

Empowerment Of Health Care And Community To Improve Mother And Children's Health (Mch) In Demak Gaji Village

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ABSTRACT: *The health problems experienced by the people and people of Indonesia are still not successful in achieving "Healthy Indonesia" as desired in the National Long-Term Development Plan. Issues Gaji villagers still do not fully give exclusive breastfeeding to their babies, do antenatal care during pregnancy, monitor the growth and development of their sons and daughters especially the first 1000 days of life (HPK) greatly determine the growth and development, which if not heeded would risk stunting, providing basic immunization complete, provide complementary foods properly, do family planning, there are still those who have not utilized primary health facilities and do not understand the healthy paradigm emphasized by the government of society that still tends towards curative and not oriented to preventive and promotive. The venue for the training was in Demak Gaji Village Hall. The time of the training was on November 11, 2018. Participants in the community training, youth groups, and health cadres of the Salak Demak Village were 58 people. The method of implementing activities using a group-based method is carried out comprehensively, starting from coordinating with policy makers in the Gaji village, approaching and coordinating with the community and health cadres, MCH education and mentoring, providing training and discussion materials, community service team activities carried out in a measurable and the money process to measure the achievement of targets and outcomes, through the role of Posyandu cadres and the community so as to improve the health status of the community. The results of this training community and health cadres get knowledge and insights about exclusive breastfeeding, immunization, antenatal care, family planning, complementary foods, growth monitoring, healthy paradigm towards a prosperous family, utilization of primary health facilities towards a healthy family, so that with the participation of cadres health can increase the level of public health in the Gaji village, cadres are long-standing health centers so that people are increasingly aware of the importance of maternal and child health.*

Keywords: *Exclusive breastfeeding, maternal and child health, community, health cadre roles.*

A. BACKGROUND

Gaji Village is located in Guntur Subdistrict, the area of Gaji Village is 254,055 Ha, the border area of Gaji Village is: North Krandon Village, Temuroso. Sayung Subdistrict,

Karang Tengah, Timur Sidokumpul Village, Temuroso. Tegowanu District, South of Sidokumpul Village, Blerong. Mranggen Subdistrict, Karangawen, West of Blerong Village. Sayung District. Sociodemographic Conditions of Salary Villagers Population: 4,126 inhabitants, 2,122 male residents, 2,004 female residents, 1,362 households. Livelihoods are mainly farmers, housewives and laborers. Posyandu cadre in Gaji village is a long-hand community health center (Puskesmas) to be able to motivate the community in efforts to improve maternal and child health (MCH), where there are still many people who do not understand the importance of maternal and child health, especially those related to exclusive breastfeeding, immunization, antenatal care (ANC), family planning (KB), complementary feeding, the importance of a healthy paradigm towards a prosperous family, and utilization of primary health facilities. So there are still many mothers who do not carry out these activities where to overcome the MMR / IMR / IMR the community must understand the importance of improving the level of health, especially those related to MCH. The government's program to achieve Healthy Indonesia, in the period of 2015-2019 as desired in the National Long-Term Development Plan (RJPN) has not been achieved optimally where one of the programs is directed to focus efforts to reduce maternal mortality and infant mortality, so it needs integrated support in efforts to achieve the program.

Health problems in Indonesia become very important to note, where the maternal mortality rate (MMR) is also a high infant mortality rate (IMR). Based on the 2007 Basic Health Survey, MMR in Indonesia is still at 228 per 100,000 live births. Likewise, the IMR is still in the range of 26.9 per 1,000 live births. The target of the Ministry of Health of the Republic of Indonesia which is expected to be achieved in 2010 is the MMR to 125 per 100,000 live births and the IMR to 15 per 1,000 live births (Zahtamal, Restuastuti, & Chandra, 2011), several programs that have been carried out to reduce MMR and IMR include safe motherhood, where this program in Indonesia is outlined in several programs including services for pregnancy check and care, healthy and safe childbirth, essential obstetric services at community health service centers, family planning (KB) . Various factors that cause MMR and IMR in Indonesia are still high including predisposing / enabling factors, encouraging and reinforcing, obstacles from these three factors can be seen from economic, socio-cultural, geographical factors, which are aggravated by detecting the state of the patient, deciding to take action, referring to, being late in dealing with a sick family, not much information has been obtained by the community regarding these aspects that will become an obstacle so that community behavior is sometimes not in accordance with what should be done immediately to save lives. Appropriate strategies and policies based on evidence and also information are needed to address maternal and child health (MCH) optimally (Zahtamal *et al.*, 2011). Children's health is no less important where the nutritional status is crucial for its development and growth. Bad consequences for children also become an important national problem if this is ignored which will result in disruption of his physical, mental and academic status even very many stunting events because the first 1000 days of life are neglected (Weinreb *et al.*, 2002). Controlled growth and development will affect intellectual intelligence and emotional intelligence in children so that as adults they will affect the way of thinking and making decisions properly. Very different children who are controlled for development and growth from an early age than children who are neglected growth and development (Sari, Zulaikhah, & Mahdiyah, 2019). Stressors are responded to by the brain in the form of stress perception, and then are responded by other systems (stress response). Stress response in the form of immune modulation. Stress perception influences the stress response reflected by changes in immune responses that determine the quality of individual immunity, with families who can provide positive energy to their children controlling their development from an early age to maintain their mental states will make the children's emotional and spiritual intelligence well formed (Sari *et al.*, 2018).

