
OPTIMIZING THE ROLE OF HEALTH CADRES IN CONDUCTING EDUCATION BY USING BOOKS ON MONITORING HIGH-RISK PREGNANT WOMEN DURING THE PANDEMI

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ABSTRACT

KEYWORDS

health cadres, risk
pregnancy, pregnant
women

High-risk pregnancy is a condition of pregnancy that is a factor in the occurrence of danger and severe complications for both the mother and the fetus in the womb and can cause death, illness, disability, discomfort and dissatisfaction. The health of pregnant women can be maintained through health care efforts using antenatal care. These efforts aim to reduce maternal mortality with various interventions according to the problems of pregnant women at risk. Risk factors for pregnant women are proactively introduced or informed by health workers or trained officers in the community, such as health cadres. Health cadres will easily monitor and assist pregnant women at risk if they understand risky pregnancies, especially during the pandemic. For that we need the right media in conveying health information, especially about monitoring high risk pregnant women in the form of books. Objective: to optimize the role of health cadres in conducting education using books. Method: the activity begins with a pretest, inserting material to get to know the contents of the book, and studying the book. Followed by taking cases, concluding the category of at-risk pregnant women by cadres in the Neglasari District, Tangerang City. Results: there was a good understanding of cadres in the pretest 7 people (35%), and an increase in good understanding in the posttest 17 people (85%). The conclusion of education using books can increase the knowledge of cadres about pregnant women at risk during the pandemic. Recommendation: Increased understanding of pregnant women at risk for health cadres can use books, including for health worker or other health services during a pandemic in the community.

INTRODUCTION

Government policy in health development is holistic, namely looking at health problems that are influenced by many cross-sectoral factors. Development in other sectors must also pay attention to its impact on the health sector. This is in line with The Law of the Republic of Indonesia Number 36 of 2009 concerning health which states that the purpose of health development is to increase awareness, willingness and ability for everyone to realize optimal health. Accompanied by the current Covid-19 pandemic, it continues to improve public health, especially for pregnant women and its focus on pregnant women at risk.

There is an increasing global awareness that good quality care is key to keeping mothers and babies alive and well. Currently, every year there are 303,000 female deaths during pregnancy and childbirth, 2.6 million stillbirths, and 2.7 million infant deaths during the first 28 days of life. Between 1990 and 2015, maternal mortality worldwide fell by about 44%. Between 2016 and 2030, as part of the Sustainable Development Goals

(SDGs), the target is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births. Better treatment can prevent many of these deaths. (WHO, 2017).

The maternal mortality rate (MMR) in Indonesia is still high, in 2012 it amounted to 359/100,000 live births and in 2015 it amounted to 305/100,000 live births. Efforts to accelerate the decline of MMR in Indonesia are carried out by ensuring that every mother is able to access quality maternal health services, such as pregnant women's health services, childbirth assistance by trained health workers in health service facilities, postpartum care for mothers and babies, special care and referrals in case of complications, ease of obtaining maternity / maternity leave and family planning services. (Indonesian Health Profile, 2017). The government has carried out improvement efforts with various programs such as the integrated ANC, Ante Natal group, childbirth planning and complication prevention (P4K) program, Desa Siaga and other programs, but some data indicators still show problems. Based on data from the Indonesian Health Profile in 2017, the coverage of pregnancy visits (K4) in Indonesia reached 86.57% while the data on childbirth by health workers in health facilities only reached 83.14%, so there is still a considerable difference of 3.43%. (Indonesian Health Profile, 2017).

The big problem faced by developing countries in the world like Indonesia is maternal death and pain. In developing countries 25-50% of reproductive age deaths are caused due to pregnancy-related matters (Khomsah, 2012). Estimates from WHO that around 15% of all pregnant women will experience complications related to pregnancy so that this threatens the lives of mothers and babies. In Indonesia, pregnancy complications occur 6.5% of pregnant women (Risksedas, 2013). One of the main problems of complications related to pregnancy and childbirth that has an impact on the occurrence of maternal and infant mortality with all watershed problems, both from health and non-health aspects is the non-detection of high risks in pregnant women and late referrals (Sartika, 2013). Various efforts are needed to recognize 15% of pregnancy-related complications in order to have special protection for this group. Protection efforts include providing communication, information, education in the community so that all elements of society really feel the need for a service. Obstetric protection in reproductive health is an effort to protect the community by utilizing all available resources to achieve the desired pregnancy period safely (Kaput, 2016).

