



Empowerment of Health Cadre in Managing Antenatal Class in Tulikup Village, Gianyar-Bali

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Abstract

Lack of public awareness and knowledge of pregnant women in maintaining their health during pregnancy was one of the problem found in Tulikup Village, Gianyar-Bali. The limited number of health workers in Puskesmas has resulted in the lack of information obtained by the community regarding pregnancy, childbirth and the puerperium. Therefore, cadre empowerment programs as a driving force in managing antenatal classes for pregnant women are expected to overcome these problems. This activity was held in Tulikup Village Hall, and was attended by 6 cadres and 6 pregnant women. The counseling, training and simulation method was used to increase their knowledge and skills about the antenatal class. At the end of the activity, it was found that there was an increase in knowledge regarding the antenatal class. Cadres were able to design an antenatal class, arrange the material that could be given and become a facilitator in activities in it.

Keywords: Antenatal Class, Cadres, Pregnant Women

Introduction

Tulikup Village is one of the villages that belongs to the Gianyar District, Gianyar Regency, Bali Province. The village with an area of 5.47 km² is located in suburb area of Gianyar which is about 1.5 Km from Puskesmas Gianyar I, a community health center at Gianyar District. Maternal and child health problems are still one of the main focus in this village. Based on data from the Tulikup Village office, in 2017 there was still one infant death from 119 babies caused by preterm birth. This is likely to occur due to the lack of public awareness and knowledge of pregnant women in maintaining health during pregnancy, checking pregnancy regularly and periodically, and giving birth to health workers.

To provide optimum health services, the Tulikup Village government in collaboration with the Puskesmas Gianyar I, activates 7 (seven) Posyandu (Integrated Health Post) groups located in each region. Health services in Tulikup Village were carried out by a midwife and a nurse for the Puskesmas Pembantu Tulikup, a community health sub-center at Tulikup Village.

With the limited infrastructure and health workers in the village, an effort is needed to empower the community to improve the health of the community in this village. An effort that can be done is by empowering cadres to manage an antenatal class. Antenatal class is an activity that supports maternal and child health programs at the Puskesmas. Cadres in this village will be trained to design an antenatal class and manage the class on an ongoing basis. In the antenatal class, mothers get information and exchange information about pregnancy,

History:

Received : 02 August 2020

Revised : 09 September 2020

Accepted : 06 October 2020

Published : 30 November 2020

Publisher: Undiksha Press

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childbirth, puerperium and newborn care. Pregnant women are recommended to attend classes at least 4 meetings and at least 1 meeting is attended together with their husbands or families. By attending the antenatal class, it is expected that pregnant women can undergo their pregnancy and can prepare their childbirth well so that it can reduce maternal and infant mortality in this village.

Materials and Methods

Cadre empowerment activities in managing the antenatal classes in Tulikup Village, Gianyar, were carried out by 5 lecturers from the Faculty of Medicine and Health Sciences, Warmadewa University Denpasar in early January 2018. The target of this empowerment program was cadres and a group of pregnant women from Menak and Roban region, Tulikup Village, Gianyar. Each of the region was taken by 3 cadres and 3 pregnant women.

In this activity there are several methods used, including focused group discussion (FGD), counseling, training and simulation. Focused group discussions were conducted to explore perceptions and views of the participant regarding the antenatal class, explore the rules of social behavior related to maternal and child health, and explore phenomena that occur in the community related to the antenatal class. Counseling is done as an effort to increase knowledge and change the perspective of participants regarding the antenatal class. The counseling material mainly includes the definition and purpose of the class, the benefits of the implementation of the class, the implementation setting, and the parties that involved in the implementation of antenatal class.

The training to design antenatal class was given as a further effort to empower the process aimed at improving cadre skills in initiating and managing antenatal classes in each region. The last stage, which was the simulation of the antenatal class implementation, was carried out as a final effort to harmonize the knowledge that had been obtained through extension activities with the skills gained from training to design antenatal class. Through simulation, it was expected that the results can be maximized because participants were introduced to the example of the expected setting of classes. Pre-tests and post-tests were carried out at the beginning and at the end of the activity to determine the increase in participants' knowledge regarding the material presented. While the effectiveness of training and simulation was assessed through observation.

