



THE EFFECT OF COMMUNITY SUPPORT EDUCATION IN INCREASING LEADERS' CADRE KNOWLEDGE AND ATTITUDE ON POSBINDU NON COMMUNICABLE DISEASES IN 2020

Sila Dewi Anggreni^{1*}, Defia Roza²

^{1,2} Poltekkes Kemenkes Padang

*Corresponding author .e-mail : Siladewi70@gmail.com

ABSTRACT

Efforts to control non-communicable diseases require community empowerment and participation in a promotive and preventive manner, including the formation of Integrated post for non-communicable diseases (posbindu) cadres. Various studies have shown that the activeness of cadres is proven to affect the success of NCDS posbindu activities. Therefore, a strategy is needed to increase the activity of posbindu cadres in controlling non-communicable diseases. This study aims to determine the effect of the support of community leaders in increasing knowledge and attitude of cadres in non-communicable diseases posbindu. This research was carried out at the Nanggalo Padang Health Center on July - November 2020. This research is a Pre-experimental study with the design of One Group Pre-test-Post Test with the treatment of providing education and support from community leaders. The activeness of cadres was assessed using a knowledge and attitude questionnaire. The population and sample in this study were posbindu cadres who were taken by purposive sampling technique as many as 19 people. The results showed that the average knowledge and attitude before being given education was 57.21 and 55.68. After being given education, the average knowledge and attitudes were 85.84 and 73.16. Meanwhile, the paired t-test showed that there was an effect of educational support from community leaders on increasing the knowledge and attitude of cadres in posbindu with a p value of 0.001 and 0,001. It is hoped that health services can involve community leaders to provide support for posbindu cadres in controlling non-communicable diseases.

Keywords : Attitude, cadres, community leaders, Knowledge, posbindu non-communicable disease

INTRODUCTION

Changes in human lifestyle due to urbanization, modernization, and globalization have led to an increase in the number of Non-Communicable Diseases (NCDs). Non-communicable diseases have now become the leading cause of death globally [14]. Global status report on NCD World Health Organization (WHO) in 2010 reported 60% of the causes of death of all ages in the world are due to NCDS and 4% died before the age of 70 years. All deaths due to NCDs occur in people aged less than 60 years, 29% in developing countries, while in developed countries it is 13% [15].

According to the World Health Organization (WHO), deaths from non-communicable diseases (NCDs) are expected to continue to increase worldwide, with the greatest increase occurring in middle and poor countries. More than two thirds (70%) of the

global population will die from non-communicable diseases such as cancer, heart disease, stroke and diabetes. In total, it is predicted that by 2030 there will be 52 million deaths per year due to non-communicable diseases, an increase of 9 million from 38 million at present. On the other hand, deaths from infectious diseases such as malaria, tuberculosis or other infectious diseases will decrease, from 18 million people today to 16.5 million people in 2030 [5]. In 2013, the highest prevalence of NCDS in Indonesia was hypertension at 9.5% of the total population 15 years of 722,329 people. The second highest is COPD at 3.7% of the population 30 years as many as 508,330 people and followed by diabetes mellitus at 2.1% of the total population of 722,329 people [6].

WHO recommends the prevention of NCDs through three main components, namely risk factor surveillance, health promotion, and prevention through innovation and reform of



health care management. Control of NCDS in Indonesia itself is stated in the RI Law No. 36 of 2009 concerning non-communicable diseases which contains the efforts made in controlling non-communicable diseases, namely prevention, control, handling of the consequences caused by a disease. This effort aims to increase knowledge, public awareness, willingness to behave in a healthy manner and prevent NCDS and its complications [14].

Health development is an integral part of national development in realizing optimal public health status. In order to realize this, the direction of health development policies is set out in the 2015–2019 Medium Term Development Plan (RPJM) for the Health Sector, which refers to three important things, namely: Strengthening Primary Health Care (Primary Health Care), Application of the Service Sustainability Approach, and Health Risk-Based Interventions, in which these three things are an effort to empower the community [6].

