

Experience of High-Risk Pregnant Women Under The Implementation of “Desa Siaga (Alert Village)” Program

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ABSTRACT- *Through Desa Siaga (Alert Village) Program, Lumajang has been succeeded to decrease MMR. However, so far the researcher has not found any study which explored the implementation of Desa Siaga development in high-risk pregnancy care; therefore investigating the high-risk pregnant women’s experience in preventing childbirth complication is important. This study aimed to document the perception and expectation among high-risk pregnant women on the “Alert Village” program. This was a qualitative study carried out in Lumajang district, East Java. The primary informants were high-risk pregnant women. The secondary informants included local communities, health workers, and maternal health programmers. The data was collected by in-depth interview, direct observation, and document review. The data analyzed with Colaizzi’s technique. Most pregnant women perceived that the introduction of the “Alert Village” program had brought about improvement in the provision of women health care. The health personnel monitored high-risk pregnant women more intensely. The quality of the ante-natal care and delivery care was improved, and they were more accessible to pregnant women. The communities had more power and control over their resources. They collected fund from the community members to help support pregnant women to cover the costs associated with antenatal and delivery care. Transportation showed improvement, and it eased referral system. The “Alert Village” has improved the quality and quantity of antenatal and delivery care to high-risk pregnant women. It empowers the communities to have control over their health problems. Continuing actions need to be taken to maintain and improve these initiatives*

Keywords: *desa siaga, alert village program, high-risk pregnant women, antenatal care, delivery care*

I. INTRODUCTION

To empower the community to accelerate the decline maternal mortality rate (MMR), in 2006 the government made a new breakthrough by launching a development program "alert village." Alert village is "an image of a village whose

inhabitants had a readiness resources, able and have the will to prevent health problems, disasters and health emergencies independently"[1]. Through a healthy community movement, Lumajang is the pioneer of the development alert village program in Indonesia and has succeeded in significantly reducing the MMR and IMR. In Indonesia, the period 2004 to 2006 maternal mortality had decreased by 63.4%, and IMR decreased 41.1% [2].

The phenomenon of Lumajang success as a pioneer in the development of rural alert is significantly reducing the MMR interesting to explore in depth. So far it has not been revealed about the efforts that the village program has made to reduce maternal mortality (MMR). In addition that has not obtained a clear picture of high-risk pregnant mother’s efforts in preventing the complications of labor as a result of implementation alert village program.

The results of this study will provide an overview in a real and profound about how to prevent the occurrence of complications of labor at high-risk pregnancy through the development of alert village program.

II. METHODS

The method used in this study was a qualitative research method with a descriptive phenomenological approach. This research focused on the everyday experiences of high-risk pregnant mother of their cognitive and subjective views to prevent complications in delivering the baby as a result of the implementation of the alert village.

The Informants were selected using purposive sampling technique. It was the determination of the informants based on the characteristics that suit the purpose of research and was expected to provide current information about high-risk pregnant mother experience in preventing complications of labor on "alert village".

Data collected through in-depth interviews was recorded using a tape recorder. The data obtained were analyzed using the phenomenological procedure according to Colaizzi.

III. RESULTS

This study found seven themes that describe the perceptions and expectations of the high-risk pregnant mother on the implementation of the program alert village in preventing complications of delivering a baby in Lumajang, East Java. Four themes of maternal perception about the implementation of the program alert village in caring for the high-risk pregnant mother, namely: monitoring of high-risk pregnant mother, health care affordability, empowerment of labor costs, and management of delivery care. Three themes of mother's expectation on the implementation of the alert village, portrayed in, namely: home visits, health education, and assistance.

1. Monitoring high-risk pregnant mother

The monitoring activities according to the perception of high-risk pregnant women, including home visits, notifications, health education, and recording. According to the mother's perception, through alert village program, multi-personal of the alert Village program (cadres, midwife, and head of the village) often visit them to monitor antenatal care (ANC) and make sure they are safe in high-risk pregnant. This was illustrated in the following terms:

"Cadres often here when I was pregnant" (P1) "Ever I didn't control then midwife attended me " (P1) " when in recitation, the head of the village came and said to us to deliver baby in midwives "(P3)

".then if anyone did not visit to midwife, cadres attended house, asked to check, or midwife came to the house, then checked her

