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Research Article

Effect of Health Education in Performing Detection and First Aid in Puerperal Emergency Toward Knowldge and Skill Among Cadre

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Abstract

Aims: Increasing the utilization of The Maternal and Child Handbook can be done in various ways, including by increasing the participation of cadres, because cadres can become facilitators for mothers and families in obtaining The Maternal and Child Handbook. However, what happens in the field is the low knowledge and skills of posyandu cadres in carrying out detection and first aid during postpartum emergencies.
Objectives: To determine the effect of health education about the kia book on the knowledge and skills of posyandu cadres in carrying out detection and first aid for
Methods: The study was quasi-experimental in nature, using a single group design. The Nagasari Health Center area provided 30 cadres for this study. This study's sample included 30 cadres from the Nagasari Health Center area. The Wilcoxon test is used in bivariate analysis.
Results: The knowledge of posyandu cadres in detecting and providing first aid in postpartum emergencies prior to receiving health education is 1.77 (Insufficient) and the SD value is 0.430, whereas their skills in detecting and providing first aid in postpartum emergencies prior to receiving health education are 1.73 (unskilled) and the SD value is 0.450. The knowledge of posyandu cadres in performing detection and first aid in postpartum emergencies after receiving health education is 1.30 (Good) and the standard deviation is 0.466, while their skills are 1.23 (skilled) and the standard deviation is 0.430.
Conclusion: health education regarding the kia book has an influence on the knowledge and skills of posyandu cadres regarding emergency detection and first aid during the postpartum period.

Keywords:
Cadres, first aid, knowledge, skills

INTRODUCTION

The Maternal Mortality Rate is a critical indicator for determining the state of public health. Maternal Mortality can be used to track pregnancy-related deaths. This indicator is influenced by general health, education, and pregnancy and childbirth services. MMR's sensitivity to improving health services makes it an indicator of health sector development success. The Maternal Mortality Rate is one of the global Sustainable Development Goals (SDGs) that aims to reduce the AKI to 70 per 100,000 live births by 2030 (1)).

According to the World Health Organization (2), the global Maternal Mortality Rate (AKI) in 2021 will be 303,000. ASEAN's is 235 per 100,000 live births. The remains very high; approximately 912 women die every day from complications related to pregnancy or childbirth worldwide, and approximately 297,000 women die during and after pregnancy and childbirth. The maternal mortality rate in developing countries is 462/100,000 live births, while

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it is 11/100,000 live births in developed countries.

The in Indonesia increased from 228 per 100,000 live births in 2002-2007 to 359 per 100,000 live births in 2007-2012, according to the Indonesian Demographic and Health Survey Data. The fell from 305 per 100,000 live births in 2012 to 305 in 2015, and the number of maternal deaths in Indonesia in 2020 was 4,221 cases (3).

The in West Java Province of 745 deaths or 85.77 per 100,000 KH is one of the factors contributing to the high national MMR (4). According to district/city health profile reporting, the number of maternal deaths in West Java Province in 2020 was 745, or 85.77 per 100,000 KH, an increase of 61 cases over 2019 (Ministry of Health, 2020). There were 745 cases of maternal deaths, with pregnant women accounting for 22.14%, childbirth accounting for 19.73%, and postpartum women accounting for 44.16%. Maternal mortality was 6.44% in the 20-year age group, 60.13% in the 20-34-year age group, and 33.42% in the 35-year age group.

According to data collected from health centers and hospitals in Kab. Karawang in 2021, there are 36 maternal deaths out of 17,881 live births. The number of maternal deaths in 2021 has increased from 2020, with 21 cases out of 19,060 live births. In 2021, the leading causes of maternal death will be bleeding, the postpartum period, and so on (5).

One of the efforts to reduce maternal and newborn mortality is to increase ANC or (Antenatal Care) visits. ANC visits are a form of source of information, during ANC visits there are communication, information and education facilities by midwives (RI Ministry of Health, 2020). KIE in ANC visits includes the introduction of danger signs during pregnancy, childbirth, postpartum, and complications of pregnancy (6).

