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Dewi Srikandi: Innovative Support That Creates Independent Cadres For Detecting High-Risk Pregnancy Complications

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Abstract

High-risk pregnancy can threaten the safety of the mother and fetus, triggering complications. Efforts to manage high-risk pregnancy in maternal health involve providing services and care for pregnant women through integrated ANC services via the Dewi Srikandi program. This study aims to analyze the effect of Dewi Srikandi innovation mentoring on the independence of cadres in the early detection of high-risk pregnancy complications in the working area of Parijatah Kulon Health Center. This quasi-experimental pretest-posttest control group design study used proportional random sampling technique, with a research sample of 70 people from a population of 249 cadres. The results of the data normality test found that the data were not normally distributed, so data analysis was conducted using the Mann-Whitney test. The research results showed a p-value of 0.000 (<0.05), indicating that Dewi Srikandi's mentoring significantly increased the independence of cadres in early detection efforts for high-risk pregnancy complications (intervention group score 25.72 vs control 14), hence continuous mentoring is recommended to enhance cadre activity.

Keywords: Cadre Independence, Dewi Srikandi Innovation, Early Detection, High-Risk Pregnancy

INTRODUCTION

Physiological pregnancy refers to a pregnancy that occurs without significant complications or health problems for either the mother or the fetus. The process of physiological pregnancy involves a series of physical, hormonal, and emotional changes that are a normal part of pregnancy. However, there are several conditions that can make a woman's pregnancy classified as high-risk. High-risk pregnancy refers to a condition in which the mother or fetus has factors that increase the likelihood of complications during pregnancy, childbirth, or the postpartum period. If not promptly managed, these complications can threaten the mother's safety and may even result in the serious outcome of maternal or infant death.

Every day in 2023, over 700 women died from preventable causes related to pregnancy and childbirth. A maternal death occurred almost every 2 minutes in 2023. Between 2020 and 2023, the maternal mortality ratio (MMR, number of maternal deaths per 100 000 live births) dropped by about 40% worldwide. Just over 90% of all maternal deaths occurred in low- and lower-middle-income countries in 2023 (1). Approximately 94% of maternal deaths occur in low- and lower-middle-income countries (2). In Indonesia, the maternal mortality rate (MMR) is still quite high, at around 189 per 100,000 live births. The number of maternal deaths in 2022 was recorded at 4,005 and increased to 4,129 in 2023. Most of these maternal deaths are caused by high-risk pregnancy complications, such as pregnancy-induced hypertension

(preeclampsia and eclampsia), severe bleeding, postpartum infections, and other childbirth complications (2,3). It is estimated that around 75% of maternal deaths are caused by high-risk pregnancies that occur during pregnancy, childbirth, or the postpartum period (4).

In East Java in 2024, it was recorded at 82.56 per 100,000 live births, a decrease from 2023 which reached 93.73 per 100,000 live births (5). In Banyuwangi Regency in 2024, the maternal mortality rate was recorded at 28 cases, with one of the main causes of death being high-risk pregnancies. In 2022, the number of high-risk pregnant women was recorded at around 26.8% of the total pregnant women, exceeding the target of the Banyuwangi Health Office, which was 20% of the total target of pregnant women (6).

Based on the results of a preliminary study conducted at the Parijatah Kulon Health Center in 2023, the number of high-risk pregnant women in the working area of the Parijatah Kulon Health Center was 152 high-risk pregnant women, from the Health Department's target of 69 high-risk pregnant women. In 2023 up until October 2023, the number of high-risk pregnant women increased significantly, reaching 128 high-risk cases, from the Health Department's target of 84 high-risk pregnant women. This number exceeds the projected high-risk pregnant women by 20% or 84 high-risk pregnant women (7).

The high number of pregnant women with high-risk pregnancies prompted the Parijatah Kulon Health Center to try to minimize the occurrence of pregnancy complications by formulating the innovative Dewi Srikandi program (Detecting Areas to Address High Risk from Early Pregnancy). Implementation. The implementation of this innovation service needs to be well planned by involving healthcare workers as well as cross-sector collaboration in identifying needs, methods of implementation, and the implementation schedule. The Dewi Srikandi innovation was established on December 3, 2019, and according to evaluation results, even after the Dewi Srikandi innovation was implemented, high-risk pregnant women still experienced an increase because the Dewi Srikandi innovation had not been carried out optimally. Before Dewi Srikandi, only healthcare workers were involved, without including community health volunteers, whereas healthcare workers are limited and have other responsibilities.

