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by Erma Retnaningtyas

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Erma Retnaningtyas

Prodi S1 Kebidanan, F2K, HK STRADA Indonesia, Jl. Mantu, Kediri, Indonesia

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ABSTRACT

The cadre's lack of understanding about KSPR is an obstacle to collaboration between midwives and cadres in carrying out early detection of pregnant women. The purpose of this study was to analyze the level of knowledge of cadres about the Poedji Rochjati score card on the implementation of KSPR scoring on pregnant women in Jatisari Geger Village, Madiun. The research design used a cross sectional analytic survey. The population of all cadres in Jatisari Geger Village is 35 people, with a sample of 33 cadres. Sampling with simple random sampling technique with chi square test, SPSS output, at the 95% confidence level ($\alpha=0.05$), p-value or Sig. (2-tailed) in the chi square table is 0.000, this number is smaller than $=0.05$ (0.000 0.05) which means that there is a relationship between knowledge and the implementation of KSPR for cadres in Jatisari Village, Geger District, Madiun Regency. Lack of knowledge of cadres about KSPR causes cadres to be less able to implement KSPR properly. There is a need for training on KSPR for cadres provided by midwives in order to increase the collaboration between midwives and cadres in implementing KSPR.

E-mail:

E-mail:
erma.retna26@gmail.com

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1. Introduction

Maternal Mortality Rate (MMR) is one of the important indicators in determining the health status of the community. AKI describes the number of women who die from one cause of death related to pregnancy disorders or their management (excluding accidents or incidental cases) during pregnancy, childbirth, and in the puerperium (42 after delivery) without taking into account the length of pregnancy per 100,000 live births. MMR refers to the number of maternal deaths associated with pregnancy, childbirth, and the postpartum period. (Kemenkes RI, 2019)

The causes of maternal and infant mortality can be prevented by carrying out adequate antenatal care (ANC) by providing the Poedji Rochjati Score Card (KSPR) screening tool by PKK cadres and other health workers. Through this card, early detection of the risk of pregnant women is a screening activity for pregnant women who are detected as having a high risk pregnancy in a certain area or activities carried out to find pregnant women who have risk factors and obstetric complications, therefore health workers carry out early detection. Knowing the risk factors and complications, as well as proper treatment, is the key to success in reducing the number of mothers and babies born. (Dian, I & Ety, 2017)

The Poedji Rochjati Score Card (KSPR) method is now not only used by health workers, but can also be used by cadres. The cadres were given counseling about the importance of the health of

pregnant women, early detection of risk (high risk) using KSPR which is expected to help reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). (Rochjati, 2015)

The cadre's lack of understanding about KSPR is an obstacle to cooperation between midwives and cadres in carrying out early detection of pregnant women. Based on research on Cadre Class for Early Detection of High Risk of Pregnancy, it was stated that there was an increase in knowledge of cadres regarding high risk detection of pregnancy, childbirth, postpartum and newborn with an increase in knowledge of 4.46%. (Ersila Wahyu, Suparni, 2018) Research on the Effect of Audiovisual Media Extension on Cadre Skills states that there is an effect of audiovisual media counseling on cadre skills in early detection of high risk pregnant women. (Miswanti, 2019)

Health workers fill out the KSPR, but they are not in an orderly manner due to the many programs that have to be carried out by the village midwife. therefore the need for cooperation between midwives and cadres in conducting early detection of high-risk pregnant women using KSPR. Based on a preliminary study in Jatisari Village with interviews in March 2020 to 10 cadres, it was found that 8 cadres did not know the benefits of KSPR and could not fill out the KSPR and 2 cadres knew about the benefits of KSPR, but could not implement KSPR scoring. (Dinkes Madiun, 2019)

Factors that influence cadres in implementing KSPR scoring are: Lack of knowledge of cadres about the benefits, goals, and methods of scoring KSPR for pregnant women; Lack of information about the benefits, goals, and methods of scoring KSPR in pregnant women.(Misbah & Tansah, 2017) Increase knowledge of cadres about KSPR so that cadres are able to implement KSPR scoring in pregnant women. Cadres have received training/providing materials on KSPR once with the result that there is an increase in cadre knowledge about KSPR, but further training on KSPR is needed until cadres are able to implement KSPR correctly. Constraints in providing material where some cadres pay less attention, chat with fellow cadres, attend with children/grandchildren and loudspeakers that are not maximal enough to be heard by all cadres and have not been active in asking questions about material that has not been clearly conveyed. So for the material giver to look for more innovations on how to deliver material that can be accepted and understood by all cadres.(Suhartini, 2019) Based on this description, the researcher is interested in conducting research on the relationship between the level of knowledge of cadres about the Poedji Rochjati score card on the implementation of KSPR scoring for pregnant women in Jatisari Geger Madiun Village.

