

Village Health Post Sanitation Condition to Customer Satisfaction at the Working Area of Gorontalo City Health Office

Bun Yamin M. Badjuka¹, Tumartony Thaib Hiola²

^{1&2}*Department of Midwifery, Health Polytechnic of Ministry of Health at Gorontalo*

Abstract

Village Health Post as one of the health service facilitations has a strategic role in the effort to speed up public health degree. The quality of village health post service can be known from the personnel's service professionalism, efficiency, and effectiveness and also customer satisfaction. Meanwhile the quality of village health post service can be reviewed from several things like structures that cover physical facilities of the village health post that fulfills the requirements of building in terms of building location, and sanitation condition which includes room area, lighting, ventilation, and have clean water facilities, sewerage, and latrine which should be able to provide satisfaction to the customers. The purpose is to analyze sanitation condition to village health post customer satisfaction at the working area of Public Health Office Gorontalo City. This research was quantitative method, the research instrument used questionnaires to measure sanitation condition and customer satisfaction of the village health post's users. Statistical test result obtains X^2 count (8,714) > X^2 table (3,841) and p value = 0,003 < 0,05 which degree of significance $\alpha=0,05$, then H_0 is rejected, so it is interpreted that the sanitation condition of Village Health Post has a very significant effect to the customer satisfaction of Health Public Post in Gorontalo City. It is advised that the Condition of Village Health Post Sanitation Facilities that does not fulfill the requirements should hold on to Indonesia's Health Ministerial Decree Number 1405/MENKES/SK/XI/2002 and Regulation of Health Minister Number 736/MENKES/PER/VI/2010.

Keywords: Sanitation Condition, Customer Satisfaction

I. INTRODUCTION

Health development is done with the purpose to increase awareness, willingness, and healthy living ability for everyone so that the highest degree of public health is realized. In order to achieve that goal, health development is done systematically and continuously. Health development challenge and health development problem gets tougher, complex, and even unpredicted. Moreover, the active role of community in health development becomes very important. The importance of role and community in health development are reflected in the strategy and main target of Health Ministry Strategic Plan. The programs of health development that will be held by Health Ministry is directed for the development of Siaga Village in order to realize healthy village. The expected Community-based Health Efforts is able to mitigate local problem risk factors.

Health as human rights has not belonged to any Indonesian human because of several things like geographical constraints, sociological, and culture. Health for some residents with limited capacity and knowledgeable and low income still needs to be fought continuously by bringing access to health services closer and human resources empowerment still also must be promoted through socialization and advocacy of policy makers and stakeholders at various administrative levels.

Listen to this fact, breakthrough efforts that really have leverage should be needed to improve Indonesia community health degree. Therefore, Ministry of Health awares that at the end, the achievement of Millenium Development Goal's that is formulated through 4 purposes that includes in health field, rests on Siaga Village achievement as its base through Village Health Post.

Village Health Post is community-based health effort that is formed at the Village in order to get closer / provide basic health service. Village Health Post can be said as health facility which is the meeting between community efforts that gets Government's support. Village Health Post is held by health workers (at least a midwife), helped by at least 2 health cadres, so that the community requires the workers to improve their performance and professionalism for the service quality improvement that is hoped to fulfill customer satisfaction (Ilyas, 2007).

The main activities of Village Health Post are observation and early alertness (disease surveillance, nutrition surveillance, risk behavior surveillance, and environment surveillance), health emergency, and preparedness

against disaster and basic health service. The benefits of Village Health Post for other sectors are able to integrate its sector activities with health field and community empowerment effectively and efficiently.

Village Health Post conceptually can answer health paradigm problems that always become community's desires. This thing will become reality if all related parties (community, government, private, non-governmental organization) wants to play a role and move the community.

Village Health Post as one of the health service facilities has a strategic role in an effort to speed up community health degree improvement. Village Health Post quality service can be known from personnel's professionalism, service effectiveness and efficiency, and also patient's satisfaction. Patient's satisfaction is determined by overall services such as: administration, doctor, nurse, food, medicine, equipment, facility, and Village Health Post's environment. Meanwhile the service quality of Village Health Post can be reviewed from three things like: 1) structure that includes: physical means, equipment, health staff fund, supporting tool, and patient, 2) process that covers management either interpersonal or technique that are reflected to medical / non-medical actions to the patients.

