



## DESCRIPTION OF WOMEN'S ORGANIZATIONAL MANAGEMENT IN THE PREVENTION OF MATERNAL AND CHILD DEATH

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### ABSTRACT

**Backgrounds:** *The maternal mortality rate (MMR) and the infant and under-five mortality rate (IMR and AKABA) are indicators that show the welfare and health of the people in a country.*

**Objective:** *This study aims to conduct a study related to the description of the management of women's organizations in preventing maternal and child deaths.*

**Method:** *The method used is descriptive qualitative, with informants being women's organizations with maternal and child health programs.*

**Result:** *Women's organizations play a role in reducing maternal and child mortality by conducting active counseling, active assistance, educating the community and carrying out activities that support maternal and child health.*

**Conclusion:** *The involvement of women's organizations in the planning and implementation of programs to reduce maternal and child mortality needs continuous efforts and assistance so that the programs run effectively and there is an increase in the knowledge and understanding of mass organizations related to gender and women's health and maternal and child health.*

### INTRODUCTION

The maternal mortality rate (MMR) and the infant and under-five mortality rate (IMR and AKABA) are indicators that show the welfare and health of the people in a country. Efforts to improve maternal and child health are of particular concern in all developed and developing countries. Indonesia

is one of the countries with the problem of increasing MMR and IMR every year.

The maternal mortality rate in Indonesia is relatively high, namely 305 per 100 thousand live births (Ministry of Health, 2020). This figure is still far from the target of the sustainable development goals (SDGs) to be achieved, namely 70 per 100 thousand live births. If there is no policy *extra ordinary* for

MMR and IMR values are still above the 2030 SDGs target.

The high maternal and infant mortality rates have made MCH included in the 2015-2019 Strategic Plan of the Ministry of Health (Kemenkes RI, 2015). In 2015, the global maternal mortality ratio reached 216 deaths per 100,000 live births, with higher deaths among women living in rural areas and poor communities (United Nations Economic and Social Council, 2017; World Health Organization, 2016). The global neonatal mortality rate is 19 deaths per 1,000 live births, and the mortality rate for children under 5 years is around 43 deaths per 1,000 live births (United Nations Economic and Social Council, 2017).

From the results of the 2020 Health Profile data collection infant mortality in South Sulawesi to 754 babies or 4.87 per 1000 live births, the role of all parties involved is needed in order to reduce infant mortality so that the target *Sustainable Development Goals (SDGs)* in particular reducing the mortality rate can be achieved. In 2020 the infant mortality rate decreased from 1.63 to 1.58 and there was an increase in the number of births from 26,937 to 27,191 babies (South Sulawesi Health Service Profile, 2021).

Plan The 2022 Government Work Plan (RKP) places MMR and IMR in national health system goals of 2022. This shows that health problems mothers and children shown by AKI and AKB indicators are still a concern government (Alvaro R ddk, 2022).

Globally undernutrition in mothers and babies has contributed at least 3.5 million deaths annually. Based on Ethiopian Demographic and Data The Health Survey (EDHS) explains that there are the most cases of malnutrition occur in developing countries such as Kerala (India) around 19%, Bangladesh (Asia) 34%, and Dhaka slums 34%. EHDS research reveals that women who are married less than 18 years are more likely to be malnourished compared to more than 18 years (Abraham, Miruts, & Shumye, 2015).

Indonesia is one of the causes of maternal and child mortality namely malnutrition status and low nutritional intake of pregnant women during pregnancy thus causing health problems in mother and baby. Pregnant mother requires adequate nutrition from the time the fetus is in the womb to with old age. Nutritional needs of mothers or expectant mothers as a group cartilage must be sufficient so as to give birth to a healthy baby (Valentiara, Zelin, 2018).

There are several factors that influence the increase in maternal mortality, including a history of illness, history of using family planning, anemia, and complications that occur during pregnancy, childbirth, postpartum, handling of staff who are late, the number of children and the workload of the mother. Thus, it is necessary to empower pregnant women and collaborate with stakeholders to make policies to improve access and facilities for quality and supportive

health services, one of which is by empowering women's organizations (Natasha Z T, 2022).