2. Method

The design in this study is an analytical survey with a cross-sectional study design to examine the relationship between the level of knowledge of cadres about the Poedji Rochjati score card on the implementation of KSPR scoring in pregnant women. The research was conducted in Jatisari Geger Village, Madiun. The population in this study were all health cadres of posyandu totaling 35 respondents. The sample used was 33 respondents with the Simple Random Sampling Method. The research instrument used to measure the Knowledge of Health Cadres was using a knowledge questionnaire about KSPR while the implementation of KSPR Scoring used the Observation Sheet. The validity test of the questionnaire was carried out using the product moment Pearson correlation validity test with SPSS. To analyze the relationship between the level of knowledge and the implementation of scoring, the Chi square test was used. Criteria for acceptance of the alternative hypothesis which states that there is a relationship between the independent variable and the dependent variable, if the probability (p) = 0.05.

3. Result And Discussion

TABLE 1
CHARACTERISTICS OF HEALTH CADRE

Characteristic	Frequency (f)	Percentage (%)
Age		
< 20 years	0	0
20-35 years	4	20
> 35 years	16	80
Education		
Primary School	0	0
Elementary School	6	30
Middle School	12	60
High School	2	10
Occupation		
Housewife	17	85
Private	2	10
Enterpriser	1	5
Civil Servants	0	0
Total	20	100

Table. 1 It shows that almost all of the 33 respondents (48%) are >35 years old, most (61%) mothers have high school education and almost all (94%) are housewives.

a. Cadre Knowledge about KSPR

TABLE 2
DISTRIBUTION OF CADRE KNOWLEDGE

No.	Cadre Knowledge	Frequency (f)	Percentage (%)
1	Weak	26	79
2	Enough	6	18
3	Well	1	3
Total		33	100

Based on Table 2, almost all of them, namely 26 respondents (79%) lacked knowledge. A small proportion (18% and 3%) of respondents with sufficient and good knowledge.

Bloom's taxonomy explains that knowledge includes the memory of things that have been learned and stored in memory. Knowledge stored in memory, extracted when needed through the form of memory recall (recall) or recognize again (recognition). The ability to recognize and remember terms, definitions, facts, ideas, patterns, sequences, methodologies, basic principles, and so on. Understanding (comprehension), at this level, a person has the ability to grasp the meaning and meaning of the things being studied. The existence of the ability to decipher the main content of the reading; change the data presented in a certain form to another form. This ability is a level higher than the ability. Application, namely the ability to apply a rule or method to deal with a case or problem that is concrete or real and new. the ability to apply ideas, procedures, methods, formulas and theories. Level of Analysis (analysis) a person is able to break down complex information into small parts and relate information to other information. Synthesis is the ability to form a new unit or pattern. The ability to recognize data or information that must be obtained to produce the required solution. Evaluation is the ability to provide an assessment of a learning material, arguments regarding something that is known, understood, done, analyzed and produced and the ability to form something or several things, along with accountability for opinions based on certain criteria. (Wawan, A Dewi, 2017) Behavior that is based on knowledge will be more lasting than behavior that is not based on knowledge. (Notoatmodjo, 2016)

Someone who has low education does not respond to or understand the information that has just been received and lacks the desire/interest/motivation to seek information about KSPR. This causes the knowledge of cadres about the category of KSPR is lacking. Work causes a person to interact with other people. By interacting with someone, there will be information obtained during socializing and discussing with others which will increase one's knowledge and experience. Housewives allow someone to get less information from other people because housewives are busy with their activities at home. So that the information obtained is less so that the respondents with the work of housewives knowledge

about KSPR in the category of less.

b. Implementation KSPR

TABLE 3
DISTRIBUTION OF IMPLEMENTATION KSPR

No.	Implementation KSPR	Frequency (f)	Percentage (%)
1	Not Capable	28	85
2	Capable	5	15
	Total	33	100

Table 3 shows that from 33 respondents, almost all of them were found, namely 28 respondents (84.8%) were unable to implement KSPR. A small part (15.2%) of respondents are able to implement KSPR. The main staff for implementing posyandu are posyandu cadres, whose quality can determine in an effort to improve the quality of services carried out. Thus, the ability of cadres must be developed to the maximum potential, with the provision of knowledge and skills that are adapted to the task at hand, in managing posyandu so that they can play an active role in improving public health. (Angraini, 2017)