Quality and service are the means to achieve customer satisfaction. The main purpose is to realize customers who are satisfied and loyal who will consistently keep interacting. Therefore, providing high quality and excellent service is a must if want to achieve the goal of satisfied and loyal customers because if the customers aren't satisfied then they will stop interacting with health providers.

Village Health Post is expected as UKBM development center and also play a role as other UKBM coordinator needed by the villagers (for example Village medicine stall, water usage group, toilet latrine). For Village Health Post organization physical building facilities must be available. For smooth communication with society and health facility (especially community health center), Village Health Post should fulfill requirements of a building either reviewed from building location, room condition that includes room area, lighting, ventilation, and have drinking water facilities, SPAL and toilet that should be able to give customer satisfaction.

The construction of Village Health Post physical facilities can be done by several ways, such as (a) developing existing Village Maternity Cottage into Village Health Post, (b) exploiting existing building, for example community center, village center, village meeting center, etc, (c) building new, which is by the funding from government (central or regional), donator, business world, or nongovernmental.

Based on preliminary studies done by the researcher on 7th February 2017 in the field of disease eradication and environmental health services of Gorontalo City obtains information that there are 11 units of Village Health Post that are built by the government with the purpose to make the service closer to the community. That Village Health Post has 11 midwives that are responsible to all existing services in Village Health Post, and also helped by scattered cadres all over Village Health Post.

The Village Health Post scattered in the working area of Gorontalo City Health Minister, has been equipped by facilities and infrastructures, and also adequate energy, support from headman government, but in reality those facilities and infrastructures haven't been maximal examined routinely in accordance with the conditions from sanitation aspect.

From 11 Village Health Post, only Village Health Post in the working area of Dumbo Raya Community Health Center, East City Community Health Center, and North City Community Health Center's Sanitation Inspection are examined, meanwhile the physical condition and sanitation of Village Health Post in 7 Community Health Center are not reported. That will affect customer satisfaction to health service.

II. MATERIALS AND METHODS

The research type used by the researcher of analytic survey research with Cross Sectional Study approach, which tries to know the sanitation condition and customer satisfaction to Village Health Post in the working area of Gorontalo City Public Health Office in 2017. The population used in this research were all Village Health Post in the working area of Gorontalo City Public Health Office with a total of 11 units. The sampling technique in this research are total sampling, which was all Village Health Post in the working area of Gorontalo City Public Health Office with a total of 11 units.

The data collected in this research were primary and secondary data, like: 1) Primary Data. Primary data was the data obtained by the researcher directly from measurement result, observation, survey, etc, 2) Secondary Data. Secondary data was secondary data used as supporting and complementary data from primary data which has

relevance to research needs. The data processing was done by: 1) Editing was selecting data that has been obtained from interview result to get accurate data, 2) Coding was doing data coding to prevent error in data tabulation, 3) Data tabulation was data compilation in such a way to make data addition easier and presented in written form.

Data Analytic Technique: 1) Univariate Analysis. The data collected was in accordance with data collection instrument used, processed, and analyzed by using descriptive statistic method, which was presenting data in the form of frequency distribution table and percentage from every incident. After data processing result is obtained, what to do next was to interpret and present the result narratively by giving explanation in accordance with the events or facts found in the field, 2) Bivariate Analysis to know whether there was a relationship between independent variables on the dependent variables chi-square statistics analysis with SPSS program for Windows is used.

III. RESULT

Respondent Characteristics

Table 1. Village Health Post User Respondent Distribution According to Age in Gorontalo City in 2017

Age (Year)	Total	Percentage
< 20	4	3.67
20 - 35	98	89.91
> 35	7	6.42
Total	109	100.00

Table 2. Village Health Post User Respondent Education Level in Gorontalo City in 2017

Education	Total	Percentage
Basic Education	44	40.37
Middle Education	56	51.38
College	9	8.25
Total	109	100.00

Table 3. Village Health Post User Respondent Type of Work in Gorontalo City in 2017

Work of Type	Total	Percentage
Housewives	98	89.91
Private Employees	7	6.43
Honorer	2	1.83
Government Employees	2	1.83
Total	109	100.00

Table 4. Village Health Post User Respondent Sanitation Condition in Gorontalo City in 2017

