



EFFECTIVENESS OF CADRE CAPACITY BUILDING ACTIVITIES: A COMPARATIVE DESIGN

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ABSTRACT

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Immunization is a form of health intervention that is very effective in reducing infant and under-five mortality. However, until now the implementation has not reached the maximum target, there are still many people who do not allow their children to be immunized for various reasons. One of the roles of posyandu cadres is to provide health education to the community or parents about immunization, so that capacity building activities for cadres are very necessary to increase the knowledge of posyandu cadres. The purpose of this study was to analyze the knowledge and abilities of cadres in an effort to increase the coverage and quality of immunization. The research method comparative design research method with pre-test and post-test. Respondents were all cadres (16 respondents) in Ranu Pakis Village, Klakah District, Lumajang Regency. The results The results of the pre-test and post-test experienced a significant (significant) change from an average of 8.44 to 9.69. Paired Sample T Test showed p-value = 0.016. The conclusion this study is that there is an increase in knowledge, the ability of cadres after being given health information about immunization and the role or capacity of cadres in posyandu.

Keywords:

Cadres, Immunization

BACKGROUND

Immunization is one of the efforts to prevent disease by increasing a person's immunity to a disease, so that later if he is exposed to the disease he will not suffer from the disease. Immunization is a preventive program of the Ministry of Health of the Republic of Indonesia to reduce morbidity, disability, and death from diseases that can be prevented by immunization, namely Tuberculosis, Diphtheria, Pertussis, Hepatitis B, Polio, and Measles. Immunization is also the government's real effort to achieve the Millennium Development Goals (MDGs), particularly to

reduce child mortality. The indicator of the success of immunization implementation is measured by the achievement of Universal Child Immunization (UCI), namely at least 80% of infants in the village or sub-district have received complete immunization, which consists of BCG, Hepatitis B, DPT-HB, Polio and Measles (Rahman and Riza, 2018).

The immunization program has been implemented in Indonesia since 1956. The Ministry of Health has implemented the Immunization Development Program for children in an effort to reduce the incidence of diseases that can be prevented by immunization, namely tuberculosis, diphtheria, pertussis, measles,

polio, tetanus and hepatitis B. Based on data from Riskesdas, Data on immunization coverage for HB-0 (79.1%), BCG (87.6%), DPT-HB-3 (75.6%), Polio-4 (77.0%), and measles immunization were obtained. (82.1%). This survey was conducted on children aged 12-23 months (Rahmawati, R., C. 2018). Immunization is a form of health intervention that is very effective in reducing infant and under-five mortality. However, until now the implementation has not reached the maximum target, there are still many people who do not allow their children to be immunized for various reasons.

The pros and cons of immunization continue to roll from year to year. In 2016, MUI issued MUI Fatwa No. 4 of 2016 concerning Immunization. In the fatwa, it is explained that immunization is basically permissible (permissible) as a form of effort to create immunity (immunity) and prevent certain diseases. Immunization with haram and/or unclean vaccines is not allowed unless: used in conditions of *al-dlarurat* or *al-hajat*. (MUI, 2018). Halal and holy vaccine ingredients have not been found; and there is information from competent and trusted medical personnel that there is no halal vaccine yet. However, even though the MUI has stated that the immunization law is allowed, there are still people who are reluctant to immunize (Sulistiyani, P., 2017).

One of the problems related to immunization coverage also occurs in Lumajang Regency, namely in Ranupakis Village, Klakah District. Ranupakis Village is one of the villages in the Klakah Health Center Work Area. The working area of Ranupakis Village is 731 Ha which is a land area. As many as 54.4% of the population of Ranupakis Village belong to the Madurese ethnic type (Pandalungan), with Madurese as a daily language. Health programs in the regions have been carried out by officers and cadres of *ponkesdes/puskesmas*, one of which is the Integrated Toddler Service Post.

However, in its implementation it faces several obstacles, such as the lack of families willing to immunize on the grounds that immunization causes toddlers to become more ill with fever, several times they are informed and given socialization about the importance of immunization but are still refused. Previous results also showed problems in almost all groups, ranging from toddlers (refusing immunization, low birth weight, poor nutrition), pregnant women (high risk), school children (brawls, use of comic drugs as material hangovers), teenagers (early marriages), the elderly (not following the *posyandu* for the elderly that was established). On the other hand, they have potential that can be developed. This village has

1 Village Health Post, 5 Integrated Service Posts, 2 Elderly Service Posts. The results of the survey and initial coordination with health workers at the Klakah Health Center obtained data that there were several health problems that became priorities, including low immunization coverage, not yet maximal integrated service posts for toddlers, juvenile delinquency, early marriage, and lack of environmental monitoring and sanitation. Most of these problems are closely related to the level of education and perceptions that are not appropriate in responding to the emergence of health problems.

One of the government programs to increase immunization coverage is the Integrated Service Post. Integrated Service Post is a form of Community-Based Health Efforts carried out by, from and with the community, to empower and provide convenience for the community to obtain health services for mothers, infants and toddlers.

The smooth process of service to toddlers is supported by the activeness of cadres. Whether or not the integrated service post cadres are active is influenced by facilities (sending cadres to health training, giving guidebooks, attending health seminars), awards, and trust received by cadres in providing services affect the activeness of cadres (Rahmawati et al., 2018). Based on the above background, it is necessary to understand the community about the importance of immunization for toddlers with a cultural approach in Ranupakis Village, Klakah District, Lumajang Regency. Improving the knowledge and ability of integrated service post cadres is a solution to the problem of low immunization coverage in Ranupakis Village, Klakah District. This cadre activity is expected to produce skilled cadres who care about maternal and child health, especially in terms of increasing complete immunization coverage for toddlers so that their role is increasingly visible.