Knowledge and skills of cadres can not only increase but also decrease. This can happen because the cadres are less active so they forget about the things that have been learned so that their knowledge decreases. The high value of cadre knowledge and skills is influenced by formal education, cadre courses, frequency of participating in coaching, cadre activity in Posyandu and length of time as cadres. Therefore, it is necessary to refresh, which is intended to maintain and increase the capacity of these cadres. (Widyastuti & Listyaningsih, 2016) In this study, the ability of cadres to implement KSPR was due to their lack of knowledge about KSPR. Cadres' knowledge about KSPR is lacking, causing cadres to not be able to understand KSPR well and not be able to implement KSPR properly. Based on the research results, respondents who are not able to implement KSPR have less knowledge about KSPR. It is necessary to increase knowledge of cadres by providing materials/training on KSPR

c. Cadre's Knowledge of KSPR on KSPR Implementation

TABLE 4
DISTRIBUTION OF CADRE'S KNOWLEDGE OF KSPR ON KSPR IMPLEMENTATION

No	Cadre Knowledge	Implementation KSPR				Total	
		Not Capable		Capable		F	%
		F	%	F	%	F	%
1	Weak	26	79	0	0	26	79
2	Enough	2	6	4	12	6	18
3	Well	0	0	1	3	1	3
	Total	28	85	5	15	33	100

Table 4 shows that from 33 respondents, there are 26 (79%) respondents who have poor knowledge and are unable to implement KSPR and 4 (12%) respondents who have sufficient knowledge and are able to implement KSPR.

	Test Statistics	
	Knowledge	Implementation
Chi-Square	31.818 ^a	16.030 ^a
Df	2	1
Asymp. Sig.	.000	.000

The results showed that $p = 0.000$ which means $p < 0.05$. This shows that there is a relationship between knowledge and the implementation of KSPR for cadres in Jatisari Village, Geger District, Madiun Regency. This study supports the research of Hamariyana, Agustin Syamsianah, Eny Winaryati from the Nutrition Study Program, Faculty of Nursing and Health, University of Muhammadiyah Semarang on the Relationship of Knowledge and Length of Work with Cadre Skills in Assessing the Growth Curve of Toddlers at the Posyandu, Tegalsari Village, Candisari District, Semarang City. (Hamariyana et al., 2013)

Based on the results of the Spearman Rank test, it was found that the value of $r = 0.537$ and the value of $p = 0.001$. This means that the p -value < 0.05 so H_0 is rejected. In conclusion, there is a relationship between the level of knowledge and the skills of cadres in assessing the

growth curve of children under five. The relationship between the level of knowledge and the skills of cadres in assessing the growth curve of toddlers is positive (0.537), meaning that the higher the knowledge level of cadres at the posyandu, the better the skill level of cadres in assessing the growth curve of toddlers.

Humans have a basic drive to want to know, to seek reason, and to organize their experiences: Providing information is learning to the community so that they are willing to take actions to maintain, and overcome problems. Changes or improvements in health are produced by providing information based on knowledge and awareness through the learning process. (Widyatun, 2015)

The factor that causes the relationship between the level of knowledge and skills of cadres is that if the level of knowledge of cadres is getting better, it is expected to apply that knowledge better so that skills in assessing the growth curve of toddlers will increase. The level of knowledge and skills of cadres will be better if basic education or higher education is taught five basic modules in the course, is active in participating in coaching and has a high frequency of participating in coaching. The high value of knowledge and skills of cadres is influenced by formal education, cadre activity in posyandu and length of time as cadres. (Retnaningtyas Erma & Retnopalupi, 2021)

Someone who does not have knowledge will result in not having a basis for action, because behavior based on knowledge will be more lasting than behavior that is not based on knowledge. Knowledge improvement can be done by increasing education, training and information through mass and electronic media. Health education carried out by spreading messages and instilling confidence will make mothers not only aware, know, and understand, but also willing and able to make recommendations related to health. (Soekidjo Notoadmodjo, 2014)

4. Conclusion

The knowledge of cadres about KSPR in Jatisari Village, Geger, Madiun is almost entirely, namely 26 respondents (78.8%) lack of knowledge. Almost entirely of KSPR implementation for cadres in Jatisari Village, Geger, Madiun, namely 28 respondents (84.8%) were unable to implement KSPR. There is a relationship between knowledge and the implementation of KSPR for cadres in Jatisari Village, Geger, Madiun p value $0.000 < 0.05$.

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