

IMPROVING THE CAPACITY OF CADRES IN EARLY DETECTION OF HIGH RISK AND INITIAL EMERGENCY MANAGEMENT OF PREGNANT WOMEN IN KARANGSONO VILLAGE SUKOREJO DISTRICT PASURUAN REGENCY

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ABSTRACT

The health development target to be achieved by 2025 is to improve public health, one of which is indicated by a decrease in the maternal mortality rate. The Maternal Mortality Rate Target in the 2015-2019 Strategic Plan is 306 per 100,000 live births. The causes of the high maternal mortality rate are influenced by many factors, including bleeding, pre-eclampsia, heart disease, and infection. The methods used in implementing this activity include refresher training and technical guidance for cadres on early detection and initial management of maternal emergencies, things that need to be prepared in accompanying pregnant women to health facilities. Based on the evaluation results, there has been a significant increase in the cadre's abilities, this is indicated by the pre-test results, the lowest score was 18, the highest score was 68, and the average score was 42.4. Meanwhile, the post-test results obtained the lowest score was 50 and the highest score was 88, with an average score of 75.4. Increasing the role of health cadres in early detection and referral of maternal and child health cases, especially in cases of childbirth referrals, in the context of preparedness and readiness for complications for mothers and newborns, is expected to reduce maternal and child mortality rates.

Keywords: pregnant women, emergency, high risk.

Introduction

The health development target to be achieved by 2025 is to improve public health, one of which is indicated by a decrease in the maternal mortality rate. The target maternal mortality rate in the 2015-2019 Strategic Plan is 306 per 100,000 live births (Ministry of Health of the Republic of Indonesia, 2015). In 2018/2019, Indonesia's maternal mortality rate remained high at 305 per 1,000 live births. Meanwhile, in East Java in 2018, the maternal mortality rate reached 91.45 percent per 1,000 live births, while the infant mortality rate was 13.4 percent per 1,000 live births. The high maternal mortality rate is influenced by many factors, including bleeding, preeclampsia, heart disease, and infection.

These causes can be minimized if the quality of Antenatal Care is carried out well. Some conditions that can cause unhealthy conditions for pregnant women include handling complications, anemia, pregnant women who suffer from diabetes, hypertension, malaria, and four too (too young <20 years, too old >35 years, too close a gap of 2 years and too many children >3 years). As many as 54.2 per 1000 women under the age of 20 have given birth, while

women who give birth at the age of 40 years are 207 per 1000 live births. This is supported by data showing that there is still a very young age of first marriage (<20 years) as many as 46.7% of all married women (Ministry of Health of the Republic of Indonesia, 2015).

The results of a preliminary study on November 11, 2019, at the Karangsono Village Polindes, Sukorejo District, Pasuruan Regency, showed that the number of high-risk pregnant women in 2018 reached 14 cases out of a total of 78 pregnant women, or approximately 17.9%. Meanwhile, the number of high-risk pregnant women until October 2019 was 11 cases out of a total of 54 pregnant women, or approximately 20.4%. The number of infant deaths in 2018 was 4 cases, while until October 2019 there were 3 cases. There are 50 health cadres in Karangsono village distributed across 5 integrated health posts (posyandu) and have never received training on early detection and initial emergency treatment/management for high-risk pregnant women. Some pregnant women still have low awareness and willingness to be referred to a higher level of service if there is an indication for referral.

The obstacles experienced by cadres in carrying out health development activities are that most cadres have insufficient education and have not received optimal training on their duties as Posyandu cadres (Tse, Suprojo, and Adiwidjaja, 2017). Cadres' knowledge and skills can not only increase but also decrease. This can occur because cadres are less active, so they forget things they have learned, resulting in a decline in their knowledge. The high value of cadre knowledge and skills is influenced by formal education, cadre courses, frequency of participation in training, cadre activity at Posyandu, and length of time as a cadre. Therefore, it is necessary to carry out refresher training, which is intended to maintain and increase the cadre's abilities (Hamariyana, et al., 2015).