2. Affordability of health services

High-risk pregnant women said that impact of the implementation of the program alert village in the treatment of high-risk pregnant mother is the affordability of health care. The affordability include aspects of cost, distance, time, convenience, and availability. According to the informant perceptions, that the program alert village, easily accessible health services for free, cheap and lightweight

"service at community clinic is not paid. But if you ask the medicine of midwives adding, sometimes five thousand. Some ten thousand. If in place of midwife just checked their blood but medication is still, do not have to pay, mom "(P1)". , kept people who gave birth to now helped, although I have not helped "(P1)

"Now the midwife was near, when first the midwife's presence in Gucialit only (central districts)" (P1) "Yes more advanced now, mom, community clinic is many now, there are community clinic each region, one of this village there are three community clinic wrote,I feel could control routine. If used right away to the clinic "(P3)" If delivering bay in a midwife, it deducted from earlier delivering baby fund, mom. Sometimes it's paid if you already have a fortune, said the midwife should pay him sometime, anyway even though no money had to call the midwife, mom"(P3)" yes, vehicles here many ready to take if the mother delivered baby to the hospital "(P3)

3. Empowerment labor costs

Impact alert village perceived high-risk pregnant mothers are pregnant mother and their empowerment in the public financing of labor:

"... Now there, what it is, it" *dasolin*" mom, if any person will be able to give birth any help from "*dasolin*", he said the money was from the contribution, mom" (P5)

Dasolin is an abbreviation of "*dana sosial bersalin*" (social funds maternity) from the government.

4. Management of delivery care

There are programs to alert village there is a change in maternity care provider (traditional birth attendants to midwife), complete facilities and service deliveries in community clinic increased:

"Now if there the midwife delivering baby must continue to shaman also called, shaman the part that, it massages baby and me" (P4)

"Instruments in the midwife was more complete now there open (incubator) for infant baby born premature, for it is not a normal baby was mom, that used to be nobody mom ..." (P3)

Another impact of the perceived high-risk pregnant mother in the management of delivery care is the development of networking among health workers in aid delivery. As disclosed informant follows:

While waiting process delivering baby, the midwife called her friend of midwives in Gucialit village, thank God really kept my son was born "(P1)

Management of delivery care in the village of alert lasts well, because it has the support of the village. The phrase informant illustrates this point:

"The word of Mr. Inggi (village head) now it is not allowed to deliver at TBAs, for delivering baby in midwives, said pack Inggi if delivering baby does not call the midwife, later if there was anything Mr. Inggi will not be taking care of" (P5)

Home visit

High-risk pregnant mothers expect home visits carried out by the cadres and village so that an increase in the mother's knowledge and identification of the mother's condition:

"Yes the cadres should visit the homes (pregnant women) may be there is something can be helped" (P4)

". I might be embarrassed to ask in community clinic, right I can ask directly "(P3)" Yes I would like the device to come to the homes to know his condition so that the citizens ask for help, they knew his condition "(P1)

Health education

Health education activities are expected by high-risk pregnant mother is in the form of explanation, counseling, and announcements on the topic of food pregnant mother, prenatal care means to be saved, the characteristics of high-risk pregnancy and danger signs of pregnancy:

"I want cadres to give an explanation about the food of pregnant women" (P1) "pregnant risk continues to hazard what danger signs of pregnancy" (P5) "I wanted by announcements yes on health was mom, how the pregnancy survived healthy baby so mom" (P2)

Mother stated that should place the implementation of health education at home and in community clinic:

"I wanted community clinic was given announcements." (P2) "Continues to recommend that its extension home, so if you want to ask it not a shame to hear the crowd" (P3)

Assistance

The mother stated that the implementation of the program is necessary to help rural alert and managing aid more quickly and evenly:

"People here it should get birth fund from cadres, I was not given" (P1) "Yes, the help cost for delivering baby ..." (P3) " were given extra food. milk. money. to buy a meal "(P2)

"I want the help of rice regularly, sometimes two months did not receive so, mom" (P2)

"... I should get birth fund "dasolin" when delivering baby yesterday, but I do not know why not, should all be" (P1, P2)

IV. DISCUSSION

Mother's perception about the implementation of the program alert village in caring for pregnant women at high risk

According to the perception of high-risk pregnant mothers, that the implementation of the program alert village in Lumajang in the care of pregnant women at high risk includes: monitoring of high-risk pregnant mother for antenatal care, health care affordability, empowerment of labor costs, and management of delivery care. The monitoring of high-risk pregnant women by all elements of alert village program is crucial in efforts to improve maternal health in preventing complications. Their monitoring is done by the program implementers village guard against the high-risk pregnant mother is important in efforts to improve maternal health in preventing complications.

