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RESEARCH ARTICLE

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Innovative Program of *Sempu* Health Center in Reducing MMR through SAKINA

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ABSTRACT

Sempu Health Center in Banyuwangi is a health center that has been able to innovate in order to overcome maternal mortality. Increased case of maternal mortality in 2010 to 2012 prompted the head of *Sempu* Health Center to innovate with SAKINA program. This program has succeeded in reducing maternal mortality to zero. This study aims to get an overview from the implementation of SAKINA program in reducing the Maternal Mortality Rate (MMR) in *Sempu* Health Center area. This research used a qualitative case study. The informants in this study were 15 people from both health officers and public who were involved in the activities of the SAKINA program. Based on the results of the research, the SAKINA program is an activity that aims to stop the Maternal and Child Mortality Rate, the innovation is carried out by forming Laskar SAKINA, which is a community assigned with assisting high-risk pregnant women during the pregnancy period. Pregnant women hunters come from vegetable sellers (Mlijo) who are tasked with finding pregnant women in each village within their sales route. In addition, there is a Shelter House which is used to wait for birth in remote areas. The SAKINA program is a form of innovation for increasing community participation in reducing maternal and child mortality.

Keywords: MMR; health center; SAKINA; innovative program

INTRODUCTION

Sempu Health Center is a health center located in Banyuwangi that excels at regional and national levels. The achievement of *Sempu* Health Center is an innovative program in achieving the MDGS achievement target in term of reducing Maternal Mortality Rate (MMR). One of the innovation programs carried out is a door to door service for pregnant women. The intensive program in assisting the normal and high-risk pregnant women is carried out optimally by involving the community. Some of the program that was carried out: Hunting for High-Risk Pregnant Women, Let's go back to breast milk, which was promoted by newspaper deliverymen and the Stop Maternal and Child Mortality Rate (SAKINA) program.

The SAKINA program is a program that is inspired from the high number of maternal mortality cases in the *Sempu* Health Center area. A number of 5 maternal deaths in 2010 to 2012 triggered the development of maternal mortality prevention. One of the factors that caused the high maternal and child mortality rate is the difficult access to the villages for evacuating pregnant women during childbirth and the delayed in referrals and mother deaths. According to the official website sempu.desa.id, the condition of the *Sempu* area is partly forest with transportation difficulties because it can only be passed by plantation truck. ⁽¹⁾ The SAKINA Program that was developed also had an impact on the absence of MMR in the *Sempu* Health Center, since 2014 to 2018 there were no maternal deaths.

The success of the *Sempu* Health Center in reducing maternal mortality is in contrast with the high maternal mortality rate in Indonesia, which has an upward trend. According to the official website voaindonesia.com, the maternal mortality rate is quite high, around 300 per 100,000 births. ⁽²⁾ Meanwhile, in 2024 the government has a target of reducing maternal and child mortality to 183 per 100,000 births. In addition, the MMR and IMR in East Java are high, especially in the districts. Based on information, the maternal mortality rate (MMR) for Jember in 2020 was 61 cases. Meanwhile, the infant mortality rate (IMR) is 324 cases. ⁽³⁾

This research is aimed to provide an overview for the innovation made by *Sempu* Health Center so it can be imitated by other health workers or health center in an effort to reduce maternal mortality. The strategic steps taken by SAKINA (Stop Maternal and Child Mortality Rate) and hunting for high-risk pregnant women can serve as role models for the community in reducing MMR. The existence of high-risk pregnant women program has proven to have an impact on the community, such as the increasing of husband assistance. Since it was first established, there has been an increase of prenatal care with husband's assistance by 90% from initially only 36%. ⁽⁴⁾

METHODS

The research design used in this study was qualitative by observing the activities from SAKINA program that is carried out by *Sempu* Health Center in an effort to reduce maternal mortality. *Sempu* Health Center is located at Kali Setail Street 170 Sempu, Banyuwangi, Indonesia. The research population for this study was the community, health workers involved in this activity consisting of pregnant women, health cadres, midwives, and heads of health centers, sub-district heads, and village heads. This study was conducted from July to November 2018. The data collection techniques used in this study was in-depth interviews, observation, participation, and focus group discussions (FGD).

The data analysis used thematic analysis technique, namely by looking at the themes of the data collection results for further analysis of the existing themes. In the next step, the source and method triangulation process were carried out to see the validity of the data. The thematic analysis technique is carried out in several stages, namely understanding the data, compiling codes, and looking for themes. ⁽⁵⁾

RESULTS

Geographic Area of *Sempu* Health Center

The geographic area of *Sempu* Health Center had an area of 85.02 km² consisting of 2/3 lowlands and 1/3 highlands/mountains. *Sempu* Village, located in Banyuwangi, is directly adjacent to Kaligondo Village in the west, Tegalarum Village to the east, Jambewangi Village to the north and Setail Village to the south. *Sempu* Village had a population of 32,041 which has had coverage of 512 pregnant women in 1 year.