The existence of women's organizations in society is expected to be involved, contribute, and take responsibility for women's issues (Ministry of Women's Empowerment and Protection of the Republic of Indonesia, 2016). The existence of an organization in an area will have an impact and effect. The existence of women's organizations is expected to be one of the solutions in overcoming maternal and child deaths. Women's organizations will be effective if there is cross-sectoral support in the preparation of activities and programs to be carried out (Syukran M, 2022).

## **METHODS**

This research uses a qualitative descriptive research type. FGDs and in-depth interviews were conducted with all heads of women's organizations and members of women's organizations. In addition, in-depth interviews were conducted with the Head of the Makassar City Health Office and the Provincial Health Office, particularly in the MCH sector.

## **RESULT**

### **What are the causes of maternal and child mortality in Makassar City**

*“..... In Makassar, one of the triggers for high maternal and child mortality is child marriage, because in Makassar itself there are many child marriages and the issue of child marriage is closely related to the incidence of stunting, so at that time we had*

*socialization regarding stunting.....”*  
**(YPMP, 2022).**

*“.....One of the causes of child mortality in Makassar City is LBW while for maternal death is eclampsia.....”*  
**(Makassar City Health Office, 2022).**

*“.....In my opinion the cause is child marriage .....”*  
**(KPI Makassar City, 2022).**

### **Are there any programs related to maternal and child health?, any programs**

*“.....Yes there is our program, activities that are often carried out at Muslimat Nu in relation to reducing maternal and child mortality are counseling on maternal health and counseling on improving clean living in families.....”*  
**(NU Muslimat, 2022)**

*“.....Since the last 12 years we have had programs related to maternal and child health, one of which we have collaborated with the MAMPU program which targets women's and child's health issues, especially reproductive health. Reproductive health is then related to JKN services provided by the Government.....”*  
**(YPMP, 2022).**

*“.....For programs related to children, we conduct outreach related to stunting.....”*  
**(YPMP, 2022).**

*“..... Yes, we have a special assembly for the maternal and child health program. One of the programs being carried out is pap smear examination, counseling on maternal and child health, reproductive health and healthy snacks.....”*  
**(AISYIAH, 2022).**

*“.....Our main program is the JKN PIPA namely the Center for Information, Complaints and Advocacy for National Health Insurance) to monitor women's access to JKN, this is where the STOP PIPA child marriage program .....”*  
**(KPI Makassar City, 2022).**

**How did this program begin?**

“..... Initially this program was formed by looking at the condition of our area in a densely populated area, so every monthly recitation was inserted in accordance with the prepared speakers, especially the culture of healthy living .....”(NU Muslimat, 2022).

“.....In the past there were many programs but they did not touch directly such as the free PAP SMEAR examination. Intervention that concentrates on reproductive health resulted in the free PAP SMEAR policy. In the community itself, we have assistance, namely the Districts of Mariso, Tallo, Panakukang, Manggala, Tamalate, in each sub-district there is a service post. 1 service post has 20 people, these friends will work on health service issues and violence, especially sexual violence.....” (YPMP, 2022).

**Is there a regular program with other women's organizations to discuss maternal and child health?**

“.....Our routine program is porridge food for pregnant women, nursing mothers and their children.....”(NU Muslimat, 2022).

“.....We have a routine MADANI program but the area is in Kab. Pangkep and Bulukumba in carrying out the Qibla and KIA programs.....” (YPMP, 2022).

“.....Sakinah family is one of our main programs, it's just that this activity is temporary, this activity provides education related to family relationships, namely building a household and how to prepare for pregnancy.....” (AISYIYAH, 2022).

“.....The PIPA STOP Marriage program is our routine program, this is where we carry out routine assistance, besides that we have a children's forum of at least 10 people, by providing assistance to women who are victims of sexual violence, and for pregnant women we usually collaborate

with posyandu and conduct outreach related to child marriage.....” (KPI Makassar City, 2022).

**What is the concrete evidence that program management can effectively contribute to reducing maternal and child mortality?**

“.....In my opinion our program at YPMP has contributed to reducing maternal and child mortality. Because we have done a lot of activities in assisting women - women who do not have BPJS at the time of delivery, women who find it difficult to access health services even though they are already in a state of urgency, for example when they want to give birth, so friends at the service post will help to the Hospital Up to the issue of child marriage. There were three pilot locations, namely Cendrawasih Health Center, Layang Health Center, and Antang Health Center.....” (YPMP, 2022).

