Vol 6 No 3, September 2022
ABDI DOSEN
Jurnal Pengabdian Pada Masyarakat
pISSN: 2614-6509
eISSN: 2620-5156

# INCREASING CADRE COMPETENCE AS MENTORS FOR PREGNANT WOMEN

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## Abstract

**Background** Pregnancy is a woman's maturation process that requires adaptation to become a mother. This role change is not an easy thing and a companion or mentor is needed. Mentoring for pregnant women is done by optimizing human resources in the community. **Method:** The activity was carried out in Bandarharjo Village, North Semarang sub-district, Semarang City with 36 potential mentors. The activities were divided into 5 (five) stages, namely (1) Socialization, (2) competency improvement, (3) Practicum (4) Monitoring and evaluation. **Results**: The pre-test describes that most of the mentors have a low level of knowledge, namely 24 people (66.7%), have a bad attitude as many as 20 people (55.6%), and do not have good mentoring skills. Post-test data obtained, that most of the mentors have moderate knowledge, namely as many as 22 people (61.11%), 34 people (94.4%) have a good attitude and as many as 34 people (94.4%) have moderate skills. **Conclusion:** There is an increase in the knowledge, attitudes, and skills of mentors after being given training.
**Keywords:** Competence, Cadre, Mentor, Pregnant Women.

## INTRODUCTION

Pregnancy is a physiological process in every woman that causes many changes, both physical and psychological changes (Nayak, Poddar, and Jahan 2015). Pregnancy is a period of changing the role of being a mother and requiring adaptation in living its new role, a change or Maternal role attainment (Javadifar et al. 2016). Changing roles is not an easy thing so there needs to be assistance and support from social, family, and the need for escort during pregnancy (Esmaelzadeh Saeieh et al. 2017).

The maternal Role is related to how to care for children, and newborns, provide nutrition to babies how to care when women change their roles as mothers (Shrestha et al. 2019). The ability of women in achieving their role as mothers is called Maternal role attainment. Barriers in carrying out the role cause failure to become a mother and can cause psychological problems that affect child development (Corrigan, Kwasky, and Groh 2015). As research conducted by (Bilszta et al. 2010) explains that failure to carry out the role of a mother causes depression and affects the mother's ability to care for pregnancy and child care. Other studies have obtained data that when women have achieved their maternal identity, starting early in the pregnancy period can minimize the occurrence of postpartum psychological problems (Available et al. 2017).


Submitted: December-2021 Received: August-2022 Available online: September-2022

Women will feel pressured and helpless from the moment they find out that they are pregnant until they take on their new role (DeVito 2010). In the era of the COVID-19 pandemic, pregnant women are a vulnerable group and are at risk of being infected. This virus is dangerous for both the mother and the unborn child. Complications such as abortion (2%), IUGR (10%), and premature birth (39%) (Dashraath et al. 2020).

Complications of pregnancy that may occur further increase the anxiety of pregnant women in undergoing their pregnancy period and preparing for their new roles. Anxiety experienced by pregnant women requires assistance, counseling, or psychological approaches to provide calm (Bagheri, Tafazoli, and Sohrabi 2016). Counseling given to pregnant women can reduce levels of depression, stress, and anxiety (Khodakarami et al. 2017). Psychological support and mentoring for pregnant women packaged in the form of mentorship will be able to guard and ensure that mothers carry out their new roles well and happily.

Bandarharjo is one of the urban villages located in the north of Semarang with an area of 342,675 hectares and an altitude of + 2 meters above sea level. Bandarharjo Village has 12 RW and 103 RT. This region has a tropical climate and has two seasons, namely the rainy season and the dry season like other areas in Indonesia in general with an average air temperature of + 23o C.

Bandarharjo Village is located in the North Semarang area, this village has a population of 4,319 families with a composition of 10,294 males and 10,149 females and a total population of 20,443. Of the current population, the village has 91 pregnant women. In Bandarharjo Village, pregnant women carry out periodic antenatal checks every month at the Puskesmas, but during the Covid-19 pandemic, mothers limit their visits to health care centers if they are not essential. This condition causes the health of the mother and fetus to not be monitored optimally, especially pregnant women in the Bandarharjo village have a low ability to solve problems. The results of the research carried out obtained data that from 99 pregnant women 80 people (80.8%) had poor self-efficacy, and mothers did not have sufficient ability to find solutions to solve their problems (Wahyuni, Rahayu, 2020). This condition requires a Mentor who can monitor and accompany the health conditions of the mother and fetus at all times and ensure that the mother is psychologically ready to take on her new role (Ratnaningsih, et al., 2016).

## METHOD

This Community Service Program activity is carried out from July to December 2021. The service program is carried out with the support of partners in Bandarharjo Village, North Semarang District, and Semarang City. In initiating the activity, the service provider held a meeting to coordinate and grant permits to the person in charge of the program in the ward to determine potential mentors. The number of prospective mentors for pregnant women is 36 people who are representatives from all RWs. Bandarharjo has 12 RWs and each RW is represented by 3 prospective mentors for pregnant women.

The training for mentors for pregnant women was carried out at the ward AULA which was started by giving a questionnaire at the beginning before the training and a questionnaire after the activity took place.