Current health maintenance efforts in pregnancy (antenatal care) must focus on interventions that have been shown to be beneficial in reducing maternal mortality to be effective in improving the health status of mothers and newborns (Khomsah, 2012). The antenatal care approach is a complete and continuous health effort through promotive and preventive efforts that start from the beginning of pregnancy to near delivery, continued by curative efforts as an adequate childbirth aid according to the level of risk and health recovery (rehabilitative) with puerperium, lactation / breastfeeding and Family Planning (Immanudin, 2009).

Efforts to maintain the health of pregnant women are carried out on a family basis where husbands and families need to be given information about the condition of pregnant women as early as possible. The introduction of risk factors in pregnant women is carried out proactively and early detection by health workers or trained officers in the community, for example health cadres. Early detection to determine risk factors and complications, as well as adequate treatment as early as possible, is the key to success in reducing maternal mortality and the babies they give birth to (Ministry of Health, 2003).

Antenatal early detection activities carried out through home visits are the first step in maintaining the health of pregnant women and are one of the anticipatory efforts to prevent maternal death (Sartika, 2010).

In accordance with The Law of the Republic of Indonesia Number 36 of 2009 chapter 16 article 174 concerning health, the public is given the opportunity to participate both individually and organizedly in the implementation of health efforts. Community participation in health care programs is a partnership relationship as an approach that has a significant influence on the success of the program. Partnership is the main goal in the concept of community as a resource that needs to be optimized (*community resource*), where community health service workers must have the skills to understand and work together with community members in creating change in society (Notoatmodjo in Khomsan, 2012). Forms of community participation in the health sector include participating as health cadres. The role of health cadres in maternal health programs is to inform all health problems related to the health of pregnant women, and to be a driver for existing community groups. Cadres are the human resources of the citizens of the community to the community and are elected by the community. Cadres directly mobilize the community in carrying out health-related activities and through cooperation between health workers, families and community leaders, it is hoped that problems can be addressed gradually.

Health education is an effort or activity to help individuals, groups, and communities in improving the ability of both knowledge, attitudes, and skills to achieve an optimal healthy life (Suliha et al., 2012). The use of appropriate methods in an educational process is very important, in order to match the expected goals. A good method will have an effective impact in achieving the goal. According to Ybarra et al. (2017) that in the delivery of education using many methods will be more effective to increase public knowledge, especially health cadres. So far, in providing health education, what is often used is the face-to-face method or lectures. This method is indeed easier to do, but it is less effective in people's understanding of deadly diseases (Muninjaya, 2013). The lack of maximum provision of health information in the community, especially to cadres, so this encourages cadres to look for other sources of information, which can meet their curiosity. From the description above, training activities have been carried out for cadres related to early detection of pregnant women at risk. This needs to be conveyed the results of community service activities in the form of reports.

Based on the implementation of activities that have been carried out, the goal is to provide information on the form of community service activities. Providing information on the results of these activities about optimizing the role of health cadres in conducting education using books. The title of the book about monitoring high-risk pregnant women during the pandemic on the assistance activities of Health Cadres in monitoring high-risk pregnant women during the pandemic

This activity is very beneficial for the community, especially for Health Cadres. Where there is an increase in knowledge and confidence of health cadres in monitoring at-risk pregnant women, assessing the importance of paying attention to at-risk pregnant women. In addition, there is a continuation of cooperation between the educational institutions of the Ministry of Health Poltekkes Jakarta I and the Poltekkes of the Ministry of Health of Banten with the Puskesmas of Neglasari District, Tangerang City in carrying out their work programs, especially in improving health monitoring of pregnant women

at risk. Activities are considered useful so that they can continue in the next activity through grants

This community service activity is in direct partnership with the Head of the Puskesmas Neglasari District, Tangerang City and the Regional Health Cadre of Neglasari District, Tangerang City. The activity permit was given by the Head of the Puskesmas Neglasari District, Tangerang City. The activity directly met with health cadres directly in the Campus Hall of the Department of Nursing, Poltekkes, Ministry of Health, Banten, Tangerang City. The cadres conveyed the results of work, namely data on pregnant women and actions taken in accordance with the tasks or achievements that Expected.

RESEARCH METHODS

The method or method of implementing community service activities is carried out by, for the first time there is an approach with the Tangerang City Health Office, followed by permits to the Head of the Neglasari District Health Center and the Lurah of each Health Cadre activity area. After that, approach again and coordinate with the Health Cadre. The book was distributed to health cadres, then studied, and continued to visit and take cases in high-risk pregnant women within five days. Health cadres conduct studies and actions according to the information obtained through entering materials and books. Health Cadres received assistance, by continuing presentations, and discussions and assessments of knowledge with pretest and posttest.

