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Submission date: 08-Sep-2022 11:21PM (UTC+0900)

Submission ID: 1886754774

File name: men_in_Kepuh_Village_Boyolangu_District_Tulungagung_Regency.pdf (277.45K)

Word count: 2990

Character count: 15840

Health Education on Motivation of Health Cadres in High Risk Early Detection of Pregnant Women in Kepuh Village Boyolangu District, Tulungagung Regency

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ARTICLE INFO

Keywords:

Health Cadres,
Cadre Motivation,
High Risk Early Detection (HRED).

ABSTRACT

Counseling on high risk Early Detection (HRED) can increase the motivation of Health Cadres to prevent complications and death in pregnant women. The purpose of this study was to determine the effect of health education on the motivation of cadres in early detection of high risk pregnant women in Kepuh Village, Boyolangu District, Tulungagung Regency. The design of this study was analytic as a pre-experiment, with the design of the One-group pre-post test design with a population of all health cadres in the Village of Kepuh, Boyolangu Sub-district, Tulungagung Regency with a total of 20 people. The sample is all from the population with a sampling technique in total sampling of 20 respondents. The collected data is processed by the Wilcoxon test with a significance level $\alpha = 0.05$. The results showed that most of the respondents were 11 (55%) respondents had moderate motivation before health education and most of the respondents were 14 (70%) respondents had strong motivation after health education. The results of the Wilcoxon test showed p -value = 0.000 for the influence of health education on the motivation of cadres in early detection of high risk pregnant women. Health education can increase the motivation of cadres in doing HRED which ultimately can reduce the risk of emergency conditions for both the mother and the fetus.

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1. Introduction

Recognition of the presence of high risk pregnant women is carried out through screening/early detection of risk factors pro/actively for all pregnant women, as early as possible in early pregnancy by health workers or non-health workers who are trained in the community, for example: PKK mothers, PUSYANDU cadres, mothers pregnant alone, husbands or family. High Risk Pregnant women with risk factors can be observed and found as early as possible in early pregnancy in pregnant women who are still healthy and feel healthy. Then at each contact, repeated screening is carried out, periodically repeated 6 times during pregnancy until the pregnancy is even month old. The problem is that currently many cadres have not done DDRT early. This shows that the motivation of cadres in detecting high risk pregnant women is still low. (Rochjati 2015)

The maternal mortality rate in the city of Tulungagung in 2016 was recorded at 20 deaths per 1000 live births, and in 2017 there were 17 deaths per 1000 live births. Based on data at the Beji Health Center, it is known that Beji Health Center has 8 assisted villages with the number of pregnant women in December 2017 as many as 673 pregnant women and 135 pregnant women of whom are pregnant women with high risk with high risk detection carried out by the community as many as 7 pregnant women while early detection of high risk carried out by health workers as many as 127 pregnant women. (Dinkes Tulungagung 2019) While data from Kepuh Village, Boyolangu District, Tulungagung Regency, as of December 2017, the number of pregnant women is 67 pregnant women, 13 pregnant women are pregnant women with high risk with high risk detection carried out by the community as many as 1 pregnant woman while high risk early detection is carried out by health workers as many as 12 pregnant women. Based on the data above, it can be seen that in Kepuh, Boyolangu District, Tulungagung Regency, the high risk detection carried out by the community, especially cadres, is still very low.

Based on a preliminary study conducted by researchers on 5 cadres, data obtained that 2 people said they had attended health education at the Puskesmas about high risk detection of pregnant women and 3 people had never attended health education at the Puskesmas about high risk detection of pregnant women. Of the 2 cadres who had attended health education, they stated that they had detected high risk of pregnant women, while 3 cadres who had not received health education stated that they had not detected high risk of pregnant women because they did not

know and were not motivated to do so. This shows that the motivation of cadres in detecting high risk pregnant women is still low.

The factors that cause the low participation of health cadres in early detection of pregnancy risk are the first internal factors which include age, education, knowledge, experience and appreciation, and the second external factors which include environment, counseling, mass media and socio-culture. (Mishah and Tansah 2017) Irwani in his research stated that the factors that influence the role of cadres in early detection of high risk pregnant women include knowledge, motivation, service facilities and training of cadres in early detection of high risk pregnant women. (Suhartini 2019)

As a result of the low role of cadres in carrying out early detection of high risk pregnant women, among others, the higher risk of an emergency, either mild or severe, which can pose a danger of death or illness for the mother and/or baby. (Kemenkes RI 2018). Given the problems above, it is necessary to provide a theoretical solution that can be done by delivering health education regarding high risk detection of pregnant women in a complete and clear way to increase the knowledge of cadres. Knowledge of cadres is expected to be able to improve the mindset and perception of cadres which in turn can increase cadres' motivation towards high risk detection of pregnant women.

