



Communication Strategy in Enhancing Competence of Health Counseling Officers and Awareness on Maternal and Child Health in Rural Community in West Java Province

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Abstract

The research entitled, "Communication Strategy in Enhancing Competence of Health Counseling Officers and Awareness on Maternal and Child Health in Rural Community in West Java Province,"

Maternal Mortality Rate (MMR) to date is still being used as indicator of women's health status in Indonesia. Having to consider the importance of MMR, the efforts that are directed at reducing maternal and infant mortality rate have been incorporated into the Millennium Development Goals (MDGs) No. 5

Based on the health census data shows that West Java Province still has high maternal and infant mortality rate, this is inversely proportional with other achievements that achieved remarkably by this province which is also known as the buffer of this capital city of Jakarta.

The research indicates that the disparity in mortality rates considerably vary in a country as geographically diverse as Indonesia. Bandung for example is highland surrounded by a string of mountains and still challenged by inequality in health facilities. Medical personnel and health services are more concentrated in urban areas diluting proper health presence in underserved rural areas.

Other factor based on our findings shows that medical personnel resources management and their competence are also challenging.

The team will focus on micro scale that is to study the competence of health counseling officer and their role in reducing mortality rates and will not focus on macroscale, which is based on data reporting.

Keyword: Communication Strategy, Counseling, Rural Community, Geographical Area, Health



Introduction

The high maternal mortality rate as well as the death of children under five in West Java is caused by many factors, such as healthcare facilities and infrastructure that are not yet available and uneven in all regions, the limited access to healthcare services, the quality of public healthcare services, and knowledge and awareness of mothers about maternal and child health. In the communication perspective, the lack of knowledge and awareness of mothers about maternal and child health is caused by the lack of maternal access to health information, so their ability to take care of themselves (during pregnancy and postpartum) is urgently needed. Even in the case when they get health information, such as counseling at Integrated Service Post (Posyandu), this is not a guarantee that their knowledge and awareness will increase. Posyandu activities which are often only focusing on regular meeting of the cadres at the RW level, of course, cannot be relied upon to increase the knowledge and awareness of mothers in rural areas of maternal and child health in an ideal and greatest way.

Extension activities that focus on adult education or andragogy, is believed to be able to change the behavior of society effectively, both concerning the change of knowledge (cognitive), mental attitude (affective) as well as skill (psychomotor). Health education and family planning that have been done simultaneously should have been able to improve mother's knowledge and awareness on maternal and child health, thus contributing significantly to the decreasing of maternal and child mortality significantly. Therefore, the fact that West Java province has the highest rate of maternal and child mortality in Indonesia, while health education activities and family planning are regularly done, then this case should be explored and studied in depth and scientific measure to find the root cause of the problem.

The gaps between what is supposed to be and what is really happening, indicates that in West Java Province there are serious problems related to the implementation of public health education.

Literature Review



Theoretically, the effectiveness of counseling is measured by the changing behavior of the target audience in a better direction, that is to more knowledge, more willingness, and better ability to do something independently. One of the determining factors to those condition is by the credibility of the counselors; whether the counselors have a standardized competence to conduct an extension activity, do they have a deep understanding of the material they should teach, whether they have the communication skills to deliver the extension material, are their ways of performing in accordance with the conditions of the target audience, and do they have understanding on the ways to design messages and using media extension.

Health development programs related to maternal and child health, proclaimed in the form of a Health Effort Program, aiming at increasing the commitment and capacity of every district and city to develop 'DesaSiaga' also Clean and Healthy Behavior; Increased nutrition conscious families; as well as increasing the protection towards pregnant women, maternal mothers, postpartum mothers, infants, children and high-risk communities. Meanwhile, development programs which are related to the improvement of health care workers' competencies are proclaimed in the form of the Health Resources Program, targeting among them the increasing number of workers, types and distribution of healthcare staff, including standardized healthcare human resources; increased use of the health apparatus; and the increasing quality of healthcare workers.

The era of regional autonomy or decentralization of development were born after reformation happened in Indonesia, theoretically, there should also have implications for the change of development communication paradigm in Indonesia. The shift in the development communication perspective from vertical-top down linear communications models to dialogical horizontal-participatory models of communication, which has been slowly and finely implemented at the end of the New Order regime and should be more widely developed in the reformation era.