The role of Posyandu cadres consists of three main roles: implementer, manager, and user. Cadres should have a better understanding of how to use the KIA handbook, as it contains evaluations of activities and services provided. The section of the KIA handbook that must be completed is the early detection score. If this score is not filled in correctly, it is possible that mothers with risk factors will experience complications during labor and postpartum. Therefore, an understanding of the technical instructions for completing the handbook is necessary (Utami, 2015).

Method

The target audience of this community service activity is 50 health cadres in Karangsono village, Sukorejo sub-district, Pasuruan regency. The steps taken to implement solutions to specific problems faced by partners are as follows: coordinating with partners to discuss activities to be carried out so that they are in line with the work program of the partner village/Polindes, conducting an initial assessment to explore the extent of participation and contribution in early detection and early management of emergencies for pregnant women by holding discussions attended by Polindes elements,

related government elements (village heads, hamlet heads and related key persons), midwives, and health cadres, conducting a quantitative assessment of the level of understanding of health cadres by distributing questionnaires before and after providing the material, conducting refresher and technical coaching for cadres on Early Detection of High Risk and Early Management of Emergency Pregnant Women. The activity consists of two stages, namely providing material followed by discussion.

The material presented includes: technical aspects of filling out and analyzing pregnancy books and Pudji Rochyati Score Cards, early detection of emergency disorders/diseases in pregnant women, symptoms that pregnant women should be aware of and the dangers of emergencies in pregnant women as well as first aid that families can do before being taken to a health facility, communication and persuasion techniques to encourage pregnant women and their families to consciously check their pregnant women regularly and to be referred to a higher health facility if an emergency occurs in pregnant women and things that need to be prepared in accompanying pregnant women to a health facility.

Results

Table 1 Frequency Distribution of Training Participant Respondents by Gender, Education Level and Age Group in Karangsono Village, Sukorejo District, Pasuruan Regency

Variables	Frequency (n)	Percentage (%)
1. Gender		
a. Man	0	0
b. Woman	50	100
2. Level of education :		
a. Elementary School	5	10
b. JUNIOR HIGH SCHOOL	20	40
	24	48
c. SENIOR HIGH SCHOOL	1	2
d. BACHELOR		
3. Respondent Age		
a. Less than 25 years	5	10
b. 25th - 30th	8	16
c. 31 years - 45 years	25	50
d. 46 years - 50 years	10	20
e. Over 50 years	2	4

Based on table 1, it shows that the gender of the training participants was all female, namely 50 people (100%), the highest level of education was high school education, namely 24 people (48%), while the largest age group of respondents was 31-45 years old, namely 25 people (50%).

Table 2 Distribution of Cadre Skills Before and After Training

Cadre Ability	Before Training				After Training			
	Amount (f)	Min	Max	Mean	Amount (f)	Min	Max	Mean
	50	18	68	42.4	50	50	88	75.4

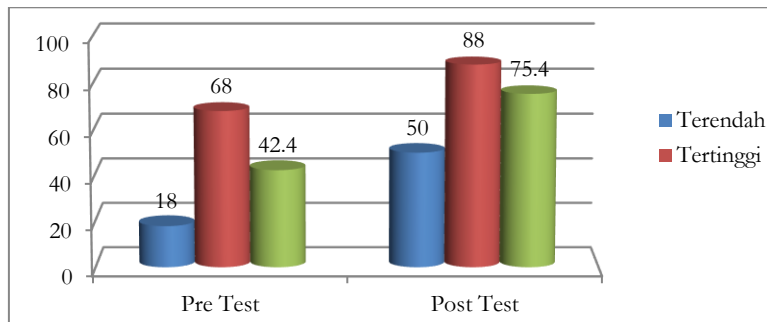


Diagram 1 Cadre Capabilities Before and After Training

Table 2 shows a significant improvement in the cadre's abilities. This is demonstrated by the pre-test results, where the lowest score was 18, the highest score was 68, and the average score was 42.4. Meanwhile, the post-test results showed the lowest score was 50 and the highest score was 88, with an average score of 75.4.