Health cadres, as the frontline in community health services, play a strategic role in supporting early detection of complications in pregnant women. Although they have achieved success in some aspects, health cadres are often faced with challenges in adopting the latest innovations and carrying out their roles effectively. Innovative mentoring, in this case using the Dewi Srikandi concept as a mentoring model, can provide a strong foundation to strengthen the independence of health cadres to become agents of change in efforts to detect early complications in high-risk pregnant women.

RESEARCH METHODOLOGY

This study is a Quasi-Experimental study with a two-group pretest-posttest design with a control group. The intervention group received assistance with the Dewi Srikandi innovation over 2 meetings. The target population of this study was all cadres in the working area of the Arijatah Kulon Community Health Center, amounting to 249, the sample of this study was 70 cadres determined using the Slovin formula with a confidence level of 0.1%, using a proportional random sampling technique. The sample was divided into 2 groups (35 people per group). Who met the inclusion criteria, including: 1) Willing to be respondents by signing informed consent, 2) Cadres who participated in the Dewi Srikandi

assistance for 2 meetings. This study was conducted in September – October 2024 at Parijatah Kulon Health Center as it is a pilot project for the Dewi Srikandi innovation. Data collection techniques: 1) Obtaining research permit, 2) Providing informed consent, 3) Filling out the pretest (Poedji Rochjati score), 4) Providing guidance to the intervention group for 2 weeks (material on high-risk pregnancies, exercises in filling out the Poedji Rochjati score, P4K stickers, collecting data on pregnant women, and referrals), 5) Conducting a post-test (looking for pregnant women and then conducting detection using the Poedji Rochjati score card). The collected data were tested for normality using the Kolmogorov-Smirnov test, resulting in a p-value of 0.002 < 0.05, which means the data are not normally distributed. Therefore, the data analysis was conducted using the Mann-Whitney test.

RESULTS AND DISCUSSION

1. RESULT

Table 1 Distribution of Respondents Based on Education and Occupation in the Parijatah Kulon Community Health Center Work Area in 2024 (n= 70)

Characteristics	Intervention		Control	
	n	%	n	%
Education				
Low education	23	66	20	57
Midle education	12	34	15	43
higher education	0	0	0	0
Work				
Working	2	6	2	6
Not Working	33	94	33	94

Source: Primary Data 2024

From Table 1 above, it can be concluded that the majority of respondents in both the control and intervention groups had a secondary education level (junior and senior high school), accounting for 66% and 57% respectively. Meanwhile, almost all respondents in both the control and intervention groups were not working (housewives), accounting for 94%

Table 2 Distribution of Respondents Based on Age and Length of Service as Cadres in the Parijatah Kulon Community Health Center Work Area in 2024 (n= 70)

Characteristics	Mean	Median	95%CI
Age			
Intervention	35,46	32,00	21-60
Control	30,54	29,00	21-51
Duration of Being a Cadre	2,89	2,00	1-6
Intervention	3,09	3,00	1-6
Control			

Source: Primary Data 2024

Based on Table 2 above, it can be concluded that the average age of respondents in the intervention group is 35 years and 5 months, with the youngest being 21 years old and the oldest 60 years old, while in the control group, the average age of respondents is 30 years and 5 months, with the youngest being 21 years old and the oldest 51 years old. The average length of time serving as a cadre in the intervention group is 2 years and 9 months, whereas in the control group, the average length of time respondents have served as a cadre is 3 years and 1 month. For both the control and intervention groups, the most recent respondent to become a cadre has been 1 year, and the longest-serving has been 6 years.

