INTRODUCTION

In 2020, the World Health Organization (WHO) stated that close to 800 mothers passed away on a daily basis, and it was projected that approximately every two minutes a mother would tragically lose her life. These maternal deaths are largely preventable and are linked to issues during pregnancy and childbirth. Shockingly, 95% of all maternal fatalities took place in low- and middle-income nations, including Indonesia. Maternal morbidity and mortality rates in Indonesia continue to be a significant concern. According to data from the Indonesian Ministry of Health in 2022, the Maternal Mortality Rate (MMR) in Indonesia reached 7,389 deaths, reflecting a worrisome increase of over 50% compared to the figures from 2020. The leading causes of maternal deaths in Indonesia still revolve around complications related to pregnancy and childbirth, including issues like bleeding, pregnancy-induced hypertension, and infections. Importantly, all of these complications can be prevented if they are detected early and closely monitored during pregnancy.

The partner in this Community Partnership Empowerment initiative is Tuminting Public Health Center, and the target beneficiaries are Posyandu cadres. Tuminting Public Health Center is one of the 16 primary health centers in Manado City and has the most extensive coverage area. Consequently, this health center records the highest number of visits by pregnant women compared to other health centers in Manado. The number of pregnant women making Antenatal Care (ANC) visits at Tuminting Public Health Center from January to April 2023 is 78. The annual data summary 2022 at the 16 primary health centers in Manado City and has the most extensive coverage area. Consequently, this health center records the highest number of visits by pregnant women compared to other health centers in Manado. The number of pregnant women making Antenatal Care (ANC) visits at Tuminting Public Health Center from January to April 2023 is 78. The annual data summary 2022 at the Tuminting Public Health Center showed an increase in high-risk pregnancies. The cases included 18 pregnant women with pregnancy-induced hypertension.
grandmultiparous women (having given birth more than 4 times with the mother’s age exceeding 35 years), 30 teenage pregnancies (pregnancies in women under 19 years of age), and 25 pregnancies with comorbidities.

This data indicates the urgent need for care for high-risk pregnant women. High-risk pregnant women require priority and continuous care, including early screening, monitoring, and support. This approach can prevent maternal morbidity and mortality. However, the partner faces the challenge of limited healthcare personnel providing services, making it necessary to actively empower cadres to monitor pregnant women, labor, and postpartum care. This empowerment aims to increase the active participation of husbands, families, pregnant women, and the community in planning safe deliveries and preparing for complications during pregnancy, childbirth, and postpartum care. This empowerment approach can prevent maternal morbidity and mortality.

Therefore, the objectives of these activities are to enhance cadres’ support of high-risk pregnant women and improve the availability of health promotion media as a support tool for cadres.

### METHOD

To address the issues with the partner, a community service project was conducted as follows:

1. Training on early detection, monitoring, and support for Posyandu cadres using a psychoeducational approach.
2. Training on the use of digital media for promoting the health of high-risk pregnant women for cadres

The target audience for these activities includes representatives of health cadres from all Posyandu in the working area of Tuminting Public Health Center. The community service project involved the following steps:

1. Preparation Phase: During this stage, the team prepared everything related to the project's implementation, including obtaining permits from the Manado City Health Department, preparing handbooks, creating evaluation tools, and coordinating and communicating with project partners. The Manado City Health Department granted permission for this activity with letter number 400.07/D.02/Health/170/2023.
2. Implementation Phase: The implementation phase involved conducting training for cadres on early detection, monitoring, and support for high-risk pregnant women and training on using digital media to promote their health.
3. Evaluation Phase: In this stage, the team conducted an evaluation. The evaluation of cadre knowledge level is performed using pre-test and post-test. The instrument utilized to assess knowledge is a questionnaire comprising 20 items. Data are analyzed through descriptive analysis to depict the frequency characteristics of respondents and portray the knowledge level before and after. Furthermore, the Wilcoxon analysis examines the training’s impact on enhancing cadre knowledge.