One of the efforts to control risk factors for non-communicable diseases is through a forum called Posbindu NCDS (Integrated Development Post for Non-Communicable Diseases). Posbindu NCDS is a form of service that involves community participation through promotive-preventive efforts to detect and control early on the presence of NCDS risk factors in an integrated manner [8].

Community differences and increasing community participation are one of the effective and efficient NCDS control strategies. This can be done through the implementation of the NCDS Posbindu (Integrated Guidance Post). The Integrated Non-Communicable Diseases Development Post (Posbindu NCDS) is an activity for monitoring and early detection of integrated NCDS risk factors (heart and blood vessel disease, diabetes, acute obstructive pulmonary disease and cancer) as well as disorders due to accidents and acts of domestic violence managed by the community. through integrated coaching [3].

Posbindu NCDS is a form of community participation (community groups, organizations, industries, campuses, institutions, schools, etc.) in promotive and preventive efforts to detect and control the presence of risk factors for non-communicable diseases in an integrated manner

[5]. Research results [11]. Empowerment of cadres in health program activities will provide benefits, including ease of coordination and reduced costs of health programs in the UK.

Posbindu cadres are volunteers who are seen as having more abilities than other communities. They have a big contribution to the implementation of the Posbindu program. reported that the majority of cadres were able to carry out good communication in the implementation of posbindu for the elderly, this was because the cadres had been provided with the material through training and had experience [15]. There is a significant relationship between the ability to coordinate with the successful implementation of posbindu. This is different from the results of Nasrudin's research the lack of cadre initiative to invite the community to posbindu causes low posbindu visits [11].

The activity of cadres shows the service quality of posbindu cadres and community satisfaction with the services provided. (Nugraheni & Hartono, 2018) that the strategy for strengthening the posbindu program is the support of posbindu cadres by puskesmas officers and the Health Office to develop preventive and promotive programs; early detection or disease screening to be able to attract public interest in order to remain consistently present in the posbindu program [7].

The role and function of posbindu cadres is to implement NCDS risk factor control for the surrounding community through NCDS posbindu. Other functions are the coordinator of the implementation of the NCDS Posbindu, mobilizing the community to participate in the NCDS Posbindu, monitoring the measurement of NCDS risk factors, counselors for NCDS Posbindu participants, recording the results of NCDS Posbindu activities [13].

The behavior of a person visiting a health service is determined by three factors, namely predisposing factors (including knowledge, attitudes, beliefs, values, individual characteristics), enabling factors (including availability of health facilities, distance traveled, government law, skills related to health), and reinforcing factors (including family, peers, teachers, community leaders) [3]

Among these three factors, family support and community leaders are very important because they are reinforcing factors



for one's behavior. According to Trihardini the behavior of participating in the NCDS posbindu is very effective if it is supported by a good social situation[15]. Family, close friends, co- workers, and the surrounding environment are important components of forming a person's behavior in participating in health services in the NCDS Posbindu.

Community leaders are tasked with mobilizing the community to participate actively and support the available resources for the implementation of posbindu. A person's health behavior is determined by the presence or absence of support from the surrounding community. The leader of the group or community organization supports and plays an active role in posbindu activities in accordance with the interests and mission of the group or organization. The support provided, for example, is from religious leaders. These religious leaders can bridge between health program managers and the community [3]. Therefore, the activity of cadres can affect the success of NCDS posbindu activities accompanied by support from community leaders [16]. This study aims to determine the effect of education on the support of

community leaders in increasing knowledge and attitudes of cadres at NCDS Posbindu Activities

METHODS

This research was conducted in a pre-experimental design with a research design of One Group Pre-test-Post Test. This research was conducted in July – November 2020. The population in this study was posbindu cadres at the Nanggalo Padang Health Center with a sample of 19 people. The intervention provided was education using the lecture method, module and leaflet media about the support of community leaders. The evaluation in this study is the knowledge and attitudes of cadres in NCDS posbindu activities.