Sanitation Condition	Total	Percentage
Qualified	86	78.9
Unqualified	23	21.1
Total	109	100.0

Table 5 Village Health Post Building Location in Gorontalo City in 2017

Building Location	Total	Percentage
Qualified	93	85.3
Unqualified	16	14.7
Total	109	100.0

Table 6. Village Health Post Room Arrangement in Gorontalo City in 2017

Room Arrangement	Total	Percentage
Qualified	42	38.5
Unqualified	67	61.5
Total	109	100.0

Table 7. Village Health Post Lighting in Gorontalo City in 2017

Lighting	Total	Percentage
Qualified	44	40.4
Unqualified	65	59.6
Total	109	100.0

Table 8. Village Health Post Ventilation in Gorontalo City in 2017

Ventilation	Total	Percentage
Qualified	41	37.6
Unqualified	68	62.4
Total	109	100

Table 9. Village Health Post Clean Water Supply in Gorontalo City in 2017

Clean Water Supply	Total	Percentage
Qualified	86	78.9
Unqualified	23	21.1
Total	109	100.0

Table 10 Village Health Post Toilet / Bathroom in Gorontalo City in 2017

Toilet / Bathroom	Total	Percentage
Qualified	86	78.9
Unqualified	23	21.1
Total	109	100.0

Table 11. Village Health Post Waste Disposal in Gorontalo City in 2017

Waste Disposal	Total	Percentage
Qualified	103	94.5
Unqualified	6	5.5
Total	109	100.0

Table 12 Respondent's Satisfaction to Service at Village Health Post in Gorontalo City in 2017

Patient's Service Satisfaction	Total	Percentage
Satisfied	75	68.8
Dissatisfied	34	31.2
Total	109	100.0

Table 13. Respondent's Respond to Midwife's Reliability at Village Health Post in Gorontalo City in 2017

Reliability	Total	Percentage
Good Enough	5	4.6
Good	104	95.4
Total	109	100

Table 14. Respondent's Respond to Midwife's Assurance at Village Health Post in Gorontalo City in 2017

Assurance Dimension	Total	Percentage
Good Enough	2	1.8
Good	107	98.2
Total	109	100.0

Table 15. Respondent's Respond to Midwife's Tangibility at Village Health Post in Gorontalo City in 2017

Tangibility Dimension	Total	Percentage
Good Enough	11	10.1
Good	98	89.9
Total	109	100.0

Table 16. Respondent's Respond to Midwife's Empathy at Village Health Post in Gorontalo City in 2017

Empathy	Total	Percentage
Good	12	11
Very Good	97	89
Total	109	100

Table 17. Respondent's Respond to Midwife's Responsiveness at Village Health Post in Gorontalo City in 2017

Responsiveness	Total	Percentage
Good	12	11
Very Good	97	89
Total	109	100

Table 18. Village Health Post Sanitation Condition to Customer Satisfaction at Village Health Post in Gorontalo City in 2017

Village Health Post Sanitation Condition	Customer Satisfaction				Total		X ² p value
	Satisfied		Dissatisfied		n	%	
	n	%	n	%			
Qualified	65	75.60	21	24.40	86	100	8.714 0.003
Unqualified	10	43.50	13	56.50	23	100	
Total	75	68.80	34	31.20	109	100	

Analysis of Building Location to Customer Satisfaction at Village Health Post

Table 19. The Effect of Building Location to Customer Satisfaction at Village Health Post in Gorontalo City in 2017

Building Location	Customer Satisfaction				Total		X ² p value
	Satisfied		Dissatisfied		n	%	
	n	%	n	%			
Qualified	65	69.9	28	30.1	93	100	0.348 0.555
Unqualified	10	62.5	6	37.5	16	100	
Total	75	68.8	34	25.9	109	100	

Table 20. The Effect of Room Arrangement to Customer Satisfaction at Village Health Post in Gorontalo City in 2017

Room Arrangement	Customer Satisfaction				Total		X ² p value
	Satisfied		Dissatisfied		n	%	
	n	%	n	%			
Qualified	34	81.0	8	19	32	100	4.696 0.030
Unqualified	41	61.2	26	38.8	67	100	
Total	75	68.8	34	31.2	109	100	

Table 21. The Effect of Room Lighting to Customer Satisfaction at Village Health Post in Gorontalo City in 2017

