cleanliness can significantly increase client satisfaction.²³

CONCLUSION

There is a relationship between health worker communication and physical appearance with satisfaction with HIV AIDS screening. There is no relationship between health worker attitudes and health worker skills and satisfaction with HIV AIDS screening. The most influential factor on the satisfaction of pregnant women in HIV AIDS screening is physical appearance.

Based on the results of the study, it is recommended that health workers continue to improve the quality of HIV/AIDS screening services from various dimensions and can provide more complete counseling before providing HIV AIDS screening services. Health centers can also carry out regular satisfaction assessments so that they can improve the quality of service to patients

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