### RESULT

#### Overview of Activity Implementation

The training activities took place in Tuminting Public Health Center on October 13, 2023, and were attended by 37 cadres. All training participants are depicted in Figure 1. The training session consisted of two parts: 1) Training on early detection, monitoring, and support for Posyandu cadres using a psychoeducational approach. This session included the following stages: exploration and assessment, presentation of materials and discussions, concluding with demonstrations and role-playing. 2) Training on using digital media to promote the health of high-risk pregnant women for cadres. This session involved lectures and practical exercises in creating health promotion media. All training activities are illustrated in Figures 2 and 3.

#### Overview of Activity Results

The characteristics of the cadres who participated in the training activity are presented in the following table:

Table 1 shows that the majority of cadres (67.6%) are aged between 40-50 years, most of them (81.1%) have a high school education, and the majority (45%) have been cadres for 1-5 years.

The table illustrates the distribution of cadre participants’ knowledge levels before and after the training, along with the corresponding p-values. Table 2 indicates that most training participants (96.6%) had insufficient knowledge before the training. However, after the training, most respondents (83.8%) had good knowledge, with a p-value of 0.000, signifying a significant difference in the average knowledge level before and after the training.

### DISCUSSION

The evaluation results show that there is an increase in knowledge after participants have been given training with a psychoeducational approach. Psychoeducation has been described as actions taken to educate individuals about

![Figure 1](image-url). Shows the training participants with the team.
Psychoeducation is a group-based intervention that targets patient, family, or community groups to enhance their knowledge. This intervention can be both short-term and long-term, depending on the frequency and duration of each session. These activities can take place in hospitals or within the community. Psychoeducation sessions are reported to last for about 60 minutes. The process is highly structured with content to enhance knowledge, problem-solving, and skill training.

Interventions carried out within the classroom setting may involve behavioral techniques designed for teachers, such as implementing reward systems to minimize disruptive classroom behavior. These strategies can also emphasize enhancements in academic performance.

Psychoeducation is an intervention used to enhance the knowledge and skills of cadres in this activity. The effectiveness of psychoeducation intervention has been tested in several studies. Research results indicate that the groups receiving psychoeducation intervention showed significant improvement in the competence of caring and coping, problem-solving and providing social support.

Problem-solving is one of the competencies highly needed by cadres. The research findings indicate that problem-solving skills can improve caregiving and reduce stress while providing care.

Other studies have shown that psychoeducation is a cost-effective and easy-to-implement intervention that enhances long-term knowledge, thus improving maternal health management and reducing fear during the childbirth process. The use of the PoedjiRochjat scorecard (KSPR) in the early detection of high-risk pregnancies has been examined in the research. In 2015, a study by Widartaet al. found that the use of KSPR...
remains highly relevant in detecting high-risk pregnancies in Indonesia.16

The author also acknowledges several potential limitations in this study, including the local focus on Tuminting Public Health Center that may limit the generalization of results, a relatively small sample size (37 cadres), and the method of evaluating knowledge using an untested instrument, introducing potential bias.

CONCLUSION

Training cadres with a psychoeducational approach significantly improves their knowledge of detecting and supporting high-risk pregnant women. Therefore, this approach can also be applied to training cadres on various other topics.

ACKNOWLEDGMENT

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CONFLICT OF INTERESTS

There is no conflict of interest to declare.

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Table 2. Cadre Participants’ Knowledge

<table>
<thead>
<tr>
<th>Knowledge Aspect</th>
<th>Before Training</th>
<th>After Training</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient Knowledge</td>
<td>35 96.6%</td>
<td>0 0%</td>
<td></td>
</tr>
<tr>
<td>Adequate Knowledge</td>
<td>2 5.4%</td>
<td>6 16.2%</td>
<td>.000</td>
</tr>
<tr>
<td>Good Knowledge</td>
<td>0 0%</td>
<td>31 83.8%</td>
<td></td>
</tr>
</tbody>
</table>

REFERENCE


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