Lighting	Customer Satisfaction				Total		X ² p value
	Satisfied		Dissatisfied		n	%	
	n	%	n	%			
Qualified	35	79.5	9	20.5	44	100	3.964 0.046
Unqualified	40	61.5	25	38.5	65	100	
Total	75	68.8	34	31.2	109	100	

Table 22. The Effect of Room Ventilation to Customer Satisfaction at Village Health Post in Gorontalo City in 2017

Room Ventilation	Customer Satisfaction				Total		X ² p value
	Satisfied		Dissatisfied		n	%	
	n	%	n	%			
Qualified	33	80.5	8	19.5	41	100	4.178 0.041
Unqualified	42	61.8	26	38.2	68	100	
Total	75	68.8	34	31.2	109	100	

Table 23. The Effect of Clean Water Supply to Customer Satisfaction at Village Health Post in Gorontalo City in 2017

Clean Water Supply	Customer Satisfaction				Total		X ² p value
	Satisfied		Dissatisfied		n	%	
	n	%	n	%			
Qualified	66	76.7	20	23.3	86	100	11.962 0.001
Unqualified	9	39.1	14	60.9	23	100	
Total	75	68.8	34	31.2	109	100	

Table 24. The Effect of Toilet / Bathroom to Customer Satisfaction at Village Health Post in Gorontalo City in 2017

Toilet/Bathroom	Customer Satisfaction				Total		X ² P value
	Satisfied		Dissatisfied		n	%	
	n	%	n	%			
Qualified	30	81.1	7	18.9	37	100	3.932 0.047
Unqualified	45	62.5	27	37.5	72	100	
Total	75	68.8	34	31.2	109	100	

Table 25. The Effect of Waste Disposal to Customer Satisfaction at Village Health Post in Gorontalo City in 2017

Waste Disposal	Customer Satisfaction				Total		X ² P value
	Satisfied		Dissatisfied		n	%	
	n	%	n	%			
Qualified	74	71.8	29	28.2	103	100	8.043 0.005
Unqualified	1	16.7	5	83.3	6	100	
Total	75	68.8	34	31.2	109	100	

IV. DISCUSSION

Respondent's Satisfaction to Service Quality (RADER)

1. Reliability

From table 13 there were still 4.6% of respondents who stated the ability of midwives to present performance consistently, quickly and accurately with fairly good categories and the rest stated very well. Assessment of the level of performance is strongly influenced by his knowledge of service quality standards from the reliability dimension and his experience regarding indicators that measure these dimensions. The knowledge and experience comes from the services of other hospitals that have been observed as well as from reading material. In addition, sources of information from family and relationships also form patient standards about how indicators that form the reliability dimension should be shown. However, the patient's feeling of satisfaction or dissatisfaction with the dimensions of reliability is determined by his needs. So, even though this dimension is considered poor performance, but if during outpatient care the need for reliability indications is not too large, the patient can feel satisfied. Likewise, on the contrary, although patients assess reliability performance is good, patients can still feel dissatisfied. This can be affected because of the high level of need when undergoing outpatient care.

Reliability is the ability to present performance consistently, quickly, accurately. This means that the Village Health Post must be able to deliver its services right from the start, fulfill its promise accurately and reliably. Where this can be seen in the presence of midwives at the poskesdes every time they are needed by their patients. Likewise with the aspect of treatment of midwives when providing services to patients quickly and not discriminating patient status will provide satisfaction to patients.

Tenner and De Toro (1993), that the quality value that is most easily understood from goods and services is faster (fast), meaning how a product or service can be obtained quickly, easily and pleasantly.

2. Assurance

From table 14, it appears that 1.8% of respondents who assess assurance assurance of midwives are still found in terms of knowledge, skills and hospitality so that they can be trusted and create a sense of security in a fairly good category. The remaining 98.2% stated in the good category.

Although the number of patients who assessed this dimension was far greater at 98.2%, the absolute number of respondents who gave inconsistent reactions between their evaluations of assurance performance and satisfaction was almost the same.

The reason for the inconsistency of assessment with respondent satisfaction for the assurance dimension is slightly different from reliability. For the assurance dimension, this is more influenced by the results of the comparison of patients with the quality of service of midwives in other Village Health Post regarding assurance dimension indicators.