Discussion

The pre-test results showed that the number of Posyandu cadres participating in the training who had a good understanding of the material to be presented was not yet there, while 25% had a sufficient understanding and 75% of the training participants did not understand high-risk pregnancy and how to carry out early detection. Seeing that there were training participants who had a low level of understanding indicates that information about high-risk pregnancy which includes maternal age, maternal height, parity, poor reproductive status, and others, as well as how to carry out early detection, is not widely understood by Posyandu cadres.

It's feared that a lack of understanding of this topic will lead to a high rate of high-risk pregnancies, which can lead to complications during pregnancy and childbirth. The increasing incidence of complications during pregnancy and childbirth contributes to the high maternal mortality (MMR) and infant mortality (IMR) rates in the Karangsono Polindes area and in Indonesia in general.

During the training, the health cadres appeared very active and enthusiastic. Many questions arose, especially during the presentation and practical sessions. Observations indicated that the cadres lacked a structured

understanding of early high-risk detection and how to complete the Pudji Rochyati score for pregnant women. This was in line with the analysis of problems identified in the field, including a lack of understanding and skills among the cadres regarding Early High-Risk Detection and emergency first aid for pregnant women.

During the training, the resource person and team were able to resolve these issues effectively. One of the skills required for cadres in Early Detection of High-Risk Patients and emergency first aid for pregnant women is the material and practice of filling out the Pudji Rochyati score for pregnant women. Overall, the implementation of this community service activity went smoothly and without significant obstacles. To determine the effectiveness of this service activity, subsequent service activities need to be refreshed on the material previously taught and monitored and evaluated so that cadres are able and skilled in performing Early Detection of High-Risk Patients and emergency first aid for pregnant women.

Early detection of high-risk pregnancies by Posyandu (Integrated Health Post) cadres will enable early identification of pregnancy complications, enabling them to educate and encourage pregnant women to seek regular antenatal care (antenatal care) at Posyandu, Polindes, community health centers (Puskesmas), midwives, maternity hospitals, or doctors. This will ensure the mother's health is well-maintained, and interventions can be implemented to improve her health and plan the appropriate pregnancy process according to the condition of the mother and fetus.

After the training and post-test and direct assessment, the data obtained showed that the percentage of training participants who had a good level of understanding increased from 0% to 90%. While the post-test results obtained the lowest score of 50 and the highest score of 88, with an average score of 75.4. Of the total participants, there were still 10% who had a sufficient understanding. This increased level of understanding is expected to also have an impact on the ability of Posyandu cadres to carry out early detection of high-risk pregnant women so that they can achieve the target of the high-risk pregnant women coverage program and reduce maternal mortality (MMR) and infant mortality (IMR) in the Karangsono Polindes work area and in Indonesia in general.

In the Maternal and Child Health (KIA) program, cadres participate in data collection on pregnant women in their respective areas, ensuring that village health posts (Polindes) and community health centers (Puskesmas) are targeted to achieve their health service goals. Therefore, they must be mentored, guided, and supported by skilled and experienced mentors. The role of cadres in the Maternal and Child Health program is to provide information on all health issues related to the health of pregnant women and newborns, and to act as motivators for existing community groups and organizations. One of the functions of cadres in maternal and child health is to help motivate pregnant women to seek prenatal care from health professionals. The role of community health cadres is one of the spearheads of

public health services.

Conclusion and Suggestions

Health cadres' understanding of Early Detection of High-Risk and Early Management of Maternal Emergency Situations has improved, as evidenced by the increase in the average post-test score. Participants expressed their satisfaction with the training on Early Detection of High-Risk and Early Management of Maternal Emergency Situations and expressed their willingness and interest in applying it in their daily tasks. Participants were able to correctly complete the Pudji Rochyati score for Early Detection of High-Risk and Early Management of Maternal Emergency Situations.

This training on Early Detection of High-Risk Pregnancy and Early Management of Emergency Situations for Pregnant Women should be conducted continuously, especially for the development and guidance of health cadres in the community. Improving the skills and role of health cadres in early detection and referral of maternal and child health cases, especially in cases of childbirth referrals, as part of preparedness and preparedness for complications for mothers and newborns, is expected to reduce maternal and child mortality rates. In conducting early detection of high-risk pregnancies, cadres can be trained to use the Poedji Rochdjati Score Card (KSPR).

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