Results and Discussion

Characteristics of Partners

This activity was attended by 6 cadres and 6 pregnant women. The attendance rate of the two partners was 100%. Participants were in the productive age range, between 20-40 years old with a majority of junior high school education backgrounds. The characteristics of participants in this activity can be seen in Table 1.

Table 1. Characteristics of Partners

No.	Age (year)	Occupation	Educational Status	Cadre/Dasa-wisma
1	40	Housewife	Junior High School	Cadre
2	38	Merchant	Junior High School	Cadre
3	35	Merchant	Junior High School	Cadre
4	37	Housewife	Junior High School	Cadre
5	32	Private	Elementary School	Cadre
6	37	Laborer	Senior High School	Cadre

No.	Age (year)	Occupation	Educational Status	Cadre/Dasa-wisma
7	42	Housewife	Junior High School	Pregnant woman
8	38	Merchant	Junior High School	Pregnant woman
9	25	Merchant	Junior High School	Pregnant woman
10	37	Housewife	Junior High School	Pregnant woman
11	25	Merchant	Junior High School	Pregnant woman
12	21	Housewife	Elementary School	Pregnant woman

Focused Group Discussion (FGD)

From the FGD implementation using the observing participant and unstructured interview methods, several things can be explored : (1) participants did not understand the goals and benefits of the antenatal class; (2) the participants did not have any idea of the antenatal class implementation; (3) in the community, the husband or family have not been involved in supporting the pregnancy process of a mother.

Counseling Regarding the Antenatal Class

Counseling was carried out for 2 hours using the interactive learning method. Partners were provided with material regarding the antenatal class and Kesehatan Ibu dan Anak (KIA) books. This activity was well accomplished and was enthusiastically followed by all participants. This can be seen from the number of questions and objections that arise when the material was presented, as shown in Figure 1.



Figure 1. The enthusiasm of the participants asking questions

Training on Designing a Antenatal Class

After the material presentation, the activity continued with training on designing a antenatal class, starting from identifying problems to setting up the antenatal class. This design details was as follows: (1) Cadres have identified 8 pregnant women in Menak region and 6 pregnant women in Roban region with gestational age over 20 weeks; (2) Antenatal classes will be held at Menak region hall, once a month with a mutually agreed time; (3) Facilities needed include a flipchart for the pre-natal, natal, and postnatal periods; (4) Facilities / infrastructure needed include chairs, tables, LCDs, yoga mattresses, stationery, and materials according to the needs of each group; (5) Antenatal class teams: trained facilitators, resource persons, and cadres.

Simulation of Antenatal Class

The simulation of the antenatal class was done by demonstrating the example of the antenatal class implementation so that the cadres have a complete concept of the antenatal class implementation. The simulation of antenatal class was guided by a resource person, a gentle birth practitioner and hypnobirthing who has been certified. The topic presented in the simulation was about gentle birth which was done by the information sharing method as shown in Figure 2.



Figure 2. Sharing session during simulation

At the end of the simulation activity, yoga practices was carried out for pregnant women which cover the basics of basic pregnancy movements that pregnant women should know in preparing labor and breathing techniques that good for avoiding complaints during pregnancy and complications during labor. The implementation of yoga practices for pregnant women in simulation activities can be seen in Figure 3.



Figure 3. Yoga practices for pregnant women during simulation

At the beginning and at the end of the activity, each participant was given a pre-test and post-test using a questionnaire consisting of 10 questions related to the antenatal class. From the pre-test and post-tests conducted, it was found that the knowledge of the twelve participants about the antenatal class had increased. The results of the participants' pre-test and post-test can be seen in Figure 4.



Figure 4. Graph of participants' pre-test and post-test results

Discussion

Antenatal class is an effort to empower the community to provide sufficient knowledge to pregnant women and their families regarding maternal and child health through group learning facilities. At present, the transfer of knowledge regarding maternal and child health is mostly carried out through individual consultation or case by case given by midwives or health workers during antenatal examinations or on an integrated care post (Posyandu) activities. This also happened in Tulikup Village. These activities cannot provide an optimal result because the knowledge obtained by pregnant women is only limited to the issues being consulted. In addition, midwives or health workers also have limited time to provide individual counseling. Based on this, since 2009, the Ministry of Health, Republic of Indonesia has launched a class program for pregnant women to support the success of pre-existing maternal and child health programs (RI Ministry of Health, 2014).