Someone who is experiencing pain and is in care in an uncomfortable physical condition, so the midwife must show action to convince the patient that with knowledge, skills, friendliness, can give their hope to recover after receiving treatment will be realized, so this will give satisfaction to patients.

This proves that if the midwife is able to provide good service so that the midwife provides a guarantee of the attitudes and actions given when receiving the patient first until the patient leaves the service room, then this can be used as an indicator of quality service for patients. According to Zethml, Berry and Parasuraman (1985) which identify the characteristics groups used by customers in evaluating quality, including guarantees that include ability, politeness, freedom from danger, risk or doubt.

3. Tangible

From table 15 it appears that only 10.1% of respondents rated the evidence of lasung ((Tangible) with a fairly good category. The implication of this is the high tolerance of patients to the dimensions of tangibles. The high tolerance of patients due to the low adequate expectation of patients.

The possibility of low adequate expectation is due to the existing health post in the work area of the Gorontalo City Health Office having the demographic characteristics of patients who mostly come from the middle to lower social groups. This can be indicated by the level of education and employment of respondents. Therefore, adequate expectation of patients on the dimensions of low tangibles.

As is known, services are something that is not tangible. Therefore there must be an tangible component so that the service has direct evidence. This is reflected in the physical evidence of service, with the appearance of a neat, clean, attractive midwife, the cleanliness of a comfortable room, the arrangement of an attractive room so that it will satisfy patients.

Physical evidence is an indicator in determining satisfaction with the facilities received by patients, so this should be a concern of the Village Health Post because the dimensions of tangibles are direct evidence that can be felt and measured by patients.

According to Zeithml, Berry and Parasuraman direct evidence (tangibles) is a physical display of services, physical facilities, appearance of labor, tools or equipment used, and provides physical evidence as an initial medium for customers (patients) to see first what is there are, both regarding the appearance of officers and physical facilities used in the Village Health Post in the working area of the Gorontalo City Health Office.

4. Empathy

From table 16 shows 97 respondents (89%) who considered the emphyty dimension to be very good and 12 respondents (11%) who assessed the good dimensions of empathy. This is due to gaps in number 4 gap on customer gap of service quality (Zeithaml & Bitner, 2002). In this case, midwives can show good empathy but are not translated correctly when manifesting it in action.

Patients who were mentally treated at the Village Health Post mentally were someone who had a depressed, emotional, and sensitive psychiatric condition so that a midwife had to understand the true condition.

This is indicated by attitudes and actions to give special treatment to the patient such as listening to his complaints so that he can reassure the patient and please the patient and his family.

5. Responsiveness

From table 17, it appears that 11% of respondents rated the performance of the responsiveness dimension as good and 89% of respondents who assessed the responsiveness performance were very good. The cause of this inconsistency is almost the same as the reliability dimension which is very dependent on the patient's needs at that time. Although responsiveness is considered not good, but because of the patient's need for spontaneous midwives' non-urgent and emergency actions, the patient can still feel satisfied.

The physical and mental condition of a patient who was temporarily treated at the Village Health Post in the working area of the Gorontalo City Health Office was very uncomfortable such as being weak, helpless and so on. Patients are in a state of being unable to do something without the help of others, therefore it takes spontaneity from a midwife to help patients when patients need help, and always prepare their time. With the responsiveness of midwives to patients who always spontaneously provide help to patients, and always provide time for patients, then patients will be satisfied with the services received.

Robert and Prevost in 1987 (Azwar, 1996) stated that for users of health services, service quality is more related to the responsiveness of officers to meet patient needs and the smooth communication between officers and patients, in which case the patient's needs are more appropriate of complaints / illnesses.

6. Service Satisfaction Dimension

Overall, the results of the study have shown that patients are satisfied with the services at the Village Health Post in the work area of the Gorontalo City Health Office. This is indicated by the respondent's answer criteria from each dimension of service quality quality including the good category. But on the one hand there are still customers who feel dissatisfied as much as 31.20% from 109 respondents as contained in table 18.

The success of institutions in providing quality services can be determined by the service quality approach that has been developed by Parasuraman, Berry and Zenthaml. Service Quality is the difference between the expectations and realities of the customers for the services they receive. Service Quality can be known by comparing customer perceptions of the services they actually receive with the actual service they expect.