According to (7), the purpose of postpartum services is to maintain the physical and mental health of the mother and baby, as well as to detect potential problems in order to provide appropriate treatment or referral if complications arise, and to provide health education regarding self-care for postpartum mothers, nutrition for breastfeeding mothers, and care for healthy babies.

In order to maintain the health of the postpartum mother, the family has the duty to maintain and improve the health of every member of the family, as a whole it can guarantee the success of public health. So with that, the support given by the family to postpartum mothers is very important so that mothers pay more attention to their health so that they are diligent in carrying out examinations during childbirth.

Optimization of the utilization of the Maternal and Child Handbook at the family level will only occur when health workers and cadres explain and ensure that mothers and families understand the contents of the Maternal and Child Handbook. Improving The Understanding of This Maternal and Child Handbook can be done in various ways, when providing services, waiting time for services, as well as during activities in the community carried out by health workers, cadres or various parties who have a great interest in maternal and child health (8).

Increasing the use of the Maternal and Child handbook can be done in various ways, including by increasing the participation of cadres, because cadres can become facilitators for mothers and families in obtaining the Maternal and Child handbook and act as a liaison between the community and health workers, so that all programs that will be carried out by health workers can easily to get to the community (9).

Cadres play a dominant role in the activeness of Posyandu activities. Cadres who actively support the implementation of Posyandu are more active and regular, especially in monitoring growth and development (10). In addition to playing a role in managing and implementing posyandu, cadres also play a role in increasing awareness of mothers and

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families in maintaining maternal and child health. Previous research reported that cadres who actively provide education using the media Of Maternal and Child Books Increase the Use Of Maternal and Child Books By mothers of toddlers (11).

However, what is happening in the field is the low knowledge and skills of posyandu cadres in detecting and providing first aid during postpartum emergencies. (12) at the Posyandu in Karangasem Village, Yogyakarta, showed that almost half (45.8%) of cadres had insufficient knowledge regarding detection and first aid during postpartum emergencies. This has a significant effect on the low skills of cadres, where 25% of cadres have less skills in performing detection and first aid in postpartum emergencies (p value=0.019). Mahmudiono (13) found that in some areas as many as 61% of cadres are less thorough and 97% of cadres are lacking in detection and first aid during postpartum emergencies. Sutiani's (14) in the work area of the Lalang Village Health Center showed that more than half of the cadres (66.1%) lacked skills in detection and first aid during postpartum emergencies.

One of the reasons for the low knowledge and skills of posyandu cadres regarding detection and first aid for postpartum emergencies is the lack of support in the form of training. Even though it was revitalized in 2001, with decentralization, support for posyandu is no longer centralized but depends on the commitment of the local government. This causes cadre training to be sporadic (15). Considering that the government still relies on posyandu in an effort to alleviate nutritional problems and reduce infant and toddler mortality, training of posyandu cadres is absolutely necessary (15).

The impact of not using the Maternal And Child Handbook by posyandu cadres will have both direct and indirect consequences. The direct impact on the mother is that the mother's health is not monitored during pregnancy, childbirth and postpartum and the advice or information that the mother has is inadequate, the actions taken are also not in line with expectations. For children, filling out the Maternal And Child handbook that is incomplete causes health monitoring from birth to 6 years of age is not monitored. The indirect impact on Posyandu cadres, if the information on filling out the Maternal And Child Handbook is not clear, then the application at the Posyandu is also not correct (16).

Based on a preliminary study conducted in the Nagasari Health Center work area with 20 posyandu cadres, 10 cadres said they knew the benefits of the Maternal and Child handbook for monitoring body weight, 7 posyandu cadres were able to detect early and follow up on KEP, 10 cadres could explain additional food, how to prevent diarrhea, how to ORS manufacture. There are 8 cadres who always read the Maternal and Child handbook after each posyandu service, sometimes 10 people and never 2 people. 10 cadres who have helped and accompanied families or the community to get services, 2 posyandu cadres who have referred mothers or children to health workers. There were 15 cadres who invited mothers to carry out the messages in the book. Posyandu cadres who always make home visits and check the implementation of messages in the Maternal and Child handbook 12 people (17).

