

Impact of Health Promotion Trainings of Community Health Providers on Community Maternal Health Services in Cianjur, Indonesia



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BACKGROUND

Maternal health is an important public health issue in Indonesia. The Indonesian maternal mortality ratio (MMR) reported for the period of 2008-2012 was 359 deaths per 100,000 live births. This MMR is higher than most Southeast Asian countries with GDP per capita similar to Indonesia.

To reduce maternal deaths, the community integrated primary health programme in Indonesia emphasizes health prevention and promotion, delivered by village midwives and community health volunteers (kader). In our context analysis of the issues around maternal health service

quality, we identified that community health workers had poor knowledge and communication skills in counseling pregnant women on maternal health issues. Poor practice among frontline health staff was a barrier to health system improvement and high quality provision of care.

METHODS

To address these issues, we conducted health promotion trainings for community health providers in four villages in Ciranjang subdistrict, Cianjur district, West Java province, focused on how to promote health facility delivery. Small group trainings were held using a participatory approach to increase providers' knowledge of the danger signs of pregnancy and delivery and to improve birth preparedness. They were also taught to use pictorial job aid specially developed for the Cianjur context and hold negotiations and communications with pregnant women about the benefits of health facility delivery.

The effectiveness of the trainings was assessed before and after the training through semi structured interviews (87 SSIs) and focus group discussions (6 FGDs) with the health workers and pregnant women attending the Posyandu (integrated community health post) session. In addition, post-training observations with checklists were held one month apart at three time points.



Health promotion training



Health promotion training

FINDINGS

During 14 workshops, 188/233 (80.6%) kader and seven village midwives (100%) were trained. We found that most health workers developed better understanding of maternal health issues and with their new knowledge they were enthusiastic to answer questions asked by pregnant women. Most community health providers used the pictorial health counseling card in post-training consultations and actively brought up crucial issues such as birth preparedness.



Health counseling using a pictorial counseling card

"Before participating in REACHOUT training, most kader were reluctant to do health counseling because they don't know how to do it and they said because no tools [counseling cards]...After the training, kader now are more willing in giving counseling. They can show and then discuss with the pregnant women about some pictures in the card such as the importance to be examined by the midwife or to take iron pills (during pregnancy) and to give birth at health facility. It also helped them to discuss danger signs such as hypertension or swollen legs. (SSI, Village midwife)"

SSI, Village midwife

Using counseling card we now discuss things like the ways pregnant woman can save money for transportation and delivery fee in the last months of the pregnancy. We also discuss how the pregnant mother could persuade her husband or her family to accompany her to go to the midwife clinics or Puskesmas [community health center] to give birth. Because of these new skills I gained from the training, I am now more enthusiastic to do the counseling. Furthermore, I start to feel that counseling is more fun than just weighing or doing the Posyandu report. (FGD, Posyandu kader)

FGD, Posyandu kader

Most community members interviewed acknowledged that the quality and frequency of health promotion session conducted in the Posyandu improved. The new knowledge and skills as well as community recognition increased the motivation of the community health providers in conducting health promotion.

The important change in Posyandu is the [health] information conveyed by kader now became more comprehensive. The way kader deliver the information is also improved and made us understand them better. Kader used to be less knowledgeable [about health information].

SSI, Posyandu clients)

Now, I feel that they [pregnant mothers] trust me more as a kader. They said kader are smarter now. Perhaps because now we can explain and discuss more issues about pregnancy, thanks to the trainings and the pictorial card. Because of this, I feel better too. I feel more motivated when the time for Posyandu session comes and no longer afraid to do the counseling. (SSI, endline, Posyandu kader)

SSI, Posyandu clients)

CONCLUSION

The health promotion trainings contributed to increasing knowledge about maternal health issues and improving interactive communication skills of the community

health providers. As a result, the perceived quality of services they provide improved and benefitted pregnant women. The participatory approach employed in the

trainings may also have contributed in boosting the knowledge, skills and motivation of health workers in providing health promotion.

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