Table 3 Results of the analysis of cadre independence in early detection of high-risk pregnancy complications in the Parijatah Kulon Community Health Center Work Area in 2024

Characteristics	Mean	Min-Max	*p-value*
Pre Test			
Intervention	62,57	30-85	
Control	61,57	20-80	0,000
Post Test			
Intervention	88,29	55-100	
Control	75,57	45-95	

Source: Primary Data 2024

Based on Table 3, it can be concluded that the average score in the intervention

group before receiving guidance on the Dewi Srikandi innovation, the respondents' independence was 62.57 and increased to 88.29 afterward, resulting in a rise of 25.72. In the control group, the average independence of respondents in the pre-test was 61.57 and 75.57 in the post-test, showing an increase of 14. The results of the Mann-Whitney test showed that the p-value < α, indicating that there is a difference in the independence of cadres in the early detection of high-risk pregnant women complications between the intervention and control groups.

2. DISCUSSION

Based on the results of the study, it was found that there is a significant effect of the Dewi Srikandi Innovation assistance on the independence of cadres in efforts to detect early complications in high-risk pregnant women in the Working Area of Parijatah Kulon Health Center.

Independence is the belief in one's ability to solve problems without help from others. An independent individual is someone who can resolve the problems they face, is able to make decisions on their own, has initiative and creativity, without disregarding the surrounding environment (8).

The independence of health cadres is very important in efforts to save the lives of pregnant women, particularly through programs that provide support frameworks for pregnant women to detect high-risk pregnancies using measurement tools such as the Poedji Rochjati Score Card, which is very useful for medical personnel to identify potential risk factors in pregnant women and classify them based on risk groups (9). High-risk pregnancy cases occur quite frequently in the community, but healthcare workers are not always able to detect each case individually. Therefore, community participation, especially that of health cadres, becomes very important in identifying high-risk pregnant women (10). Cadres play a vital role in recognizing and conducting early detection of high-risk pregnancies because they are part of the community itself. In this way, they can contribute to improving community health status through promotive and preventive efforts (11). Posyandu volunteers are part of the community closest to local residents. They carry out their duties promptly by visiting pregnant women, even before healthcare workers do. However, to perform this role effectively, volunteers need to be equipped with knowledge and skills that will help improve understanding. Thus, the role of volunteers is crucial in identifying problems and carrying out early detection of high-risk pregnant women (12).

One of the efforts to achieve cadre independence is through empowerment programs in various ways, such as through education, training or workshops, and mentoring (13). Community empowerment programs, especially for cadres, are effective if they involve the community (cadres) directly, as seen in the Dewi Srikandi innovation mentoring program, which has implications for increasing knowledge and skills regarding early detection of high-risk pregnancies. Cadres are trained on high-risk pregnancies and how to carry out early detection, after which they conduct screenings for pregnant women in their area. There are several results after the Dewi Srikandi innovation mentoring, showing an increase in independence by 25.72. Thus, the capacity of health cadres to conduct early detection of high-risk pregnancies has improved.

The role of cadres is very important in monitoring the health of mothers from the pregnancy process to childbirth. As someone close to pregnant women, cadres strive to monitor and encourage them to undergo regular prenatal check-ups with healthcare professionals (14). In accordance with the roles and functions of cadres, their participation is especially needed in programs that accompany

pregnant women (15). Cadres can assist in educating and providing outreach or counseling to each pregnant woman and her family about her pregnancy status, as well as in monitoring and helping supervise compliance and regular intake of iron supplements by pregnant women, and explaining the importance and benefits of the Maternal and Child Health Book to each pregnant woman. Based on this, regular training from healthcare professionals is needed for cadres so that they understand their roles and responsibilities as village health cadres (16).

The independence of health cadres in conducting early detection of high-risk pregnancies is a crucial aspect in efforts to prevent maternal and neonatal complications. Independent health cadres are able to accurately and quickly identify early pregnancy risk factors, thus preventing delays in treatment that could be potentially fatal. The role of cadre independence in early detection of high-risk pregnancies includes: 1) Carrying out risk screening independently, where cadres are trained to use aids such as the Poedji Rochjati Score Card (KSPR) and pregnancy risk detection applications. With these skills, cadres can conduct risk screening independently at the community level without always having to rely on professional health workers (9,17,18). 2) Timely reporting and referral, where the independence of the cadre also includes the ability to carry out regular reporting and appropriate referrals to midwives or health centers when high-risk pregnant women are identified. This structured reporting system helps accelerate the necessary medical intervention (19). Although independent, cadres still coordinate with midwives, health centers, and village authorities to ensure the continuity and effectiveness of early detection and management of pregnancy risks. This support is important to overcome barriers and improve the quality of services (20).