Based on the background and description above, the researcher is interested in conducting research on the effect of health education on the motivation of cadres in early detection of high risk pregnant women in Kepuh Village, Boyolangu District, Tulungagung Regency.

2. Research Methods

The design in this research is analytic, which is a pre-experimental design with a One-group pre-post test design to examine the effect of health education on the motivation of cadres in early detection of high risk pregnant women. The research was conducted in Kepuh Village, Boyolangu District, Tulungagung Regency, East Java Province. The population in this study were all *posyandu* health cadres totaling 20 respondents. The sample used is a total sampling of 20 respondents. The instrument used was a questionnaire to measure the motivation of health cadres. The counseling was conducted using a question and answer lecture method using leaflets about early detection of high risk pregnant women. All *posyandu* health cadres were given a cadre motivation questionnaire about early detection of high risk before and after being given counseling about early detection of high risk of pregnant women. Data analysis in this study consisted of descriptive analysis for univariate data and inferential analysis for bivariate data. In descriptive analysis, it is displayed in the form of frequency and percentage, while for bivariate data, it is analyzed using the Wilcoxon test.

3. Result And Discussion

TABEL 1.
CHARACTERISTICS OF HEALTH CADRE

Usia	Frequency (f)	Percentage (%)
< 20 years	0	0
20-35 years	4	20
> 35 years	16	80
Pendidikan		
Education	0	0
Elementary School	6	30
Middle School	12	60
High School	2	10
Pekerjaan		
Housewife	17	85
Private	2	10
Enterpreneur	1	5
Civil Servants	0	0
Information about DDRT		
Yes	16	80
No	4	20
Counseling History		

Counseling	16	100
Magazines/newspaper	0	0
Television	0	0
Others	0	0
Quantity	20	100

Motivation Of Cadres In Early Detection Of High Risk Pregnant Women Before Health Education

TABLE 2.

DISTRIBUTION OF CADRE MOTIVATION PRE COUNSELING

No.	Motivation Pre counseling	Frequency (f)	Percentage (%)
1	Strong	4	20
2	Medium	11	55
3	Weak	5	25
	Quantity	20	100

(Source: Primary Data, 2019)

Table 2. Shows that most of the respondents, namely 11 (55.0%) have moderate motivation before health education, Motivation is anything that pushes someone to do something, (Widyatun 2015) Factors that influence a person's motivation, and the condition of the respondent's characteristics (age, education, occupation, information). (Notoatmodjo 2013) The results of this study indicate that many cadre mothers answered incorrectly about the cognitive abilities needed by cadres to be able to do DDRT; by choosing the answer that cadres must have higher education. In fact, with any basic education with the guidance of health workers, the cadres can do DDRT. This proves that the respondents do not have good intrinsic motivation about DDRT. Although in general the motivation of respondents before counseling was moderate, respondents had better motivation because they had received counseling before, besides that the implementation of DDRT was easy to do because it was assisted and guided by professional health workers and used adequate facilities and infrastructure, such as scores published by the village midwife. This proves that during this time the cadres will receive information about DDRT every time the cadres attend the counseling activities or during consultations with the village midwife. Table 1 shows that almost all of the respondents are >35 years old, as many as 16 respondents (80.0%). Age is a measure of a person's level of maturity. At a productive age someone has a good level of maturity. [6] As a person's age increases, the person becomes more mature in thinking rationally so that respondents have sufficient knowledge about DDRT. Motivation is influenced by education. In Table 1, it is known that most of the respondents have high school education, as many as 12 respondents (60.0%) and almost all of them have received counseling about DDRT, namely 16 (80.0%). According to the researcher, based on the education of respondents who are in high school, respondents have the ability to absorb good information. Cadres can digest information provided by health workers regarding DDRT. When viewed from the work factor, it is known that almost all of the respondents as many as 17 (85.0%) have a job as housewives. This work is certainly related to the socio-economic conditions of the respondents as well as social interactions. Respondents who work as housewives will have more free time to get additional information about DDRT from other people.

Based on the description above, it can be concluded that there are many factors that influence a person's motivation, and the condition of the respondent's characteristics (age, education, occupation, information) that causes the respondent to have the motivation to do DDRT.

Motivation Of Cadres In Early Detection Of High Risk Pregnant Women Post Health Education

TABLE 3.