The time for the implementation of the activity is on August 23-29, 2022. The activity is carried out at 09.00-12.00 WIB, offline. The implementation of activities in the Campus Hall of the Department of Nursing, Poltekkes, Ministry of Health, Banten.

Activities are carried out in the preparatory stage, namely: Starting from the beginning of July 2022, starting with making proposals, preparing scouting, distributing tasks, and exploring the location of activities. The team consists of 4 lecturers and 3 students majoring in Nursing, Nursing Study Program. In the preparation stage, the Community Service team of the Poltekkes of the Ministry of Health Jakarta I and the Poltekkes of the Ministry of Health of Banten together with partners, namely the Neglasari Tangerang Health Center, coordinated with each other to determine the villages that were the target of the activity, namely Karang Anyar village, Karang Sari Village and Neglasari village. Furthermore, the team determined the location of training activities at the Poltekkes of the Ministry of Health Banten. Preliminary survey, including, studying the picture of high-risk pregnant women, the willingness of health cadres. Searching for references, preparing, compiling and checking materials for the preparation of books that will be used by health cadres.

RESULTS AND DISCUSSION

Result

Training for High-Risk Pregnant Women Assistance Cadres is carried out through several main stages, namely: preparation, implementation and evaluation. The following are the characteristics of cadre trainees in early detection of high-risk pregnant women in the Neglasari Tangerang Puskesmas Work area.

Table 1
Characteristics of Cadre Training Participants in Early Detection of High-Risk Pregnant Women in the Neglasari Puskesmas Work Area

No.	Variable	Number of N= 20 people e quency (%)	
1	Age		
	< 30 years	1	5
	31 – 40 years old	4	20
	>41 years old	15	75
2	Work		
	Housewives	20	100
	Private (traders, farmers, etc.)	0	0
3	Final Education		
	High School	16	80
	SLTP	4	20
4	Long Time As A Cadre		
	< 5 years	3	15
	5 – 10 years	7	35
	>10 years	10	50

From the table above, it can be seen that the cadres who took part in the training were mostly over 41 years old with 15 people (75%). All cadres totaling 20 people (100%) are housewives with the majority of the last education being high school totaling 16 people (80%). Furthermore, it has been a majority cadre for more than 10 years totaling 10 people (50%).

The evaluation results of the questionnaire given to cadres before and after (pre and post) activities with the following results:

Table 2
Frequency Distribution of Participants' Knowledge Levels Cadres In Early Detection of High Risk Pregnant Women in Working Area of Puskesmas Neglasari

Cadre Knowledge Level	Pretest		Post	
	N=20	Frequency (%)	N=20	Frequency (%)
Good	7	35	17	85
Enough	13	65	3	15
Less	0	0	0	0
TOTAL	20	100	20	100

The pretest results showed that the number of cadres of trainees who already had a good understanding of the material to be delivered was 7 people (35%), while 13 people (65%) had sufficient understanding and none of the trainees did not understand high-risk pregnancy (RISTI) and how to do early detection.

Discussion

Tanjung (2003) quoted from Pratiwi (2012) stated that training is a teaching and learning process towards certain knowledge and skills as well as an attitude to be more skilled and able to carry out their responsibilities better, and in accordance with standards. Training means changing behavior patterns, because with training it will eventually lead to a change in behavior. Training is a part of education that concerns the learning process, useful for acquiring and improving skills outside the applicable educational system, in a relatively short time and the method prioritizes practice over theory.

The knowledge and skills of posyandu cadres after being given a refresher, the level of knowledge is 87% of cadre knowledge in the good category (Laraeni, 2014). In line with the results of the research above, this training at the time of posttest was able to increase the knowledge of cadres in the good category to 17 people (85%). This training is held to anticipate a suboptimal understanding of the high risk of pregnancy. This is due to concerns about the influence on the prevention of problems/complications due to high risk pregnancy (RISTI). With the increasing incidence of complications during pregnancy or maternal delivery, of course this is a contribution to the high maternal mortality rate (MMR) and infant mortality rate (AKB) in particular the work area of the Neglasari health center and in Indonesia in general.