Service quality is the main thing that is seriously considered by service providers, including health services, which involve all the resources they have. The definition of service quality is centered on meeting customer needs and desires as well as the accuracy of delivery to offset customer expectations. According to Wyckof in Wisnalmawati, service quality is the expected level of excellence and control over the level of excellence to meet customer desires. If the services received are as expected, the quality of services is perceived as good and satisfying. If services received exceed customer expectations, then the quality of services is perceived as ideal. Conversely, if the services received are lower than expected, then the quality of services is considered bad.

Referring to the definition of service quality, the concept of service quality is a responsiveness and reality of the services provided by service providers. Service quality must begin with customer needs and end with Kotler customer perceptions, in Wisnalmawati. This means that good quality is not based on perceptions of service provision, but based on customer perceptions. Service quality refers to customer judgments about the core of service, namely the service provider itself or the entire service organization, most people now begin to show demands for excellent service, they are no longer just needing quality products but they are more than happy to enjoy the convenience of service. Therefore, in formulating strategies and service programs, organizations must be oriented to the interests of customers and pay close attention to the quality dimension.

Satisfaction and dissatisfaction with the quality of health services basically affect the subsequent behavior patterns. This is shown by patients after visiting health services (Supratman, 2008). If the patient is satisfied, then the patient will show the amount of possibility to come back to visit health services. Satisfied patients tend to provide good references to the health services they receive to others.

Judging from the quality of services provided, the Village Health Post in the working area of the Gorontalo City Health Service have fulfilled the needs of patients by providing the best service so that patients' expectations for the best services have been fulfilled and patients are satisfied with the services provided.

From the results of the analysis that has been described, the results of the research are found where the better the quality given, the more satisfaction the patient feels.

Village Health Post Sanitation Condition to Customer Satisfaction at Village Health Post in Gorontalo City in 2017

1. Building Location

Data from the results of the research in table 5 show that from the location of the Village Health Post building in Gorontalo City there were still 14.7% who did not meet the requirements as much. The assessment of the location of the building was caused by the Village Health Post building located in accident-prone areas and the Village Health Post building not separate from other buildings, namely the Lekobalo Village Health Post and the Ipilo Village Health Post.

Based on the Decree of the Minister of Health of the Republic of Indonesia Number 1405 / MENKES / SK / XI / 2002 Concerning the Health Requirements of the Office and Industry Work Environment, it is stated that the location of office buildings is not located in accident-prone areas and separated from other buildings.

Efforts can be made so that the location of the Village Health Post building fulfills the requirements sought so that before it is built in advance field observations will be carried out so that the building to be built truly meets the specified requirements.

2. Room Arrangement

The results of respondents' evaluations based on Table 6 of 61.5% stated that structuring the Village Health Post room did not meet the requirements. According to respondents The reason is that there is no separation between wet waste and dry waste, open landfills and non-watertight landfills.

Based on the Decree of the Minister of Health of the Republic of Indonesia Number 1405 / MENKES / SK / XI / 2002, the Health Requirements of the Office and Industry Work Environment are stated that each office must be equipped with a solid waste material, quite light, rust resistant, waterproof and has a surface smooth on the inside and equipped with a cover. Dry waste and wet waste are stored in separate bins.

Efforts are being made so that the landfill meets the requirements are: a. Every office must be equipped with a trash can of strong material, quite light, rust resistant, waterproof and has a smooth surface on the inside and is equipped with a lid. b. Dry waste and wet waste are stored in separate bins. c. Temporary waste collection points that are eligible are available.

3. Lighting

The data in table 7 that 59.6% of respondents said the Village Health Post lighting system did not meet the requirements. The assessment of the lighting system does not meet the requirements because lighting is not evenly distributed in the room and lighting in the delivery room is not in accordance with applicable regulations.

Based on the Decree of the Minister of Health of the Republic of Indonesia Number 1405 / MENKES / SK / XI / 2002 Concerning the Health Requirements of Office and Industrial Work Environment, it is stated that the light intensity of each room is at least 100-200 lux while for labor rooms 300 lux.

Efforts are made so that the lighting system meets the requirements are natural and artificial lighting is sought so as not to cause glare and have the intensity in accordance with its designation, placement of light bulbs can produce optimum radiation and light bulbs are often cleaned, light bulbs that begin not functioning properly immediately replaced.