DISTRIBUTION OF CADRE MOTIVATION POST COUNSELING

No.	Motivation Post counseling	Frequency (f)	Percentage (%)
1	Strong	4	20
2	Medium	11	55
3	Weak	5	25
	Quantity	20	100

(Source: Primary Data, 2019)

Table 3 shows that most of the respondents, namely 14 (70.0%) respondents had strong motivation after health counseling. The results of this study indicate that after receiving health education, many cadres were able to answer questions correctly, although there were still cadres who answered incorrectly. This proves that there needs to be a consistent and continuous effort in improving the cognitive abilities needed by cadres to be able to do DDRT properly and correctly. Based on the results of this study, it was concluded that in general there was an increase in the score from the results of the pre test.

Conditions of motivation of cadres like this show that in general there is an increase in motivation, this is because all participants are cadres who are active in managing posyandu in their respective areas and are always involved in things that they usually find, although there are still most of them who have motivation, being because the health education provided by the health cadres is still limited, but these cadres also have a strong motivation to improve themselves both in knowledge and work. In the future, this encourages them to keep learning, they say they are very happy if there is a health team that provides counselling to health workers, then to increase their knowledge.

To achieve the success of the early detection program for pregnant women, coordination from various related parties is needed. The main parties are the Puskesmas and village government. Therefore, real steps are needed to encourage health cadres in village areas to run well and sustainably. Cadre as the spearhead of basic services in the village becomes important if the implementation of posyandu can run well. To be sustainable, things that need to be considered are support from the Puskesmas in the form of knowledge and operational support, while from the village government in the form of policy and operational support.

Effect Of Health Education On Cadre Motivation In Early Detection Of High Risk Pregnant Women.

TABLE 4.
DISTRIBUTION OF CADRE MOTIVATION CROSS TABULATION PRE AND POST COUNSELING

No	Motivation Pre	Motivation Post				Total			
		Lemah		Sedang		F	%		
		F	%	F	%				
1	Weak	0	0	4	20	0	0	4	20
2	Moderate	0	0	2	10	9	45	11	55
3	Strong	0	0	0	0	5	25	5	25
Total		0	0	6	30	14	70	20	100

Table 4 shows that of the 20 respondents, there were 9 (45.0%) respondents who had moderate motivation before counseling and had strong motivation after counseling.

Test Statistics^a

Motivasi sesudah - Motivasi sebelum

Z	-3.606 ^a
Asymp. Sig. (2-tailed)	.000
a. Based on negative ranks.	
b. Wilcoxon Signed Ranks Test	

The results of the Wilcoxon statistical test with $\alpha = 0.05$, obtained p value = 0.000, because the p value < α , then reject H0 which indicates the effect of health education on the motivation of cadres in early detection of high risk pregnant women in Kepuh Village, Boyolangu Regency Tulungagung, East Java Province.

Health counseling is an activity carried out by spreading messages, instilling confidence so that people are not only aware, know and understand, but are willing and able to make recommendations related to health. (Maulana 2015)

Research conducted by Komsah Nani stated that the factors that influence the role of posyandu cadres in early detection of high risk pregnant women include knowledge, motivation, service facilities and training of cadres in early detection of high risk pregnant women. (Khomsah 2012)

According to the researcher, providing counseling about early detection of high risk pregnant women will affect the knowledge of cadres in doing DDRT. In the end, knowledge will affect the mother's motivation to do DDRT for pregnant women.

Based on the results of this study, it can be concluded that the existence of health education is very effective as an effort to increase cadre knowledge about DDRT which in turn increases cadre motivation. The results of the study are in line with Nugroho's research on posyandu health cadres about the motivation of posyandu cadres on the activity of Posyandu cadres in Dusun Tengah Village, Dependent District, Brebes Regency. (Nugroho 2008). The implementation of counseling to cadres and post- counseling evaluation of cadre motivation in DDRT activities must always be improved because with the increased motivation of cadres in early detection of high risk pregnant women, it is hoped that the risk of an emergency, either mild or severe, can result in death or illness for the cadres, mother and/or baby, so that it can save the lives of mothers and babies.

4. Conclusion

The motivation of health cadres before health counseling was found that most of the 11 respondents (55.0%) had sufficient motivation, while the motivation of Health Cadres after health counseling was found that most of the 14 respondents (70.0%) had strong motivation. There is an effect of health education on the motivation of cadres in early detection of high risk pregnant women in Kepuh Village, Boyolangu District, Tulungagung Regency, East Java Province. p value = 0.000

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