The early detection of high-risk pregnancy (RISTI) activities carried out by cadres can recognize early the existence of disorders in maternal pregnancy so that cadres can quickly educate and persuade pregnant women to routinely carry out pregnancy control at puskesmas, nurses, doctors, midwives, maternity homes or other nearby health service institutions. Thus, the health of the mother during pregnancy will be guaranteed, and planning the right pregnancy process according to the condition of the mother and the fetus she contains facilitates intervention during pregnancy so that the mother's health will improve.

In the risk approach strategy, screening activities are an important component in pregnancy services, which must be followed by Communication, Information, and Education (IEC) to pregnant women, husbands, and families, for safe delivery planning, planned referral preparation is carried out when necessary. Through this activity, several risk factors that exist in pregnant women have been able to predict / estimate the possibility of various complications that will occur. Therefore, screening activities must be carried out repeatedly so that early risk factors can be found that develop in further gestational age. Knowledge is important for cadres as community mobilizers as well as informers in Posyandu activities (Fatimah, 2013). This increased level of knowledge is expected to affect the ability of cadres to carry out early detection of high-risk pregnant women (RISTI) so that they can achieve the target of the high-risk pregnant women coverage program (RISTI) and reduce the maternal mortality rate (MMR) and infant mortality rate (AKB) through Posyandu activities in the work area of the Neglasari Banten Health Center.

Posyandu is a Community-Based Health Business (UKBM) program that provides integrated health services and monitoring. Posyandu cadres who are members of the community who are selected from and by the community, willing and able to work together in various community activities are voluntarily trained to deal with individual health problems and posyandu services on a regular basis.

The role of cadres in the Maternal and Child Health Program (MCH) is to collect data on pregnant women in their work areas so that puskesmas get the right targets for achieving health service targets. The results of recording the targets of pregnant women by cadres become a source of data for MCH officers to carry out health services for pregnant women in accordance with the target number of pregnant women. So that MCH officers can follow up if the target obtained is not in accordance with the number of targets of pregnant women in their work area.

The activities of cadres will be determined by the local Puskesmas, considering that in general cadres are not professionals but only help in health services. In this case, it is necessary to limit the duties carried out, both regarding the number and type of services. The duties of cadres include health services and community development, but are limited to the areas or tasks that have been taught to them.

Cadres must be fully aware of the limitations they have. The cadre is not expected to be able to solve all the problems it faces. Cadres are expected to be able to solve common problems that occur in society. The role of cadres in the Maternal and Child health program is to inform all health problems related to the health of pregnant women, newborns and be able to be a driver for existing community groups or organizations. One of the functions of cadres in maternal and child health is to help motivate pregnant women to conduct pregnancy checkups at health workers.

Posyandu cadres who are members of the community who are selected from and by the community, willing and able to work together in various community activities are voluntarily trained to deal with individual health problems and posyandu services on a regular basis. The role of public health cadres who are one of the spearheads of success in order to accelerate the decline of MMR and AKB, cadres are not just an extension of health workers who are able to reach the wider community and are often regarded as a liaison between health centers and the community. Therefore, the initial effort that can be done by cadres in the community is to carry out early detection of high-risk cases in pregnant women and childbirth.

Assistance is carried out from the beginning of pregnancy until after delivery. During pregnancy, cadres carry out assistance by monitoring the mother's condition and motivating them to carry out regular pregnancy check-ups and give birth in health services that are in accordance with the risks of pregnancy. Pregnant women who always have regular check-ups will be detected early if there are pregnancy complications and can immediately manage pregnancy complications.

CONCLUSION

The results of community service activities on optimizing the role of health cadres are summarized as follows:

There are 20 Health Cadre participants participating in all stages of activities or meetings. The characteristics of the cadre showed that over 41 years old amounted to 15 people (75%). All cadres totaling 20 people (100%) are housewives, the last education

was high school totaling 16 people (80%). The length of time as a cadre of more than 10 years amounted to 10 people (50%).

Cadre's knowledge has increased monitoring of high-risk pregnant women during the pandemic. As for the results, namely, the pretest results showed that the number of cadres had a good understanding of 7 people (35%), while 13 people (65%) had sufficient understanding. After the posttest showed that the number of cadres had a good understanding of 17 people (85%), while 3 people (15%) had a sufficient understanding of high-risk pregnancy (RISTI) and how to do early detection. At the mentoring stage, cadres can identify at-risk pregnant women in their respective regions.

Can conclude that the patients or pregnant women studied entered in low-risk pregnancies (KRR), high-risk pregnancies (KRT), very high-risk pregnancies (KRST). As well as changes in the behavior of health cadres about monitoring high-risk pregnant women where there are plans for cadres to follow up in helping pregnant women at risk.

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