4. Ventilation

The results of respondents' evaluations based on table 4.23 that of 66 (60.6%) people stated that the occupation of the Village Health Post room did not meet the requirements. According to the respondent the reason is the area of permanent natural ventilation or ventilation <10% of the floor area.

According to the Decree of the Minister of Health of the Republic of Indonesia Number 1405 / MENKES / SK / XI / 2002, the Health Requirements of Office and Industrial Workplaces are stated that 1) Ventilation of Village Health Post rooms, can be natural ventilation and / or mechanical ventilation. The number of natural ventilation openings is not less than 10% -15% of the floor area of the room that needs ventilation. Whereas a mechanical ventilation system is provided if natural ventilation that meets the requirements is inadequate. 2) Ventilation / ventilation in space needs to pay attention to 3 (three) basic elements, namely: (1) the amount of good quality outdoor air entering a room at a certain time; (2) the general direction of air flow in the building that should be from the clean area to the contaminated area and the distribution of outside air to each part of the room in an efficient manner and the airborne contaminants present in the room are streamed out in an efficient manner; (3) every space is attempted by the process of air inside the room moving and there is an exchange between the air in the room and the air from outside. 4) Selection of a natural, mechanical or mixed ventilation system, need to pay attention to local conditions, such as building structure, weather, costs and outside air quality. 5) The incoming air does not come from kitchen fumes and the smell of bathrooms / toilets.

In order for air office space exchanges to work properly, it is necessary to carry out the following efforts: 1) For non-air-conditioned workspaces, ventilation holes must be at least 15% of the floor area by applying a cross ventilation system. Periodic must be turned off and attempted to get air change naturally by opening all doors and windows or with fans, 3) Cleaning the air filter / air filter periodically according to factory conditions.

The results of the Village Health Post field observation assessment for temperature indicators do not meet health requirements because the indoor temperature of Village Health Post > 28 ° C, humidity > 60% and work rooms that do not use refrigeration, ventilation holes <10-20% of the floor area (covered with plastic on the grounds dusty) and does not apply a cross ventilation system.

5. Clean water supply

From table 9, information is obtained from respondents' respondents stating that the supply of clean water does not meet the requirements of 21.1%. The causal factor for not fulfilling the requirements is based on the bacteriological examination conducted by the UPTD of Water Quality Installation in Gorontalo District Health Office. It was obtained coliform in drinking water from Village Health Post. 100 ml of water samples and other causes are inadequate water discharge in the Village Health Post, especially in the Village Health Post Kelurahan Limba U2 and Village Health Post Kelurahan Tuladenggi even in South Leato Village Health Post and Village Health Post Buliide there are no clean water facilities.

Based on the Decree of the Minister of Health of the Republic of Indonesia Number 1405 / MENKES / SK / XI / 200, the Health Requirements of Office and Industry Workplaces state that the quality of clean water meets health requirements covering physical, chemical, microbiological and radioactive requirements in accordance with regulations and laws applicable and available clean water for employee needs in accordance with health requirements. Likewise in the Regulation of the Minister of Health of the Republic of Indonesia Number 492 / MENKES / PER / IV / 2010 it is stated that drinking water is safe for health if it meets the physical, microbiological, chemical and radioactive requirements contained in mandatory parameters and additional parameters.

In order for clean water supply to meet the conditions in the Village Health Post, efforts need to be made including providing clean water for employee needs in accordance with health requirements, distribution of clean water for offices must use piping systems, and sources of clean water and distribution facilities must be free from physical, chemical and bacteriological.

6. Toilet / Bathroom

Based on table 24, out of 72 (66.1%) people stated that the condition of the latrine / Village Health Post bathroom did not meet the requirements. According to respondents, the Village Health Post did not have a bathroom / wc for Village Health Post midwives. Tenda (broken) and Village Health Post did not have bathrooms for visitors to the village health post in South Heledulaa, Lekobalo and Village Health Post. Village Health Post Kelurahan Dembe Jaya, Donggala, Tuladenggi, Tomulabutao Selatan, Heledulaa Selatan and Village Health Post Kelurahan Ipilo.