“.....Other concrete evidence is that YPMP was the first organization to initiate it, and the first initiator besides the Health Service and every time we vaccinate there are never under 500 vaccine participants, our target is the elderly, parents.....” (YPMP, 2022).

“.....In our opinion, the contribution is how to educate related to maternal and child health as well as counseling related to stunting so that this effort becomes a preventive effort.....”(NU Muslimat, 2022).

“.....although the maternal and child health education activities are temporary in nature, this is an outreach activity and in partnership and collaboration with various parties “.....”(AISYIYAH, 2022).

**How is the management of organizational members in this activity?**

“.....yes was involved apart from the management all were present, both

*branches, cities and provinces.....”(Muslims NO, 2022).*

*“.....Involved, we at YPMP in management there are 7 people, at the service post itself there are 100 volunteers, they all get appreciation from the program, for example being enumerators and becoming facilitators .....”(YPMP, 2022).*

*“.....Yes, we are involved, usually we are scattered according to the program being implemented.....”(Muslims NO, 2022).*

### **How is the management of Cooperation carried out**

*“.....in Makassar itself we always cooperate with the City Health Office. The Health Office and BPJS are our partners including the Hospital. For the program implemented, it is socializing to friends who are partners and networks, seeing the needs of the latest issues and Collaborating with the Health Service.....”(YPMP, 2022).*

*“.....For pregnant women, we collaborate with Posyandu but for women with high risk it is very helpful with the existence of service posts and they already know the flow, then explain what to do, this is a form of anticipation of LBW and maternal death. For children Collaboration with other partners, especially basic immunization. For children late in handling and being brought to the hospital late, as well as the mother's lack of attention to the child during the growth period.....”(YPMP, 2022).*

*“.....Finally, currently the program that will be completed is collaborating with UNICEF KOTA Health Office for basic immunization services based on the HCB approach, human central beside.....”(YPMP, 2022).*

*“.....We are working with Ananda Hospital to provide education related to health. ....Women from the puskesmas usually also ask for time for health counseling such as the health of pregnant and*

*lactating women and nutritious food.....”(NU Muslimat, 2022).*

*“.....if there are Posyandu activities we usually collaborate with the Puskesmas and on recitation activities or Health Days, we work with presenters who are in accordance with the topic of activity .....”(AISYIYAH, 2022).*

*“.....We are working with Posyandu and also the Puskesmas are in line with us, we are also working with ICJ.....”(KPI Makassar City, 2022).*

### **DISCUSSION**

The causes of maternal death are basically 2 things, namely from the community side and the service side. The increase in MMR is not only a matter of maternal health, but also of gender inequality and injustice. Low public awareness of the health of pregnant women also affects MMR. Therefore, the existence of women's organizations in society is expected to be involved, contribute, and take responsibility for women's issues (Ministry of Women's Empowerment and Protection of the Republic of Indonesia, 2016).

The existence of an organization in an area will have an impact and effect. The existence of women's organizations is expected to be one of the solutions in overcoming maternal and child deaths. Women's organizations will be effective if there is cross-sectoral support in the preparation of activities and programs to be carried out.

The results of the study show that women's organizations play a role in reducing maternal and child mortality by conducting

active counseling, active assistance, educating the community and carrying out activities that support maternal and child health.

Assistance programs for cadres and counseling and health education regarding improving the nutrition of pregnant women are urgently needed, so that the role of women's organizations, health workers and companions for pregnant women is needed to improve the quality of life of pregnant women (Wijayanti, 2019). Also needed supportsupporting health facilities so that people are motivated to take part in government activities or programs in improving community development and health (Sari A, 2021).

The results of previous studies indicate that women's organizations play an important role in the health sector. Women's organizations can improve maternal and child health, improve health services for the elderly, develop health services, eradicate infectious diseases, prevent stunting and improve the quality of a clean and healthy environment (Tane, 2020).