Although the antenatal class has been proclaimed by the government, the implementation of antenatal class in each region has not been optimal. A study conducted by Nurdyyan et al. (2015) regarding the implementation of antenatal classes at Malalak and Biaro Health Public Centers in Agam Regency showed that the implementation of antenatal class in the area was not in accordance with the guidelines for implementing the antenatal class recommended by the Ministry of Health, Republic of Indonesia. This is partly due to the lack of roles of midwives and other health workers in carrying out their functions as executors of health services in the community. Another thing that also plays a role is the lack of collaboration between professions in carrying out the activities of pregnant women. Through the empowerment activities of cadres in managing the antenatal classes in Tulikup Village, it is expected that they can initiate an example of collaboration between Public Health Center and the community (cadres and groups of pregnant women), practitioners (for example yoga practitioners) and also academic practitioners in optimizing the implementation of antenatal classes in the community.

In Bali, especially in the city of Denpasar, the antenatal classes have been running in several health centers, but the participation rate of pregnant women to attend the class of pregnant women was still low, which was only 29.5% (Widiantari, 2016). Apart from being supported by husbands, other factors that play a role are the lack of socialization of the antenatal class activities to the community (Puspitasari, 2012). The literature study conducted by Fuada and Setyawati (2015) regarding the implementation of antenatal classes in Indonesia concluded that as an organization these antenatal classes were still in quadrant III, which means that the pregnant woman class is weak but still has the opportunity to continue. This opportunity can be optimized by improving the performance of facilitators and health workers involved, increasing socialization regarding the class of pregnant women to the community, and involving stakeholders in the ongoing implementation of activities for antenatal class (Purwandani et al, 2013). This cadre empowerment activity is one of the ways to increase the role of stakeholders in disseminating information to the community. In

addition, cadres also play a role and support the task of facilitators who have been doing more individual consultations to be more directed and effective activities through the implementation of antenatal classes in each region.

From the results of the pre-test and post-test in this activity, it was seen that there was an increase in knowledge about the antenatal class and the health of mothers and children (Figure 4). Assistance given during the antenatal class through material presentation that was reinforced by practice and simulation can increase the understanding of pregnant women regarding pregnancy, childbirth and the puerperium (Setyaningsih et al, 2016). Knowledge and skills acquired during the class of pregnant women will reduce the concerns of pregnant women about the condition of their pregnancy, labor, care for children after childbirth and prepare participants to take on their role as parents (Kyrisa et al, 2016). In addition, beside the presentation of material, discussion activities among antenatal class participants and sharing sessions by bringing guest speakers who are experts or experienced in the field of maternal and child health will greatly help the process of transferring knowledge in the antenatal class (Entsieh and Hallstrom, 2016).

In addition to increasing knowledge about childbirth preparation, the antenatal class can also empower pregnant women, increase the success of early breastfeeding initiation, and increase the satisfaction of the puerperium (Sumiasih, 2013; Lucia et al, 2015; Sihsilya et al, 2016; Patil et al, 2017). A clinical trial conducted in Egypt in 2015-2016 found that antenatal classes, such as the antenatal class, had a positive impact on primipara pregnancy and reduced pain during labor. It was also recommending the importance of conducting antenatal classes in health service centers in Egypt, especially for primigravida (El-Kurdy et al, 2017). Another study, a literature study on parenting, emphasizes that the same attention should be given both in prenatal and postnatal period. The intervention provided should not only provide information about pregnancy and childbirth but also to empower pregnant women and their partners in preparing themselves for the role of parents (Borghei et al, 2016). Interventions that aim to provide an understanding about the transition of the role of parents from prenatal to postnatal periods should be given as early as possible through participatory and experience-based educational methods (Entsieh and Hallstrom, 2016). For this activity, for example, a simulation of antenatal class was held by presenting a pregnant yoga practitioner that competent and experienced to practice pregnant yoga.

The simulation begins with a sharing session and discussion which was then followed by a pregnant yoga practice session. By passing various series of activities from material lectures, interactive discussions and dialogues, the practice of drafting antenatal class, as well as simulations, cadres were expected to have a full understanding of the expected antenatal classes.

Conclusion

From this activity it can be concluded that partner groups, both cadres and pregnant women groups, were very enthusiastic participating in this activity. This can be seen from the level of attendance and active participation in discussions and simulations. Giving material through interactive dialogue, training and simulations can increase participants' knowledge and understanding of the importance of the antenatal class and the management of the antenatal class. Through this activity, it is expected that the two partner groups can spearhead the recruitment of other partners as partners in conducting independent antenatal classes in their respective regions.