Based on the Decree of the Minister of Health of the Republic of Indonesia Number 1405 / MENKES / SK / XI / 2002, the Health Requirements for Office and Industry Workplaces stated that Village Health Post is a health service facility that must fulfill the requirements including the availability of bathrooms and toilets for Midwives, availability of bathrooms and toilets visitors, clean, odorless, not flooded and no mosquito larvae.

Efforts are made so that the toilet / bathroom meets the requirements are 1) The room in the toilet must be bright, the dark building can be a den of mosquitoes, 2) The toilet floor must always be clean and dry, 3). The toilet floor must be waterproof and the bowl surface slippery. 4) Periodically cleaned, 5) To avoid odor and be comfortable to use: (a) If using a toilet, the pit must be closed after each use, (b) If using goose neck latrines, the goose neck surface must be tightly closed by water, (c) Sewage holes should be equipped with ventilation pipes to remove odors from inside the manure hole.

7. Wastewater disposal

Based on table 11 there are still 5.5% of respondents who stated that wastewater disposal did not meet the requirements. The assessment of waste water disposal does not meet the requirements because the sewerage is not closed and is not water-resistant, namely in the Village Health Post Kelurahan Tomulabutao Selatan.

Based on the Decree of the Minister of Health of the Republic of Indonesia Number 1405 / MENKES / SK / XI / 2002, regarding the Health Requirements of the Office and Industry Work Environment, it is stated that the Village Health Post is a health service facility that must meet the requirements in accordance with applicable laws and regulations. Efforts are made to ensure that wastewater disposal meets the following requirements: 1) The liquid waste channel must be waterproof, closed, liquid waste can flow smoothly and not cause odor. 2) All liquid waste must be processed first before being discharged into the environment at a minimum by using septic tanks.

8. Noise

Based on the results of the study that of the 10 Village Health Post that were observed only 1 Village Health Post that did not fulfill the requirements, namely the Village Health Post Kelurahan Heledulaa Selatan because the work space noise was > 85 dBA.

Based on the Decree of the Minister of Health of the Republic of Indonesia Number 1405 / MENKES / SK / XI / 2002 Concerning the Health Requirements of the Office and Industry Work Environment, it is stated that the Village Health Post is a health service facility must meet the requirements in accordance with the applicable laws and regulations. In order for noise not to interfere with health or harm it is necessary to take the following actions: 1) Arrangement of the room layout must be such that it does not cause noise, 2) Sources of noise can be controlled by means of: muffling noise, making bulkheads, and maintaining / planting trees.

9. Temperature and Humidity

The results of the field observation assessment that 10 Village Health Post for temperature indicators do not meet health requirements and the causes are Temperature > 28 ° C, Humidity > 60% and work rooms that do not use refrigeration do not have a ventilation hole of at least 15% of floor area and do not apply a cross ventilation system.

Based on the Decree of the Minister of Health of the Republic of Indonesia Number 405 / MENKES / SK / XI / 2002 Concerning the Health Requirements of the Office and Industry Work Environment, it is stated that the Village Health Post is a health service facility that must meet the requirements in accordance with the applicable laws and regulations.

In order for office space to meet health requirements, the following efforts need to be made: 1). The ceiling height from the floor is at least 2.5 m, 2). If the air temperature > 28 0C needs to use an air conditioner such as Air Conditioner (AC), fan, etc., 3). If the outside air temperature <18 ° C needs to use space heating, 4). If the working room air humidity > 60% needs to use a dehumidifier, 5). If the working room air humidity <40% needs to use a humidifier (for example: aerosol forming machines).

V. CONCLUSIONS AND RECOMMENDATIONS

The results showed that there were significant effects between the variables of room arrangement, lighting, air conditioning, provision of clean water and Village Health Post latrines to the customer's environment. For the variable location of the Village Health Post building, the results show that there is no effect on customer satisfaction. It is recommended that the Sanitation Facilities of the Village Health Post that do not meet the requirements should hold to the Decree of the Minister of Health of the Republic of Indonesia Number 1405 / MENKES / SK / XI / 2002 concerning Health Requirements for Office and Industrial Work Environment, Minister of Health Number 492 / MENKES / PER / IV / 2010 Drinking Water Quality Requirements and Minister of Health Regulation Number 736 / MENKES / PER / VI / 2010 concerning Management of Drinking Water Quality Control.

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