



## OPTIMIZING CIVIL SOCIETY FORUMS CONCERNING MATERNAL AND CHILD HEALTH (FORUM MASYARAKAT MADANI PEDULI KESEHATAN IBU DAN ANAK) CADRES THROUGH EARLY DETECTION OF PREGNANT WOMEN'S HEALTH PROBLEMS TRAINING

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**Abstract, Background:** Indonesian government launched various programs to prevent maternal and neonatal mortality in basic primary health care. Some of them are notably operated by Community Health volunteers (cadres) under the supervision of the sub-district Community Health Centre. On the other hand, it is still insisted endeavor to improve their competencies, especially in terms of early detection of pregnant women's health problems.

**Methods:** There were many steps to realize the optimizing role of the FMM-KIA cadre. First of all, Focus Group Discussion was conducted to identify necessary cadres to do well their work. Furthermore, the team arranged strategy and manner to achieve the goals of the program. After that, training was held by the team and supported by the head office of the community health center.

**Result:** Training held as long two days, no one of participants absent. It revealed to participants about early detection of maternal health problems. It was evidence that Early Detection in Maternal Health Problem Training for FMM-KIA cadres enhances their knowledge that promotes their action to assist pregnant women. The empowerment of Community Health Volunteers is important to notice patient symptoms.

**Conclusion:** This programs should be provided to emerge cadres' performance. Cooperation all of part in health system become primary strategy, to gain effectiveness of empowerment.

Key Words: FMM-KIA, Cadres, Optimizing

### Background

The success of maternal health programs can be seen from Maternal Mortality Rate (MMR). Besides the ability to assess maternal health programs, on the other hand, it can assess the public health degree of the state, both in terms of accessibility and quality (1). Identifying the drivers of maternal mortality is a critical key, it should be taken to contribute to Sustainable Development Goal 3.1 of reducing the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births by 2030 (2).

In Indonesia, there was a decrease in MMR during the period 1991-2015 generally. There was a decline in the MMR from 309 by 1991 to 305 by 2015 (3). It showed that significant approaches should be conducted to achieve up to 70 per 100,000 live birth. Various attempts have been held by the government to reduce MMR. Basic primary health care, including antenatal care, is performed at Village Health Posts (Pos Kesehatan Desa, Poskesdes). Villages also have maternal and child health posts (Pos Pelayanan Terpadu, Posyandu) which hold

periodically (once per month) and conduct basic maternal and child health checks such as monitoring child growth and providing nutritional advice. They are notably operated by Community Health volunteers (cadres) under the supervision of the sub-district Community Health Centre (Pusat Kesehatan Masyarakat, Puskesmas) (2).

In addition, the Indonesia Ministry of Health provides maternal health programs to prevent maternal and neonatal complications such as Childbirth Planning and Complication Prevention, Childbirth by Health Workers Program, and Pregnancy Class Program (4). Unfortunately, 3 "late" conditions as maternal mortality determinants cannot be avoided. There are too late to make a decision, too late to arrive at the venue of medical services, and too late to get adequate medical assistance (5). There seem insignificant results from diverse programs had been taken.

The programs that have been launched by the government will not run optimally without the support of community participation (6). One of the community groups that has an important role in the field of maternal and child health is the cadres of the Civil Society Forum for Maternal and Child Health Care. Its role is very strategic, but on the other hand, it is still necessary to improve the ability of knowledge and skills, especially in terms of early detection of health problems of pregnant women in supporting the reduction of maternal mortality.

Forum Masyarakat Madani-Kesehatan Ibu dan Anak (FMM-KIA) cadres subdistrict Sragi is community health volunteer as a part of Expanding Maternal & Neonatal Survival (**EMAS**) program in Pekalongan District, Central Java. Since established by 2015, they are an absence of training or education programs to pursue FMM-KIA cadres' competencies.

Based on the explanation above, community service activities carried out to detect health problems of pregnant women were needed. The purpose of this community service activity is to optimize the role, increase the knowledge, motivation, and skills of Forum Masyarakat Madani-Kesehatan Ibu dan Anak (FMM-KIA) cadres in assisting pregnant women.

## Methods

The target of these community service programs are FMM-KIA cadres in Sragi, Pekalongan, Central Java, a total of them were

35 cadres. However, due to activity restriction and the application of health protocol to prevent the spread of Covid-19 transmission, just 18 cadres who involved in this program.

The methods used in this community service activity include:

1. Focus Group Discussion among community service team, village midwives, and cadres to determine the maternal health problems in Sragi subdistrict and the needs of cadres
2. Focus Group Discussion between the community service team and village midwives to develop a program and the media will be used
3. Training for cadres includes providing material on early detection of health problems of pregnant women, techniques for providing counseling, and simple examination techniques for early detection of pregnant women. For long two days training performed. It was begun pre-test, to identify cadres' conversance degree, and at the last program, a post-test was conducted to evaluate the fruitfulness of the training.
4. Data analyzed by STATA MP/13.0

## Results

This program supported by village governments in Sragi subdistrict and sub-district Community Health Centre (Pusat Kesehatan Masyarakat, Puskesmas). This was revealed by endorsement from headmen, they delegated cadres to be participants, furthermore, the head office of the sub-district Community Health Center provides some facilities that bolster up this program.