The results of this study in the intervention group showed that there was an increase in the independence of the cadres in carrying out early detection of high-risk pregnancies. The quality of guidance provided by these respondents may be influenced by the length of time they have been cadres. With more time as a cadre, the respondents' knowledge about high-risk pregnancies improves (21). Based on the length of time serving as a cadre in both groups, almost half have been cadres for more than 1 year, totaling 33 respondents (94.3%) in the intervention group.

The independence of cadres can be influenced by the length of time they have been cadres. The duration of being a health cadre significantly affects the cadres' independence in conducting early detection of high-risk pregnancies. The experience gained during their duties makes cadres more skilled, confident, and independent in carrying out their tasks in the field. Cadres with longer work tenure tend to have better knowledge regarding the signs of high-risk pregnancies as well as early detection procedures. This knowledge is acquired through hands-on experience and ongoing training, enabling them to recognize risk factors accurately and quickly. This aligns with research conducted by (22), which found that respondents' knowledge is related to the level of experience in their lives. The more life experience respondents have, the higher their knowledge. Conversely, the less life experience they have, the lower their knowledge.

Cadres who have been active for a long time are usually more independent in conducting pregnancy risk screenings without always relying on professional healthcare workers. They are able to take initiative in conducting home visits, educating pregnant women, and making timely referrals when high risks are found (23). The length of time as a cadre also affects attitudes and motivation in carrying out their duties. Experienced

cadres generally have a positive attitude and high motivation to detect pregnancy risks, which impacts the quality of early detection implementation (12). On the other hand, newly joined cadres usually still require guidance and intensive training to become independent. They need time to sharpen their skills and build confidence in carrying out early detection of high-risk pregnancies (24).

In addition, the level of education also affects the independence of the cadres. The higher the education of the cadres, the easier it is for them to receive information obtained through training or when consulting with midwives or health workers about high-risk pregnancies. Likewise, in the control group, the majority of the group had basic education (elementary to junior high school), which can influence the way the cadres think (25).

Efforts to enhance the role of community health volunteers in reducing maternal mortality are carried out, among other ways, by improving knowledge and skills in assisting pregnant women, especially in early detection of danger signs and in promoting care for both normal and high-risk pregnancies through training programs (26). This is based on several studies showing that volunteer training activities are effective in increasing the knowledge and skills of volunteers. Volunteers who undergo regular training can maintain and improve their knowledge and skills in providing community services. Volunteers are usually trained to identify individual and community health problems; therefore, they can be involved in health promotion, provide counseling, and refer medical issues to healthcare facilities (27).

The role of cadre independence in relation to the Innovation Program for Detecting High-Risk Areas to Prevent Early Pregnancy is a very important role in succeeding in reducing Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR), as well as improving adolescent reproductive health (13). Therefore, it is indeed very necessary for cadre mentoring to be carried out through regular training and monitoring. In this regard, Posyandu cadres need to be given guidance on the Dewi Sri Kandi innovation in efforts to identify areas and detect early complications in high-risk pregnant women and the actions that must be taken. In addition, mentoring through field monitoring can help cadres in identifying changes that occur in their areas and provide timely and appropriate interventions (28).

The obstacles faced by cadres in carrying out health development activities are that most of the cadres still have low education levels and have not received training on their duties as Posyandu cadres to the fullest. The knowledge and skills of cadres fluctuate, which can occur because cadres are less active and forget things that have been learned, causing their knowledge to decline. The high level of knowledge and skills of cadres is influenced by formal education, cadre courses, the frequency of attending guidance sessions, the activeness of cadres in Posyandu, and the length of time they have been cadres. Therefore, refresher sessions are necessary, aimed at maintaining and enhancing the abilities of the cadres (29).

CONCLUSIONS

The independence of cadres in conducting early detection of high-risk pregnancies in the working area of Parijatah Kulon Health Center showed differences between the intervention and control groups after being provided with the Dewi Srikandi innovation assistance. It is recommended that cadres implement the results of the assistance and be more active in seeking or conducting early detection in pregnant women. For midwives at the Health Center, it is expected that they continue to provide ongoing assistance to cadre in efforts to

conduct early detection of high-risk pregnancies.

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