B. METHODS

Solving the health problems of the Gaji village carried out several approaches carried out jointly, namely:

1. Based on cadre groups and mothers, and youth youths. All community service activities are carried out to the community by using groups as learning media and assistance, planning and monitoring and evaluation of all community service activities.
2. Comprehensive, all community service activities carried out simultaneously related to human resources are conducted counseling and mentoring from experts to the community with materials about exclusive breastfeeding, immunization, antenatal care, family planning, complementary foods, growth monitoring, healthy paradigm towards a prosperous family, utilization of primary health facilities towards healthy families
3. Based on local potential and local wisdom by developing local attitudes and culture so that it can improve the level of public health.

Furthermore, the three methods above are implemented in 4 (four) stages, namely (1) Socialization, (2) Competency improvement, (3) Implementation of activities, (4) Monitoring and evaluation (Table 1).

Table 1. Types of activities, community participation, activity outcomes & problem solutions

No	Activity	Community participation	Activity outcomes	Problem solutions
1	Socialization of PPM	As an active participant and prepare a place during the outreach	Health cadres, youth youths and the Gaji Village community understand the purpose of PPM	Use motivational methods and involve community leaders.
2	Health Counseling by experts	As a counseling participant	Health cadres, youth youths and members of the Gaji Village community understand the purpose of PPM to increase their knowledge about maternal and child health	Using teaching methods, guiding, providing environment Regular assistance
3	Implementation of Activities	Health cadres as community mobilizers	The target group understands and understands health problems	Counseling and assistance
4	Monitoring and evaluation	Monitor and evaluate with the PPM team	Conducting business monev	Accompanied by the monitoring and evaluation team from the

				target group
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Fig 1. Assistance to health cadres and the community of Mranggen Demak Gaji Village



Fig 2. Monitoring and evaluation

Table 2. Expert Practices of Community Service

No	Name	Expertise	Faculty	Activity task of IbM
1.	Dr. Rita Kartika Sari, SKM. M.Kes (Chairman of the community service team) dengan anggota : Dr. dr. Imam Jamaluddin, dr. Qotrunnada Jam'an, Drs. Purwito Sugeng, M, Kes., dr. Agus Supriyono, M.Kes., Dr. Dede Mahdiyah, M.Si	health of both mother and child Health Management <i>Public Health</i> Microbiology	Faculty of Medicine	Chairman and members of the community service Education about exclusive breastfeeding, immunization, antenatal care, family planning, complementary foods, growth monitoring, healthy paradigm, utilization of primary health facilities towards a

healthy family.
Monitoring and
evaluation of theories
and practices of
community service
activities.
Assist partners during
community service



Fig 3. Discussion of health experts with the community and health cadres

C. RESULTS AND DISCUSSION

Health development is an inseparable part of national development that aims to increase awareness, willingness and ability to live healthy for everyone in order to realize the highest degree of public health. The health status of a nation can be measured by several indicators including: Morbidity of disease, mortality of vulnerable groups such as infants, toddlers, and mothers during childbirth. Measuring instruments that are often used are life expectancy, maternal mortality rate, and infant mortality rate (IMR). These figures also form an important part in forming the Human Development Index (HDI), which describes the level of progress of a nation (Angka, Ibu, Bayi, & Indonesia, 2014).