Acknowledgement

We express our gratitude to the Research and Community Service Unit, Faculty of Medicine and Health Sciences of Warmadewa University Denpasar for the grants given to the community service activities, and to the village officials and "prajuru adat" in Menak and Roban Region, Tulikup Village, Gianyar -Bali, which has provided full support for the implementation of this community service activity. We also express our gratitude to Midwife Putu Sri Widi Antari who has been willing to be a speaker and trainer in the simulation class of pregnant women in this activity

References

- Borghei, N.S., Tagiphour, A., Roudsari, R.L., Keramat, A. (2016). Predictors of Prenatal Empowerment Among Iranian Pregnant Women. *Electronic Physician*, 9(8): 2962-2969.
- El-Kurdy, R., Hassa, S.I., Hassan, N.F., El-Nemer, A. (2017). Antenatal Education on Childbirth Self-Efficacy for Egyptian Primiparous Women: A Randomized Control Trial. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 4(6): 15-23.
- Entsieh, A.A. and Hallstrom, I.K. (2016). First-time parents' prenatal needs for A-preparation are systematic reviews and meta-synthesis of qualitative literature. *Midwifery*, 39: 1–11
- Fuada, N. and Setyawati B. (2015). Implementation of Antenatal classes in Indonesia. *Reproductive Health Journal*, 6(2): 67-75.
- Ministry of Health of the Republic of Indonesia. (2014). *Implementation Guidelines for the Antenatal classes*. Jakarta: RI Ministry of Health.
- Kyrisa, J., Iwanowicz-Palus, G.J., Bien, A., Rzonca, E., Zarajczyk, M. (2016). Antenatal education: analysis of benefits of participating in prenatal education. *Pol J Public Health*, 126(4): 192-196.
- Lucia, S., Purwandari, A., Pesak, E. (2015). Effects of the Implementation of Antenatal class on the Knowledge about Labor Preparation. *Midwife Scientific Journal*, 1(3): 61-65.
- Nurdiyana, A., Desmiwati, Machmud, R. (2015). Analysis of the Implementation System for Antenatal classes in Malalak and Biaro Health Centers, Agam District. *Andalas Health Journal*, 4(1): 1-9.
- Patil, C.L., Klima, C.S., Leshabari, S.C., Steffen, A.D., Pauls, H., McGown, M., Norr, K.F. (2017). Randomized controlled pilot of a group of antenatal care models and sociodemographic factors associated with pregnancy-related empowerment in sub-Saharan Africa. *BMC Pregnancy and Childbirth*, 17 (Suppl 2): 336.
- Purwandani, S., Hastuti, P., Zuhriyatun, F. (2013). Evaluation of the Process of Implementing Antenatal class in Banyumas Regency. *Midwifery Journal*, 4(2): 16-19.
- Puspitasari, L. (2012). Overview of the Implementation of Antenatal classes in Bangetayu Health Center, Semarang City. *Undip Public Health Journal FKM*, 2(1): 1054-1060.
- Setyaningsih, P., Fitriyani, Ersila, W. (2016). Assistance for Antenatal classes in Efforts to Improve Maternal & Fetal Health in Kutosari Village, Doro Subdistrict, Pekalongan Regency. Presented in RAKERNAS AIPKEMA 2016 "Scientific Meeting of Research Results and Community Service", 294-296.

- Sihisilya, E.B., Kuntoro, Trijanto, B. (2016). Pregnancy Class Participation Influences Knowledge and Attitudes of Mothers in the Practice of Early Breastfeeding Initiation. *Obstetrics & Gynecology Magazine*, 1 (24): 8-12
- Sumiasih, N. N. (2013). The Influence of Antenatal Classes on Increasing Knowledge, Skills and Skills of Early Breastfeeding Initiation in Maternity in the Work Area of Dauh Puri Health Center Denpasar. *Skala Husada Journal*, 1(10): 105-112.
- Widiantari, N.K.N., Suariyani, L.P., Karmaya, M. (2016). Relationship between Socio Demographic Characteristics and Husband's Social Support with Mother Participation Following the Antenatal class. *Public Health and Preventive Medicine Archive*, 1(4): 67-74.