



# “THE ROLES OF VILLAGE HEALTH VOLUNTEER IN MATERNAL AND CHILD HEALTH PROGRAM: LINKING HEALTH SYSTEM AND COMMUNITY IN INDONESIA.”

Ralalicia Limato (Eijkman Institute for Molecular Biology), Rukhsana Ahmed (Eijkman Institute for Molecular Biology), Miladi Kurniasari (Eijkman Institute for Molecular Biology), Sudirman Nasir (Hasanuddin University), Olivia Tulloch (Liverpool School of Tropical Medicine), Korrie de Koning (KIT), Din Syafruddin (Eijkman Institute for Molecular Biology)

Maternal and child health is a major public health concern in Indonesia. The current estimated maternal mortality rate (MMR) is 228 deaths per 100,000 live births (1). Some of the factors contributing to it are poor access to health care and shortage of health care provider in the community. To overcome it the government initiated the village midwife (VMW) program and the integrated health service post called Posyandu. The Posyandu is held at the village to enable the community to access basic health services and provides antenatal care, postnatal care, family planning, immunization, nutrition and diarrhea prevention. To assist the VMW, volunteers called Kaders are chosen by the community with support of the village authority to serve in the Posyandu. The Kaders receive a week of training to carry out the Posyandu activities and a financial incentive for their work (2). Although they are enthusiastic, they get frustrated when community members do not take up their advice. In this study, we explored the Kaders' role in the Posyandu and to deliver health promotion and preventive services to the community with a focus on maternal and child health.

## METHODS

A qualitative design was used to obtain information on Kader selection, training and tasks. Data were collected using SSI and FGD in two districts, Southwest Sumba and Cianjur in September and December 2013. In each district, we chose two sub-districts, one with good maternal indicators (antenatal attendance and facility delivery) and one with poor maternal indicators. We conducted a total of 110 SSIs among Kaders, VMWs, Traditional Birth Attendants (TBAs), women who had delivered, village heads and health managers. An additional 7 FGDs were conducted with VMWs, TBAs and husbands. The transcripts were translated from Bahasa Indonesia to English, verified and analyzed using NVivo 10.



## FINDINGS

• THE MAIN ROLE OF THE KADERIS THE SAME IN SW SUMBA AND CIANJUR. THEY ASSIST THE VMW IN ORGANIZING THE MONTHLY POSYANDU, WEIGHING CHILDREN, ASSIST WITH REGISTRATION AND PROVIDE HEALTH EDUCATION.

“IN POSYANDU, AS KADERS, WE PROVIDE ‘FIVE TABLE SYSTEM.’ FIRST TABLE IS REGISTRATION, SECOND TABLE MEANS WEIGHT MEASUREMENT, THIRD TABLE IS WHERE WE FILL THE RESULT OF THE WEIGHT MEASUREMENTS IN THE REGISTER BOOKS, FOURTH TABLE IS WHERE ONE KADER GIVES HEALTH COUNSELING AND AT THE FIFTH TABLE PARAMEDICS WOULD DELIVER MEDICAL SERVICES.” (SSI, KADER, SW SUMBA)

• DURING HOME VISITS KADERS ENCOURAGE PREGNANT WOMEN TO ATTEND THE POSYANDU, HEALTH FACILITY FOR DELIVERIES AND REFER THEM TO MIDWIFE.

“I USUALLY REMIND THEM. LIKE FOR THOSE WOMEN WHO WANT TO DELIVER, I SAID PLEASE DO NOT SEEK THE TBA’S SERVICE BUT THE MIDWIFE’S; HERE IS THE PHONE NUMBER. THEN I GIVE THEM THE MIDWIFE’S PHONE NUMBER.” (SSI, KADER, CIANJUR)

• THEIR ROLES HAVE EXPANDED OVERTIME AND IN CIANJUR SOME KADERS ASSIST VMWS DURING DELIVERY AND IN NEONATALCARE. THEY ALSO ENCOUNTER CHALLENGES IN THEIR WORK AND FRUSTRATION WHEN THE COMMUNITY DO NOT TAKE UP THEIR ADVICE.

“THE CHALLENGE IN MY JOB IS WHEN THE COMMUNITIES DID NOT HEAR ME, SO I HAD TO GIVE THE ADVICE REPEATEDLY...WHEN THEY DIDN’T (TAKE THE ADVICE), I WAS ANGRY AND ANNOYED BUT I HAD TO GET OVER IT.” (SSI, KADER, CIANJUR)

• YET, KADERS ARE WILLING TO DO MORE THAN THEIR CURRENT ROLE. ONE KADER MENTIONED ABOUT PROVIDING SEX EDUCATION TO TEENAGERS.

“HOPEFULLY THERE WILL BE A PROGRAM (SEX COUNSELING PROGRAM). I THINK IT IS IMPORTANT... BECAUSE PARENTS DO NOT NECESSARILY GIVE SUGGESTION ABOUT SEX TO THEIR CHILDREN.” (SSI, KADER, CIANJUR)



## DISCUSSION

POSYANDU KADERS HAVE AN ESSENTIAL ROLE IN THE HEALTH SYSTEM AND ARE KEY PLAYERS FOR THE SUCCESS OF THE MATERNAL AND CHILD HEALTH PROGRAM IN THE COMMUNITY. THEY ARE FROM THE COMMUNITY AND WITH THEIR HOME VISITS AND HEALTH PROMOTION THEY ARE A LINK BETWEEN THE COMMUNITY AND THE HEALTH SERVICE. THEY ARE THE MAIN AGENTS RESPONSIBLE FOR COMMUNITY MOBILIZATION IN HEALTH PROMOTION AND PREVENTIVE SERVICES. OUR DATA ILLUSTRATED THAT THEIR HEALTH PROMOTION PRACTICE CAN BE IMPROVED. THEIR EXPANDING ROLE AND THEIR WILLINGNESS TO TAKE UP ADDITIONAL TASKS FOR THE BENEFIT OF COMMUNITY SUGGEST THEY HAVE POTENTIAL FOR HELPING IMPROVE THE HEALTH OF THEIR COMMUNITY. MORE ATTENTION SHOULD BE GIVEN IN ORDER TO UTILIZE THEM AS THE LINK BETWEEN THE COMMUNITY AND THE HEALTH SYSTEM.

## REFERENCE

1. UNICEF Indonesia 2012, Issue Briefs: Maternal and Child Health, viewed 6 August 2014, <[http://www.unicef.org/indonesia/A5-\\_E\\_Issue\\_Brief\\_Maternal\\_REV.pdf](http://www.unicef.org/indonesia/A5-_E_Issue_Brief_Maternal_REV.pdf)>.
2. Kementerian Kesehatan RI and Kelompok Kerja Operasional (Pokjnal) Posyandu 2011, Pedoman Umum Pengelolaan Posyandu, pp. 6-7; 19, Kementerian Kesehatan RI, Indonesia.



REACHOUT is an international research project to understand and develop the role of close-to-community providers of health care in preventing, diagnosing, and treating major illnesses in Africa and Asia

Bangladesh • Ethiopia • Indonesia • Kenya • Malawi • Mozambique

Website: [www.reachoutconsortium.org/](http://www.reachoutconsortium.org/) • Email: [reachoutconsortium@gmail.com](mailto:reachoutconsortium@gmail.com)

Twitter: [www.twitter.com/REACHOUT\\_Tweet](http://www.twitter.com/REACHOUT_Tweet)