The World Health Organization (WHO) recommends initiation of breastfeeding within 1 hour after birth, exclusive breastfeeding during the first 6 months of life and the addition of food is also the right time, and adequate for supplementary feeding after 6 months in conjunction with continued breastfeeding, a global target to increase exclusive breastfeeding rates in the first 6 months of life by at least 50%. This target implies that the current global average, estimated at 37% for the period 2006-2010, will increase to 50% by 2025 in order to reduce child mortality (Gupta, Dadhich, & Suri, 2013) Despite the importance of optimal infant feeding practices in contributing to normal children's health, survival and good development, of the 136 million babies born each year, around 90 million

are not exclusively breastfed during the first 6 months (Gupta *et al.*, 2013). Malnutrition also continues to be a public health problem in developing countries. Globally, there are 165 million stunted children, 99 million underweight, and 51 million are neglected in 2012. Children under five are the most vulnerable age group for malnutrition. Malnutrition in the early stages of life can increase the risk of infection, morbidity and mortality together with decreased mental and cognitive development. malnutrition during early childhood reduces educational achievement and workforce productivity and increases the risk of chronic diseases later in life (Endris, Asefa, & Dube, 2017). Indicators to determine the status of public health in a country can be seen from the high maternal mortality rate (MMR) and infant mortality rate (IMR). The main cause of infant death is due to infectious diseases that are respiratory infections and diarrhea. Estimates according to the World Health Organization (WHO) that 53% of cases of acute pneumonia, 55% of infant deaths due to diarrhea due to poor feeding in the first six months of life (Gupta *et al.*, 2013).

Government efforts to reduce maternal and child morbidity emphasize on the provision and utilization of health services, this is done for monitoring / early detection of maternal and child health, such services include: child growth and development, antenatal care services, pregnancy checks, family planning services, clinics lactation and immunization services. One of the services is using the MCH handbook as notes and documentation (Studi, Ilmu, Masyarakat, & Sari, 2008).

The welfare of children in families that are not intact, for example children who live only single parent only with their mother or father will affect their development, that they are worse than children born in a normal family. Even this effect must be considered psychological factors Also cognitive, behavior, and health of children. Identifying this mechanism is important for scientists to understand how family structure affects the child's growth and development to correct the negative effects that might occur from incomplete family structures (Waldfoegel, Craigie, & Brooks-Gunn, 2010). The family really determines individual maturity / personality structure and character of early childhood. Early childhood follows parents of various habits and behaviors, thus the family is the most obvious element of education, the family is one of the main elements of education that creates a process of social naturalization, shapes the character and personality of early childhood and provides a variety of good habits.



Fig. 4 Providing MCH training materials

The most common causes of infant death in Indonesia are low birth weight (LBW), asphyxia, infections, drinking problems, and diarrhea. At this time there is a tendency to decrease breastfeeding in several places in Indonesia, especially in big cities. Many things affect the decline, one of which is the promotion of great formula milk, and errors in the management of breastfeeding itself. Efforts to reduce the IMR that is simple and easy to do is

to give breast milk immediately (Initiation of early breastfeeding) to newborns, because breast milk contains Immunoglobulin which can prevent infection and diarrhea. The program in support of the Millennium Development Goals (MDG's), breastfeeding from an early age has a positive impact on both mother and baby. The benefits of providing breast milk for mothers not only establish love, but can reduce bleeding after giving birth, accelerate recovery of maternal health, delay pregnancy, and is a separate happiness for mothers (Gupta *et al.*, 2013).

Data on Basic Health Research (Riskesdas) in 2010 shows that breastfeeding in Indonesia is currently alarming, this is due to public awareness in encouraging increased breastfeeding is still relatively low. One of the government's efforts to reduce IMR is to provide exclusive breast milk. Breast milk is the first natural food for babies that provides all the vitamins, minerals and nutrients needed by babies for growth in the first six months and no food or other fluids are needed.

The complete nutritional content in breast milk besides that there are also immune substances such as lactoferrin, lysozyme, IgM, IgA, IgE, IgG, digestive enzymes, immunoglobulin hormones and proteins that are very suitable to meet the needs of up to 6 months old baby. Breast milk also contains complete carbohydrates, proteins, fats, multivitamins, water, cartinines and minerals which are very suitable and easily absorbed completely and do not interfere with the kidney function of infants who are in their infancy. The composition of breast milk is affected by the stage of lactation, race, nutritional state, and diet of the mother. More than 136 million babies are born each year, and around 92 million of them do not get exclusive breastfeeding for up to 6 months (Gupta *et al.*, 2013).