## RESULTS AND DISCUSSION

The Community Partnership Program (PKM) activity takes place through several stages. These stages, the first is in the form of socialization, where at this stage the servant socializes with partners related to the PKM program, the path is carried out during the stages of the program. The first stage of the program is to identify potential mentors for pregnant women who will be given a training program. Through the Health Cadre, information on the criteria for prospective mentors for pregnant women is identified. The identification process obtained 36 prospective mentors for pregnant women. The characteristics of mentors for pregnant women are mostly in late adulthood, namely in the age range of 36-45 years as many as 29 pregnant women mentors (80.6%) the rest are in the middle age 45-54 years as many as 7 pregnant women mentors (19.4%). Most of the mentors for pregnant women have a secondary education level (SMP and SMA), namely 33 mentors for pregnant women (91.6%), and a small proportion of them have a high education of 3 people (8.4%).

The program begins with informed consent from the pregnant mother's mentor before the training begins. Information is given before the prospective mentor signs the Informed Consent form. The explanation given includes the activities to be carried out, the aims and objectives of the activities, activity procedures, and the advantages and disadvantages of PKM activities. All pregnant women mentors are willing to participate in training activities and are ready to become mentors.

Picture 1. Photos of socialization of PKM activities

The second stage is in the form of increasing competence. At this stage, activities are carried out in the form of increasing the competence of pregnant women mentors. Before the activity was carried out, a pre-test was carried out using a questionnaire sheet to identify the knowledge and attitudes of each pregnant mother mentor. Mentors of pregnant women were brought to the village hall to take part in the training which was held for 2 days. On the first day of training, mentors were provided with material on pregnancy, the material on cadres, and the role of cadres in monitoring pregnant women. The activity was carried out by observing the health protocol by continuing to use a mask, washing hands before entering the room, and setting the sitting distance.

Picture 2. Pre Test Photos

The results of the pre-test questionnaire distributed to mentors for pregnant women found data. Most of the mentors for pregnant women in the Bandarharjo Village, North Semarang had a low level of knowledge, namely 24 people (66.7%) and as many as 12 mentors had moderate knowledge, namely some 12 people (33.3%). The results of the pre-test attitude of prospective mentors showed data that most had a bad attitude, as many as 20 people (55.6%) and 16 people showed a good attitude (44.4%). As for the practice of mentoring, all participants do not have good mentoring skills.

Picture 3. Photo of Day 1 training

The third stage is in the form of a practicum which aims to improve the skills of prospective mentors for pregnant women so that they can interact well with pregnant women who are their mentors. Prospective mentors are trained to improve communication skills and provide education to pregnant women who are in the monitoring stage. On the second day of training, a case study was given and all candidates were accompanied to try to provide education to each other. The mentor's ability to provide education was very meaningful for the health condition of pregnant women and the fetus they were carrying.

Picture 4. Photos of Day 2 Training

The Fourth Stage is Monitoring and Evaluation. At this stage, monitoring and evaluation are carried out on the achievement of knowledge, attitudes, and skills of prospective mentors for pregnant women after attending training for 2 days. The evaluation was carried out one week after the training activity took place. Monitoring and evaluation are carried out by bringing back prospective mentors to the Bandarharjo village. Evaluation of knowledge, attitudes, and practice using a post-test questionnaire given to prospective mentors for pregnant women who have been given training for 2 days.


Picture. 5 Photos of monitoring and evaluation

The results of the post-test questionnaire on prospective mentors for pregnant women obtained data that most of the mentors had moderate knowledge, namely as many as 22 people (61.11%) and as many as 14 prospective mentors (38.9%) had high knowledge. Assessment of attitudes obtained data that most of the mentors of pregnant women have a good attitude, namely 34 people (94.4%) and there are 2 prospective mentors (5.6%) who still have a bad attitude. For skills to become a mentor, 34 people (94.4%) have moderate skills and 2 prospective mentors (5.6%) have fewer skills.

Mentor candidates who fully participate in the activities have increased knowledge, attitudes, and skills compared to before participating in the training. Mentor candidates who still have poor knowledge, attitudes, and practices occur because the mentor candidates on the first day did not participate in the training activities completely.

## CONCLUSIONS AND SUGGESTIONS

The PKM activity to prepare mentors for pregnant women is carried out through stages which are divided into 5 (five) stages, namely (1) Socialization, (2) competency improvement, (3) Practicum (4) Monitoring and evaluation. Apart from mentoring pregnant women, they are also trained in communication skills and educating pregnant women.

The results of the pre-test illustrate that most of the mentors of pregnant women have a low level of knowledge, namely 24 people (66.7%), most of them have a bad attitude as many as 20 people (55.6%) and all participants do not have good mentoring skills.

The results of the post-test obtained data, that most of the mentors had moderate knowledge as many as 22 people (61.11%), 34 people (94.4%) had a good attitude and as many as 34 people (94.4%) had moderate skills.

It is necessary to provide direct assistance and training to pregnant women so that prospective mentors have better skills.


### Thank-you note

Servants in implementing the PKM program can run smoothly with the help and support of many parties. For this reason, the devotees would like to thank the head of the Institute for Research and Community Service, Sultan Agung Islamic University, Semarang for the 2021 Community Service Program grant funds. Universitas Islam Sultan Agung leaders, leaders of the Faculty of Nursing, Head of Puskesmas, Head of Kelurahan, and Health Cadres who have provided maximum support.


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