## REFERENCES

Abraham, S., Miruts, G., & Shumye, A. (2015). Magnitude of chronic energy deficiency and its associated factors among women of reproductive age in the Kunama population, Tigray, Ethiopia, in 2014. *BMC Nutrition*, 1 (1), 1–9.

Alvaro R, Christianingrum R, Riyono T. (2022). DAK Fisik Bidang Kesehatan Dalam Mendukung Target Penurunan Angka Kematian Ibu dan Anak. Pusat Kajian Anggaran Bidang Keahlian – Sekretariat Jenderal Dewan Perwakilan Rakyat Republik Indonesia.

Basically, preventing maternal and child deaths can be done by maximizing the empowerment of pregnant women (Sari A, 2021). The government must be more proactive in providing appropriate treatment to reduce potential harm to pregnant women during childbirth (Melani N, 2022). The formation of health cadres is expected to be able to mobilize the community to carry out self-help activities, especially in preventing maternal and child deaths (Darungan, 2020).

## CONCLUSION

The involvement of women's organizations in the planning and implementation of programs to reduce maternal and child mortality needs continuous efforts and assistance so that the programs run effectively and there is an increase in the knowledge and understanding of mass organizations related to gender and women's health and maternal and child health.

Darungan I A, Kadir A, Haq N. (2020). Strategi Pemerintah Dalam Mengurangi Angka Kematian Ibu (AKI) Melahirkan di Kabupaten Enrekang. *JPPM: Journal Of Public Policy and Management*, 2 (2), 101-109.

Dinas Kesehatan Provinsi Sulawesi Selatan. (2021). Profil Kesehatan Provinsi Sulawesi Selatan Tahun 2021.

Kementerian Kesehatan RI. (2020). Indikator Program Kesehatan Masyarakat Dalam RPJMN dan RENSTRA Kementerian Kesehatan 2020-2024. Jakarta : Kementerian Kesehatan RI.

- Kementerian Kesehatan R.I. (2015). Buku Ajar Kesehatan Ibu dan Anak. Jakarta: Kemenkes RI.
- Kementerian Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia. (2016). Kajian Partisipasi Organisasi Perempuan dalam Menurunkan Angka Kematian Ibu di Propinsi Jawa Barat.
- Melani N, Nurwahyuni A. (2022). Analisis Faktor yang berhubungan dengan pemanfaatan penolong persalinan di Provinsi Banten: Analisis Data Susenas 2019. *Jurnal Inovasi Pendidikan*, 2 (10), 3175-3183.
- Natasha Z T & Niara I S. (2022). Determinan Kematian Ibu Serta Upaya dalam Penurunannya; Studi Literatur. *Jurnal Ilmiah Kesehatan Masyarakat*, 14 (3), 1-10.
- Sari, A. (2021). Model Efektivitas Pemberdayaan Ibu Hamil dalam Upaya Penanganan Kekurangan Energi Kronik. *Jurnal Ilmiah Kebidanan Indonesia*, 11 (2), 83-89.
- Tane, T., & Fatmariza, F. (2020). Peran Organisasi Perempuan dalam Pembangunan. *Journal of Civic Education*, 3(4), 367-375. <https://doi.org/10.24036/jce.v3i4.410>
- United Nations. (2017). Progress of goal 3 in 2017. Sustainable Development Knowledge Platform. Available at: <https://sustainabledevelopment.un.org/sdg3>
- Valentiara, Zelin. (2018). Analisis FaktorFaktor yang Berhubungan dengan Kejadian Kurang energi Kronik (KEK) pada Ibu Hamil Diwilayah Kerja Puskesmas Sidorejo Kota Lubuk Linggau Tahun 2018. Skripsi Online. Universitas Sriwijaya : Fakultas Ilmi Kesehatan Masyarakat.
- Wijayanti, Irfana. (2019). Pola Makan Ibu Hamil Yang Mempengaruhi Kejadian Kek Di Puskesmas Gabus I Kabupaten Pati. *Jurnal SMART Kebidanan*, 6 (5), 1-10.
- World Health Organization. (2016). Pregnant women must be able to access the right care at the right time, says WHO. News Release. Available at: <http://www.who.int/mediacentre/news/releases/2016/antenatal-care-guidelines/en/>