Through home visits, network communication, and meticulous documentation, the conditions and the presence of high-risk pregnant mother will always be known. Thus if the pregnant mother at high risk of resistance in pregnancy care or health problems, it will quickly get treatment. This is in accordance with one of the indicators that determine the development stage alert village, namely the existence of community-based surveillance. Community-based surveillance is surveillance activities are carried out continuously among the cadres of the symptoms or events that require special handling by health[1].

As for the extension and announcements that have been made in alert village program, also the monitoring efforts. Through these activities intensively high-risk pregnant mother wherever and in whatever activities are always reminded of the importance of prenatal care. Moreover, the existence of good support from the village by its participation in these activities

will psychologically strengthen the high-risk pregnant mother in the selection of competent birth attendants. This is one manifestation of the strategy in mobilizing communities to live healthily[3].

Many antenatal interventions have been shown to reduce neonatal morbidity and mortality[4]; however, evidence for the effectiveness of antenatal care in reducing maternal mortality (and to a lesser extent, morbidity) is less compelling[5].

Affordability of health care costs felt by the mother as a result of the idle rural program is the cost of health care is free, inexpensive and lightweight. This is in accordance with the purpose underlying the Alert rural development. That to "Creating a healthy community," the government is pursuing a strategy that one of them is to improve health financing.

Subsequently explained by informants that the presence of the village program alert health care for pregnancy and childbirth in pregnant mother a high risk of becoming closer. This is consistent with the concept of idle rural development, is one of them include an effort to get closer to basic health services to villagers[1].

According to the mother, another impact is felt in the affordability of health care is the availability of transport and caregivers. Availability of transport and alert caregivers is the most fundamental. This time it has been found that one of the indirect causes of maternal mortality rate in Indonesia is the phenomenon of "three delays. With the availability of transport and caregivers are expected no maternal deaths were caused by delays in reaching the place of service and delays in getting help[6].

According to the mother's perception through alert village program delivery care program managed well, that a change in maternity care provider. Through adequate delivery assistance that would prevent mother experience complications that are not handled properly. According Geno[1], an estimated 15% of pregnant mother will experience life-threatening complications, or about 800,000[7].

Mother's expectation about the implementation of the program alert village in caring for pregnant women at high risk

On expectations of mothers towards the implementation of the alert village, portrayed in three themes, namely: home visits, health education, and assistance. Expectations are very reasonable, because if it is viewed in detail on the results of interviews with high-risk pregnant mother in Lumajang show that health workers and cadres considered less in providing health education. This happens because in every occasion antenatal care is the focus of the examination and treatment.

V. CONCLUSION AND RECOMMENDATION

This study found seven themes that describe experience of the high-risk pregnant mother on the implementation of the program alert village in preventing complications of delivering baby in Lumajang, East Java. The themes describe about high-risk pregnant mother perception and expectation about the

implementation of the program alert village in caring for high-risk pregnant mother.

This study suggests increasing efforts to empower pregnant mother to detect the risk factors and danger signs of pregnancy and are advised to cadres who have been trained to improve the delivery of high-risk pregnancy counseling in accordance with the authority granted

In improving the quality of care delivery in the home, then the health worker in the village suggested that more intensive Kenongo identifies the needs and expectations of mothers as well as further improve the home visits. For further research suggested, that examines qualitatively cultural phenomenon that affects high-risk pregnancy care rural communities with the ethnographic approach, and efforts to the high-risk pregnant mother in preventing pregnancy complications through grounded theory method. As for the topic of quantitative research suggested is about the factors that influence the selection of the place of delivery for pregnant mother of high risk, the effectiveness of health education on nutrition for pregnant mother of high risk in the nutrition of pregnant mother in the village of alert, and the differences in the level of satisfaction of mother giving birth at home in obtain the services of midwife and TBAs.

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