According to the official website of Banyuwangi Regency, *Sempu* Health Center is located in the *Sempu* district area on the side of the *Sempu* District road which is 36 km from Banyuwangi Regency. With a working area of 85.02 km² consisting of 67% lowland area and 33% highland area. ⁽⁶⁾ The working area of *Sempu* Health Center also included 3 villages and 10 hamlets, namely Tegalarum (Tegalyasan and Darungan hamlets), *Sempu* (Krajan and Tugung hamlets) and Jambewangi (Krajan, Parastembok, Panjen, Sumberejo, Tlogosari, Sidomulyo hamlets).

SAKINA (Stop Maternal and Child Mortality Rate)

This program was motivated by the high maternal mortality rate at *Sempu* Health Center which occurred from 2010 to 2012. In 2 years there were 5 maternal deaths. This situation prompted the Head of *Sempu* Health Center to form a Zero MMR Team. The name SAKINA stands for Stop Maternal and Child Mortality Rate. In achieving that goal, 3 innovation activities were formed namely: Laskar SAKINA, Hunters for Pregnant Women, and Home Shelters.

The innovation of this activity was based on the results of an analysis from the workload of midwives who are at the forefront of MCH services, so there needs an involvement from the community to improve maternal and child health. The 3 activities involved people who had given births (mothers), vegetable sellers, and community groups from forest border areas. Laskar SAKINA was formed in 2014. The formation of Laskar SAKINA involved the village midwife in the area of the *Sempu* Health Center. The selection of Laskar SAKINA was done by looking for women who meet the requirements, including those who had been given birth and social concerns. So that Laskar SAKINA already had experience in pregnancy and childbirth and the will to help fellow women. This is the main requirement because this activity was not paid but it was just a form of concern for fellow women who have shared the weight of pregnancy and childbirth and Laskar SAKINA comes as a friend of pregnant women so that they can get through pregnancy well.

Sakina program were implemented at the *Sempu* Health Center as a helping to reduce maternal and child mortality was a program that emphasizes efforts to increase women's participation in helping fellow women, caring for others from previous experiences can increase the confidence of SAKINA soldiers in providing assistance, as well as assistance from fellow women obtained by pregnant women can increase support and increase the positive relationship of pregnant women. This was in line with the results of research by Rettig (2020) which states that women's empowerment is an approach that provides various benefits to make themselves more useful. ⁽⁷⁾ In addition, women's empowerment can also improve the quality of education, health, and nutrition. In the context of the success of national development, especially in the health sector, the form of health services is directed at the principle that the community is not an object but is a subject of development itself. Health workers must be able to provide the best service to pregnant women. This was in line with the opinion of Barnes (2019) that pregnant women want a positive relationship with health care practitioners. Health services must be involved in the decisions with pregnant women. ⁽⁸⁾



Figure 1. The hunters of high-risk pregnant women

The task of Laskar SAKINA was to collect data on pregnant women and provide assistance during pregnancy by conducting home visits. Information about the whereabouts of pregnant women was obtained from the midwife who was informed by the pregnant women hunters. The hunters of high-risk pregnant women reported the data on pregnant women in real-time through the application by uploading information in the form of names of pregnant women and husbands, home addresses, and symptoms of high-risk pregnant women.

In its activities, Laskar SAKINA cooperates with health cadres. Home visits are carried out with health cadres, the initial activities during the visit by conducting interviews with pregnant women including: Biodata of pregnant women and husbands as well as KK (family card) and KTP (national ID) ownership, and health insurance cards. This is done to check the readiness of pregnant women if a referral must be made so that they can get free services from insurance. If there are some pregnant women who did not get the health insurance, they will be reported to the midwives chief and then collaborate with the village chief to process the KK and health insurances, especially for the high risk pregnant woman.

In addition to the data collection, laskar pregnant women also asked whether the status of the pregnancy examination had been carried out, and if it was found that pregnant women did not carry out the examination, they were advised to check with the regional midwife. And the data obtained from the laskar is reported to the regional midwife, who has the responsibility to carry out pregnancy checks. If the pregnant woman does not immediately check their condition with the midwife, the midwife will come to the patient's house to conduct an examination and motivate her to visit the nearest *Posyandu* (integrated service post) every month.

Every month, Laskar SAKINA were assigned to visit the pregnant women to monitor the condition of pregnant women by asking their complaints, and if there are known signs of danger such as swelling, or paleness, the Laskar then convey the condition to the regional midwife. The condition of pregnant women who require referral to a hospital or require an USG examination will be accompanied by Laskar SAKINA and the Regional Midwife and for high-risk pregnant women, their home will be affixed with a P4K and SAKINA sticker containing information regarding signs of birth and a telephone number that can be contacted at any time, including the telephone number of the head of health center, the Head of Laskar SAKINA and the driver of LAJU (Mother Pick-up Service). So that pregnant women get good assistance. Laskar SAKINA had a task to accompany pregnant women until the baby was born and after giving birth the mother will be accompanied by breastfeeding motivators and nutrition motivators.