METHODS

This quantitative research with a comparative design, using pre and post test questionnaires based on the guidelines or references in the Toddler Towards Health Card. This assistance and research has obtained permission, from the government as well as from the respondents. Respondents were given an explanation in advance about filling out the questionnaire and filling out an informed consent form for their willingness to be involved in this study. Respondents were all cadres in Ranu Pakis Village as many as 16 people. Providing health materials about accelerating the improvement of immunization coverage

and quality, explaining whether or not immunizations are allowed by looking at the content contained in immunizations, explaining the effects of fever that can occur after immunization so that mothers do not have to worry if their toddler has a fever after immunization. In addition, it is explained about complete immunizations that must be obtained by infants or toddlers. Mentoring and research were carried out for three months regarding the capacity or role of cadres at the posyandu in Ranu Pakis Village, Klakah District, Lumajang Regency. After the implementation of this activity, respondents get a reward. The results of the study were analyzed using the Paired Sample Test.

RESULTS

Results based on

Most of the respondents are in the age range of 20-30 years with a total of 10 respondents (62.5 %).

Most of the respondents were junior high school education (62.5 %).

Paired Samples Statistics shows that there is an increase in the average value of the pre-test from 8.44 to 9.69. Paired Samples Test shows the significance value (2-tailed) is 0.016 ($p < 0.05$). So that the results of the pre-test and post-test experienced a significant (meaningful) change.

DISCUSSION

The age of cadres shows part of their productive age to be able to carry out regular posyandu activities every month. Cadre education in most elementary schools (Haiya, Ardian and Rohmawati, 2017), states that education is an activity to increase knowledge. Education can be obtained formally, informally, and non-formally. Thus, the higher the level of education, the easier it is to obtain information. For this reason, it is necessary to increase knowledge to cadres gradually, especially about immunization and its role in providing health information to mothers of children under five (Nurul Hayati, 2020).

The knowledge and abilities of cadres before activities were carried out showed limitations, but after mentoring through training for three months there was an increase, this is in line with research conducted by (Nurul Hidayah, 2017). That the behavior of respondents who behaved well increased after counseling. The significant results of the pre test and post test are shown in the Table Paired Samples Test from this study, this is in accordance with the results of research conducted by Rahmawati et al. (2018) which

shows that there is a significant difference in the level of knowledge of integrated service post cadres before and after training. Increased knowledge of cadres affects the quality of service. This can be interpreted if the knowledge of cadres about immunization is very good, then the services provided will also be maximized. Cadres can provide accurate and complete information about immunizations to parents or mothers of infants and toddlers. So that parents or mothers of infants and toddlers can get a lot of information about the importance of immunization through outreach activities carried out by integrated service post cadres. This is in line with the results of research conducted by Kowaas, 2017, which states that increasing parental knowledge apart from formal education can also be done by providing informal education such as counseling about immunization. Based on the results of interviews with the baby's mother, where the baby's mother was very less involved in counseling about immunizations that had been carried out by immunization officers. Completeness of basic immunization in infants is influenced by factors of information provided by puskesmas officers to parents of infants such as immunization schedules. In addition to the immunization schedule that is not known by the baby's parents, the baby's parents also rarely participate in counseling about immunization.

Incomplete immunization status of infants is caused by several factors, namely, lack of knowledge of parents of children under five, attitudes towards the implementation of immunization are low. This is in accordance with the results of (Darma and Husada, 2021) which states that the completeness of basic immunization in children is strongly influenced by the mother's level of knowledge, the better the knowledge about basic immunization, the greater the mother's desire to complete basic immunization. immunizations for their children. This can be seen from the results of the study (Nugrawati et al., 2019) that the completeness of basic immunization in children is mostly found in mothers who have good knowledge. While incomplete immunization status is often found in mothers who have less knowledge, this is due to a lack of mother's knowledge about the importance of basic immunization for children, so mothers are not motivated to bring their children for immunization. In this regard, the role of a mother in terms of immunization is very important. Therefore, an understanding of the immunization program is very necessary.

CONCLUSION

The activity of providing health information about

Table 1. Characteristics of Respondents by Age

Age (Years)	Person	Percentage
20 – 30	10	62.5
>35	6	37.5
Total	16	100

Table 2. Characteristics of Respondents by Education

Education	Person	Percentage
Primary school	10	62.5
Junior high school	6	37.5
Total	41	100

Table 3. Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre Test	8,44	16	1,861	0,465
	Post Test	9,69	16	0,602	0,151

Table 4 Sample Test

		Paired Difference			t	df	Sig. (2-tailed)		
		95% Confidence Interval of the Difference							
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	Pre Test-Post Test	-1,250	1,844	0,461	-2,233	-0,267	-2,712	15	0,016

immunization, the role or capacity of these cadres can change or increase the knowledge of cadres about immunization from before. In addition, with increased knowledge of cadres, they can provide more precise and complete health education about immunization to parents or mothers of infants and toddlers. So that indirectly this cadre capacity building activity will also increase the knowledge of parents or mothers of babies and toddlers about immunization. Increasing parental knowledge is very important, because the level of immunization coverage for infants and toddlers is also influenced by the knowledge of parents or mothers of infants and toddlers. This is in accordance with the results of (Faisal, 2021) which states that the completeness of basic immunization in children is strongly

influenced by the mother's level of knowledge, the better the knowledge about basic immunization, the greater the mother's desire to complete basic immunizations for their children. This can be seen from the results of the study, that the completeness of basic immunization in children is mostly found in mothers who have good knowledge. While incomplete immunization status is often found in mothers who have less knowledge, this is due to a lack of mother's knowledge about the importance of basic immunization for children. Increasing parental knowledge is very important, because the level of immunization coverage for infants and toddlers is also influenced by the knowledge of parents or mothers of infants and toddlers.

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