METHODS

This study employed a quasi-experimental design with one group design at Nagasari Health Center area from Agustus 2022 to November 2022. This study included 30 cadres from the Nagasari Health Center area. The study was approved by the affiliated university's institutional review board, Indonesian, and the National Health Science Research Committee in each study location Before taking part in the study, all of the subjects gave their written informed consent. The researchers read the consent form out loud and helped people fill it out if they couldn't read or write. The sample for

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this study consisted of 30 cadres from the Nagasari Health Center area. Bivariate analysis was performed to determine whether there was any relationship between the independent variables and the dependent variable mentioned in the conceptual framework. The purpose of bivariate analysis is to determine whether there is an influence between two factors, specifically the dependent variable and the independent variable. The Wilcoxon test was used by researchers in this study to examine the effect of the two variables.

RESULTS

Table 1. Frequency distribution of posyandu cadres' knowledge, performing, carrying out of detection and first aid in postpartum emergencies before being given health education

Variables	F	(%)
Knowledge before education		
Good	7	23.3
Not enough	23	76.7
Knowledge after education		
Good	21	70.0
Not enough	9	30.0
Skilled before education		
Skilled	8	26.7
Unskilled	22	73.3
Skilled after education		
Skilled	8	**26.7**
Unskilled	**22**	**73.3**

According to table 1, the description of the knowledge of posyandu cadres in carrying out detection and first aid in postpartum emergencies prior to receiving health education is mostly lacking, with as many as 23 people (76.7%) missing. The description of the skills of posyandu cadres in detecting and administering first aid in postpartum emergencies prior to receiving Health Education. There are as many as 22 people who are unskilled. (73.3%). The description of the knowledge of posyandu cadres in carrying out detection and first aid in postpartum emergencies after being given health education is mostly good as many as 21 people (70.0%). The description of the skills of posyandu cadres in carrying out detection and first aid in postpartum emergencies after being given Health Education Most of them are skilled as many as 22 people (73.3%).

Table 2. The effect of health education on the kia book on the knowledge and skills of posyandu cadres in performing detection and first aid during postpartum emergencies

Variable	Mean	Standar Deviasi	P Value
Knowledge			
Before	1.77	0.430	0,000
After	1.30	0.466	
Skills			
Before	1.73	0.450	0,000
After	1.23	0.430	

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According to table 2, the average knowledge of posyandu cadres in detecting and providing first aid in postpartum emergencies prior to health education is 1.77 (low) and the SD value is 0.430, while knowledge of posyandu cadres in carrying out detection and first aid in postpartum emergencies after health education is 1.30 (Good) and the SD value is 0.466. Before receiving health education, the average skill of posyandu cadres in performing detection and first aid in postpartum emergencies was 1.73 (unskilled) and the SD value was 0.450; after receiving health education, the average skill of posyandu cadres in performing detection and first aid in postpartum emergencies was 1.23 (skilled) and the SD value was 0.430. There is an increase in knowledge and skills before and after receiving health education. The Wilcoxon test results show that there is an effect with a p value of (0.000 0.05). This means that Ho is rejected and Ha is accepted, implying that statistically, the respondents have the influence of health education about the kia book on the knowledge and skills of posyandu cadres in carrying out detection and first aid during postpartum emergencies in the Nagasari Health Center Area, Karawang Regency in 2022.