Perspective progression from development support communication towards social marketing should be improved. The rapid development and advancement of communication technology in recent years is a facility that can be utilized in designing



and socializing the direction of development policy, both national development and regional development. The advancement of communications technology, especially the media technology, and its widespread use by almost all layers of society, theoretically will make it easier for people to have access to information sources. The widespread use of social media (social networking) as a communication platform between individuals with individuals, between individuals with groups and the wider community and vice versa is a great opportunity to optimize the implementation of social marketing principles in the context of development.

Method

This study was designed as a descriptive survey research. Therefore, the method used in this research is descriptive method. The use of such methods is based on the consideration that the purpose of this study is to obtain a comprehensive overview of communication strategies in improving the competence of health education officers and rural community awareness on maternal and child health in West Java Province.

The population of this research is all health instructors and mothers who become the target of development program in an effort to increase public awareness regarding mother and child health in West Java Province region. Research sampling is done by using multistage cluster sampling technique, first, by dividing West Java Province into administrative area, namely Bogor Region, West Priangan Region, East Priangan Region, and Cirebon Region. Furthermore, two areas were and omly chosen by considering the highest and lowest Mother and Toddler Mortality Rate, which are Sukabumi and Bandung Regency. Data collection technique is done through questionnaire, interview, focus group discussion (FGD).

Results and Discussion

Based on the results of the study, it is suggested that the main priority in the creation of health development policy in the West Java Province in particular and Indonesia in general is the ability to develop, both socially, economically, and politically, at all levels and in all components of society, self-reliant and independent society.



Development of human resources as one of communication strategy to increase the competence of medical personnel can be done with the utilization of communication technology. The rapid development and advancement of communication technology is a facility that can be utilized in designing and, socializing and improving the development of health, both national health development and health development in the region. The advancement of communications technology, especially the media technology, and its widespread use by almost all levels of society, theoretically will make it easier for people to have access to information sources. The widespread use of social media (social networking) as a means of communication between individuals with individuals, between individuals with groups and the wider community and vice versa is a great opportunity to optimize the implementation of healthcare facilities optimally.

The emphasis of the development of medical resources on awareness of the potential and competence of medical personnel provides a portion of the attention to the human individual, in which man is a bundle of ideas-de consciousness, life goals, fear, frustration, hate, love, depth, pride, and prejudice. According to Freire, being human means being in contact with others and with the world around it as an objective reality that is independent of no one. Integration with the environment is different from adaptation, for which it says, "a person is not a whole if he loses his ability to choose, if his choice is the choice of another, and if his decisions come from outside and not his own." Someone who adapts is cause by one bieng unable to change reality. Man intact is human as subject, while adaptable human is human being as object. Adaptation is the most fragile form of self-defense.

Community users of healthcare services are no longer roughly placed as objects that are beneficiaries or health care users only, but are slowly positioned as subject of health service actors themselves. Thus the health care paradigm is no longer linear (source-receiver) but the source is also the recipient, and the recipient is also the source in the same position and the equal level. Therefore, healthcare activities are no longer just activities of giving and receiving services, but as a sharing of information and dialogue.



Health care is not just a "matter" of service, but facts, data, problems, and needs (real needs and perceived needs) codified to "service quality".

"Quality of Service" is highlighted, discussed, and analyzed simultaneously. Determination of needs is decided through discussion using brainstorming techniques, where the collection of ideas is more prioritized than the battle of ideas. The design of development communication programs, such as development counseling, is conducted under the philosophy of "to help them to help themselves" and "working with them instead of working for them".

Conclusion

Based on the results of research and analysis that has been discussed before, the conclusions of this study are:

- communication technology by using various existing social media network can be utilized to increase the competence of health educator, as communication development strategy.
- 2. The high maternal mortality rate and also the mortality of children under five in West Java is caused by many factors, such as the availability of health facilities and infrastructure that have not been sufficient and uneven in all regions, the limited access to health services, the quality of public healthcare services itself, and mother's knowledge and awareness of maternal and child health. The geographical location of West Java Province is a challenge in overcoming the problem of mother and child mortality rate which is still considered high in West Java.
- Optimizing the role of Integrated Service Post (Posyandu) in the dissemination of reproductive health information, so that their knowledge and awareness will increase. Posyandu activities that are often just regular activities of the cadres at the RW level can be minimized.



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