Basic Health Research Data (Riskesdas, 2013) exclusive breastfeeding for infants aged 0-1 months 48.7%, at the age of 2-3 months decreased to 42.2%, and decreased with increasing age of infants ie 36.6% in infants aged 4-5 months and 30.2% in infants aged 6 months. In 2009 the achievement of exclusive breastfeeding coverage was 34.3% and decreased in 2010 to 33.6% (BPS, Susenas 2010). The results of the Basic Health Research in 2013 were much lower at 30.2% (Riskesdas, 2013). This figure is still far from the national ASI coverage target of 80%. Even based on 2012 WBTI data on breastfeeding conditions in 51 countries based on the measurement of established indicators, Indonesia ranked 49th out of 51 countries with a breastfeeding rate of only 27.5%.

One thing that needs to be considered by the community is a healthy paradigm, which is a holistic, proactive, anticipative health development perspective or mindset, by seeing health problems as a problem that is influenced by many factors dynamically and across sectors, in an area oriented to improving maintenance and protection of the population to stay healthy, especially on preventive and promotive and not only healing the sick / curative population. For this reason, H. L Blum's healthy lifestyle concept is applied, namely the degree of public health is influenced by environmental factors, lifestyle, health services, and genetic factors. With the aim of achieving optimal healthy degrees. The concept of HL Blum, curative and rehabilitative, healthy paradigm of health development 2010, preventive, promotive efforts so that the improvement of the degree of public health will be achieved through exclusive breastfeeding, immunization, family planning, growth and development, complementary foods after 6 months, ANC, application of a healthy paradigm, utilization of health services in health facilities needs to be emphasized to the community, and health cadres are efforts to reduce MMR and IMR.

The Healthy Indonesia Program in 2010 requires a conducive environment for the realization of a healthy condition, namely an environment free of pollution, the availability of clean water, adequate environmental sanitation, healthy settlements, health-oriented area planning and the realization of community life that helps one another help. The expected behaviors of the Healthy Indonesian people in 2010 are those that are proactive to maintain

and improve health, prevent the risk of disease, protect themselves from disease threats and actively participate in the public health movement (Tursilowati, 2004).

Many Gaji Communities do not provide breast milk exclusively for the full 6 months, even a few days after the baby is given, bananas are given so that the baby is full so that he can sleep soundly, also has been given rice, porridge, etc.. Very rarely suckling the baby is up to two full years, basic immunization is also incomplete, antenatal care is also very rarely done, some even do not check for pregnancy, low birth control coverage and lack of understanding of complementary foods, the public lacks understanding of the healthy paradigm emphasized by the government community orientation towards curative rather than preventive and promotive. Optimization of health cadres and community groups, is expected to have an impact on improving maternal and child health / MCH in the village of Gaji Mranggen so, for that UNISSULA community service team that has the ability in the field of maternal and child health/MCH in accordance with their respective competencies by providing knowledge/ provision relating to maternal and child health / MCH in health cadres and the community including exclusive breastfeeding, immunization, ANC, family planning, complementary foods, growth and development monitoring, healthy paradigm, utilization of primary health facilities to healthy families, equipped with the knowledge and assistance will be able to improve the degree of public health, Society in the smallest scope is the family really determines the development of children both physically and psychologically so that it is expected that AKI / AKB / AKBA will be minimized (Evans, Li, & Whipple, 2013). The development of children's intelligence according to Piaget contains three aspects, namely structure, content, and function. So, the intelligence of children who are experiencing development, structure and the intelligence content change or development. Where the function and adaptation will be arranged in such a way as to give birth to a series of developments, and each has a special psychological structure that determines the ability of children's mind (Sari, Sutiadiningsih, Zaini, Meisarah, & Hubur, 2020). The emotional, and spiritual linkage mechanism in relation to immunology can be explained through the increase and decrease of immune system mechanism (Sari et al., 2019).

After community service activities carried out by a team of experts from the medical faculty of Unissula, there were 6 lecturers implemented in 4 (four) stages, namely (1) Socialization, (2) Competency improvement, (3) Implementation of activities, (4) Monitoring and evaluation, cadres health and community understanding and understanding with the knowledge given relating to exclusive breastfeeding, immunization, ante natal care, family planning, complementary foods, growth monitoring, healthy paradigm, utilization of primary health facilities towards healthy families, it is hoped that the health cadres can monitor and evaluate public health is mainly related to maternal and child health in Mranggen Demak Gaji Village.

D. CONCLUSION

Knowledge of cadres and the village community Salary about exclusive breastfeeding, immunization, ante natal care, family planning, complementary food, growth monitoring, healthy paradigm, utilization of primary health facilities to healthy families is still lacking so that the provision of knowledge is needed with the hope that further health cadres can monitor and help evaluate public health in Mranggen Demak Gaji Village, especially related to maternal and child health.

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