The initiation of Maternity Hunters began in 2016 along with the Idea Crowd Event organized by GEZ from Germany as a donor agency to answer the challenges of the MMR and IMR problems that were not achieved, which had been carried out by donor agencies due to the workloads of midwives. The idea from the Head of Puskesmas involving *Mlijo* for this activity arose when he noticed the vegetable seller at his house who has closeness with the mothers (there is a strong interaction between the vegetable seller and the buyer) and has a mobile area that reaches remote areas which is an opportunity to find pregnant mothers in order to increase K1 coverage. The search and determination of the *Mlijo* (vegetable seller) to become hunters for pregnant women is based on the route of their sales area and the willingness of the vegetable seller who is assisted by one of the vegetable sellers to find friends in joining as hunters of pregnant women. Furthermore, they were trained by puskesmas officers about High-Risk Pregnancy for 3 days and they had also received training from the Jakarta Center for using Whatapp applications (as a data reporting media).

The task of pregnant women hunters were to get information from their customers about the existence of pregnant women. After that they will go to the pregnant woman to ask for their identity, such as the name of the mother and husband, age, gestational age, to complete the data, the pregnant woman will be photographed. After getting the data, the hunter will report it to the regional midwife through the wa group, which later the regional midwife will inform the Laskar SAKINA. To get information on pregnant women sometimes hunters have to leave their merchandise.

Informant 1:

"The merchandise will be left, the mother will choose it, then I will come to the pregnant woman house. If she is cooperating, it can be done soon. But if she is not cooperating, I will try to get half of the data and the rest of it I will ask around their neighborhood. Usually it is done in a short time."

The actions taken by the Pregnant Mother Hunters do not always get a positive response from the community, there are also those who give a negative stigma for the activities they did. There are some residents who said that the activities of hunting pregnant women are useless and do not generate money.

Informant 2:

"Its useless, you can't make money from it".

The motivation for vegetable seller to become hunters were the beneficial knowledge that they gained since becoming a hunter because they get experience, new knowledge, stay in touch with each other, and it is a form of worship. In addition, there are many things that they are proud of because there are many visits from various regions and they invite them to shoot in the market so that makes them even more proud to be hunters for pregnant women.

Shelters house is temporary homes for pregnant women with both high and low risk. This shelter house is located in Jambewangi Village which was built because of the need for a temporary transit place for the most difficult and remote areas in Jambewangi village. There are 2 hamlets in the village, namely Seling and Telocor, which are located in remote area at the foot of Mount Raung, these geographical conditions makes it difficult for health workers to provide services and caused delays in handling and referral if problems and complications occur, so a shelter house is established.

Initially, the shelter house was placed in the house of RT. But over time, there were Bhabinkamtibmas who were willing to build shelter houses independently and assisted by donor using the land from plantations that had been granted permits so that is how permanent shelter houses were built. The size of the shelter itself is $\pm 4\text{m} \times 4\text{m}$ where in it there are 2 beds (1 for the patient, 1 for the family) and a bathroom.



Figure 2. Shelter house "mitra bersama" Jambewangi village

DISCUSSION

The shelter service for pregnant women who are about to give birth began with providing information from the Laskar to the cadres who are responsible for managing the shelter, from that information they then gather the residents around the shelter to clean the house. Mothers who come to the Shelter House are covered for the food needs of pregnant women and their families. The funds were obtained from Baznas through the UPZ of the Sempu sub-district. Information and data inclusion of pregnant women who will stay in shelters from the Laskar or Bhabinkamtibmas are then sent to the sub-district UPZ staff which is then continued to the District Baznas where the money will be transferred to UPZ officers and given to the family or the person who was responsible for providing food for patients and their families. The amount of funds that can be obtained is around 250 thousand rupiah.

The shelter house were not only serve for transit place, but on Saturday mornings it is also used as a free check-up from the health center for residents of Jambewangi village. There is no difficulties in the management of the shelter house, the daily maintenance carried out by local residents, they are working together, the water used also comes from the village PDAM (Drinking Water Company) water which is free of charge and the electricity that flows is connected from the RT (neighborhood association). The problems that occurred came from

patients who were not feel comfortable staying in the Shelter House, large pregnancy conditions, living in a new environment with a new society, and there was no activities that makes patients and their families bored and uncomfortable and often contact the Laskar to be allowed to return home. This situation have made the laskar to persuade and explain to the patients and their families about their purpose in staying at the shelter, often the laskar offered them to stay in their homes to make them feel more comfortable. Eventhough that problem always happen, but the laskar can persuade them to stay at the shelter house.

CONCLUSION

Stop Maternal and Child Mortality Rate Program which is abbreviated as SAKINA implemented at the *Sempu* Health Center is a program to increase community participation, especially women in actively providing support to fellow women. This activity which aims to reduce maternal and child mortality is carrying out innovation activities by forming Laskar SAKINA with the purpose of assisting pregnant women during pregnancy, pregnant woman hunter which is vegetable seller that assigned to find pregnant woman from remote area that is along their sales route and the seller must record the data and report the presence of pregnant women to midwives as well as the provision of shelter facilities that function as temporary residences for pregnant women in remote areas to get safe birth.

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