Facilitators for this training program, all were relevant and had higher qualifications, consisting of master of midwifery, master of public health, and doctor. Establish public health cadres require providing in-service public health training, which considers their role as a front-line health worker (7).

All cadres who were involved in the training program emerged actively participated. All of them present as long as the program was in progress, moreover they look curious, even though most of them are over 35 years old. For further details about demographic background shown by table.1

**Table 1.** Demographic Background of Cadres

| Characteristic              |                    | Frequency | Percentage (%) |
|-----------------------------|--------------------|-----------|----------------|
| Genre                       | Female             | 18        | 100%           |
|                             | Male               | 0         | 0              |
| Age                         | < 20 years         | 0         |                |
|                             | 20-35 years        | 1         | 5,5%           |
| Education Background        | > 35 years         | 17        | 94,5%          |
|                             | Primary School     | 3         | 16,66%         |
|                             | Junior High School | 7         | 38,89%         |
|                             | Senior High School | 8         | 44,44%         |
| Occupation                  | Household          | 12        | 66,67%         |
|                             | Teacher            | 3         | 16,67%         |
|                             | Village officer    | 1         | 5,55%          |
|                             | merchant           | 1         | 5,55%          |
|                             | entrepreneur       | 1         | 5,55%          |
| Years of cadres' experience | Short (< 10 years) | 13        | 72,2%          |
|                             | Long (≥ 10 years)  | 5         | 27,8%          |
| Marital Status              | Married            | 16        |                |
|                             | Widow              | 2         |                |
| Participate in training     | Present            | 18        | 100%           |
|                             | Absent             | 0         | 0              |

Table. 1 showed that most of the participants were beyond reproductive age (more than 35 years old), which means there no younger anymore, but all of them attended the whole of the series program. It is also desirable that young cadres as possible should be newly recruited because the young generation is more accessible to correct information (8). The most of participants are housewives, and it same proportion in terms of village officers, merchants, and entrepreneurs, remained of

them were teachers. Interestingly, some cadres (16,6%) just finished primary school.

However, it was only 27,8% of participants had long experience as a health worker volunteer (Table.1). The length of time being cadres is also one of the contributing factors that affect the capacity building of cadres during training. Because it's been a long time cadres become the wishes and experiences of this health cadre in doing their role (9).

**Table. 2** Differences Pre-Test and Post-Test Mean Score

| Variable | Obs | Mean      | Std. Err. | Std. Dev. | [95% Conf. Interval] |
|----------|-----|-----------|-----------|-----------|----------------------|
| PreTest  | 18  | 47.22222  | 2.364713  | 10.03263  | 42.23311 52.21133    |
| PostTest | 18  | 69.16667  | 2.467104  | 10.46704  | 63.96153 74.3718     |
| diff     | 18  | -21.94444 | 3.160698  | 13.40971  | -28.61294 -15.27595  |

Table 2. describes that there was elevating in term mean score between Pre Test and Post Test. Regarding data analyses (paired t-test) revealed there was a significantly different mean score between pre and post-test. It can conclude that early detection of maternal health problems training is adequate to enhance community health volunteers' knowledge. Further, it implies they grasp well-to-do their

function to assist pregnant women.

On the other hand, Community Health Volunteer Training through lecture and discussion could enrich community health volunteers' competencies in terms of Maternal and Neonatal Health. It is proven by a training program that is held in Community Health Centre sub-district Baturaden, Central Java (10). Research had shown that CHV was able to

change trust and stigma within the community (11).

Community Health Volunteers are the workforce in health care who carry out their functions by providing health services, trained in the context of interventions, but do not have tertiary education. The empowerment of Community Health Volunteers is important to notice patient symptoms. In addition, the empowerment of them is imperative needed alternative steps to catch to find new cases in the community and strengthen its management (11). Agency for International Development's Maternal and Child Health Integrated Program has supported enriched global conversations on the strengthening of CHW programs at scale (12).

### Conclusion

Building Community Health Volunteer (cadres) requires a support system from the state government, particularly the head office of the Community Health center and headman. Furthermore, deserve programs should be provided to emerge cadres' performance. It was evidence that Early Detection in Maternal Health Problem Training for FMM-KIA cadres enhances their knowledge that promotes their action to assist pregnant women. Cooperation all of part in health system become primary strategy, to gain effectiveness of empowerment.

### Competing Interest

There is nothing that interferes with or could reasonably be perceived as interfering with, the full and objective presentation, peer review, editorial decision-making, or publication of these articles submitted to this International conference.

### Author's Contributions

The first and second authors formulated a community service program, construct media for training, and wrote the manuscript with support from the third author. The third author completed administration and verified data collection. All authors discussed the results and contributed to the final manuscript.

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#### Attachment



**Figure 1.** Focus Group Discussion



**Figure 2.** Lecture about Early Detection Maternal Health Problems



**Figure 3.** Weighing practice as a simple examination for cadres



**Figure 4.** Role Play Counseling



**Figure 5.** Accompaniment pregnant women by cadres