DISCUSSION

According to the study's results, the average knowledge of posyandu cadres about recognizing and treating postpartum emergencies before getting health education was 1.77 (low) and the standard deviation (SD) was 0.430. After getting health education, the average knowledge of posyandu cadres about recognizing and treating postpartum emergencies was 1.30 (Good) and the SD was 0.466. Before getting health education, the average skill of posyandu cadres at detecting and giving first aid in postpartum emergencies was 1.73 (unskilled), and the standard deviation was 0.450. After getting health education, the average skill of posyandu cadres was 1.23 (skilled), and the standard deviation was 0.430. Before and after getting health education, people have more information and better skills. With a p value of (0.000 0.05), the Wilcoxon test shows that there is a difference. This led to the conclusion that Ho was wrong and Ha was right, so statistically, the respondents had the influence of health education about the kia book on the knowledge and skills of posyandu cadres in the Nagasari Health Center Area of the Karawang Regency in 2022 when it came to detecting and treating postpartum emergencies.

A health education action or effort is one that teaches people, groups, or communities about health. The goal of health education for the public, groups, and individuals is to improve knowledge, which can then change how people act. There are three kinds of health education: teaching for one person, for a group, and for the whole community. Health education can be built on five levels of prevention: promoting health, special protection, early diagnosis and quick treatment, limiting disability, and rehabilitating people with disabilities. The health education described above uses group education, according to this research. The group in question is the squad. During emergencies after birth, it is the job of Posyandu workers to find problems early and give first aid. Cadres also keep an eye on how kids are growing and developing. If developmental disorders are found, parents or caregivers are shown how to help children grow and develop, and any developmental disorders in children are reported to health workers at the Puskesmas. According to the results of talks with cadres, not all posyandu cadres know how to spot postpartum emergencies early and give first aid. So far, most of the exams have been done by midwives. This is because there is only one posyandu pilot that has taught cadres (18).

Cadre skills increased as a result of the cadres acquiring the necessary knowledge, developing the habit of independently exploring knowledge, and demonstrating the ability to apply knowledge. In this study,

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the application of skills is developed through continuous instruction. For instance, once the cadres have completed the module, they will be equipped with the skills necessary to conduct activities using the MATERNAL AND CHILD handbook accurately, such as how to read the material, deliver the material, complete the KMS, etc (19).

In pre-training skills, many cadres continue to make errors when using the Maternal And Child manual for early detection and first aid during perinatal emergencies. There is an increase in skill scores for cadres in using the Maternal And Child handbook for early detection and first aid in postpartum emergencies following the training. In accordance with the findings of (20), the simulation group scores were higher than the conventional group values of 12 and 7 points, suggesting that the simulation method is more effective than the conventional method for enhancing the skills of cadres companions regarding eating a variety of 9 foods. Notably, the simulation technique is a cooperative learning technique.

According to the findings of the researchers' observations made while delivering health education, the participants appeared to be very enthusiastic about participating. Participants appear to be alert and in high spirits. Participants also attempted to utilize the Maternal And Child compendium for early detection and first aid during postpartum emergencies. According to Table 4, the number of cadres included in the expert category increased to 22 (73.3%) after receiving health education. (21) discovered that training increased the community counseling skills of cadre by 53.3%. According to (22,23), skill training is the primary activity during the implementation phase of a health program. As long as the implementation of the training seeks to build and maintain the behavior that is essential to the continuation of the program, the training will result in the acquisition of skills.

CONCLUSION

Prior to receiving health education, the description of posyandu cadres' knowledge in performing detection and first aid in postpartum emergencies is 1.77 (less) and the SD value is 0.430, while the description of posyandu cadres' skills in performing detection and first aid in postpartum emergencies is 1.73 (unskilled) and the SD value is 0.450. After receiving health education, Posyandu cadres' knowledge in detecting and providing first aid in postpartum emergencies is 1.30 (Good) and the SD value is 0.466, while their skills in detecting and providing first aid in postpartum emergencies are 1.23 (skilled) and the SD value is 0.430. The Wilcoxon test results indicate an effect with a significance level of (0.000 0.05). This indicates that Ho is rejected and Ha is accepted, indicating that statistically, the respondents have the influence of health education about the kia book on the knowledge and skills of posyandu cadres in conducting detection and first aid during postpartum emergencies in the Nagasari Health Center Area of the Karawang Regency in 2022.

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