RESULTS

In this study, the test to determine the effect of education on the support of community leaders in increasing knowledge and attitudes of cadres in NCDS Posbindu activities used the paired t-test. The results obtained are as follows:

Table 1. Differences in the average knowledge of nurses before and after the intervention

Variable	Mean	Std. Deviation	95% CI		P value	
			lower	upper		
Knowledge						
- Pre-test	57,21	28,632	1,170	31,090	26,173	0,001
- Post-test	85,84					
Action						
- Pre-test	55,68	17,474	4,402	19,595	15,352	0,001
- Post-test	73,16					

Based on **Table 1.** It can be seen that there are differences in the average and standard deviation of respondents' knowledge before and after the intervention, namely 28.632 and 1.170 and the p-value is 0.001, it can be concluded that there are significant difference between knowledge before and after the intervention. Meanwhile It can be seen that there is a difference in the average and standard deviation of the attitudes of respondents before and after the intervention, namely 17.474 and 4.402 and the p-value is 0.001, it can be concluded that there are significant difference between attitudes before and after the intervention.

DISCUSSION

Based on research that has been carried out on NCDS Posbindu cadres at the Nanggalo Padang Health Center in 2020 with a total sample of 19 respondents who were given educational intervention. Based on the results of the statistical test with the Paired t-test, it shows that there is an effect of providing education on the support of community leaders in increasing knowledge and attitudes of cadres in Non-Communicable Diseases Posbindu Activities (NCDS). This significant change indicates that the provision of education for community leaders has an impact on the activity of cadres in posbindu activities. The impact is in the form of increasing knowledge and attitudes of cadres related to the NCDS posbindu activities.



Knowledge is the result of someone's observations or the results of knowing objects through their senses (eyes, nose, ears and so on) [9]. Behavior that is based on knowledge will be more lasting than behavior that is not based on knowledge [13]. Increased knowledge of cadres is influenced by several factors including education level, age, experience, and years of service [12].

Based on the results of research on NCDS Posbindu cadres at the Nanggalo Padang Health Center, it can be concluded that the average attitude before being given an intervention was 55.68 with the lowest score of 50 and the highest score of 62. The results of collecting a questionnaire about the attitude of cadres obtained data that before being given education by community leaders, the attitude of cadres is in the positive range as many as 9 people (47.4%) and as many as 10 people (52.6%) have a negative attitude. However, after being given education by community leaders, the range of cadres' attitudes became positive (100%).

Attitude is the reaction or response of someone who is still closed to a stimulus or object [9]. One social psychologist stated that attitude is a readiness or willingness to act and is not the implementation of certain motives. Attitude is a readiness to react to objects in a certain environment as an appreciation of the object. Attitude has a level based on intensity according to Notoatmodjo [9] consisting of accept, respond, appreciate, be responsible. Thurstone in Azwar [1] suggests attitude as the degree of positive affect or negative affect on a psychological object. Similar opinions were expressed by other psychologists such as Berkowitz. Berkowitz in Azwar [6] says that a person's attitude towards an object is a feeling of being supportive or partial (favorable) or feeling unsupportive or impartial (unfavorable) on the object.

In addition, attitude is a reflection of the cadre's perception of the tasks they carry out. The more positive the attitude of the cadre, the cadre has a positive perception of his duties so that he can carry it out well, namely enjoying his duties, not avoiding and avoiding. This condition will certainly improve the performance of NCDS Posbindu cadres.

CONCLUSION

Based on the results of research that has been conducted on the effect of education on the support of community leaders on increasing knowledge and attitudes of posbindu cadres, it can be concluded that education on the support of community leaders has an effect on knowledge and attitudes of cadres with the p values of the paired t test being 0.001 and 0.001. It is hoped that the health services of the Puskesmas can increase the knowledge and attitudes of the NCDS Posbindu Cadres so that they can increase the activeness of cadres in the implementation of NCDS Posbindu activities.

REFERENCES

- [1] Bratanegara, Alnidi Safarach, Mamat Lukman, & Nur Oktavia Hidayati. (2014). Gambaran dukungan keluarga terhadap pemanfaatan posbindu lansia di kelurahan karasak kota bandung <https://www.jurnal.unpad.ac.id/ejournal/article/viewFile/593/647>
- [2] Departemen Kesehatan RI. (2006). Pedoman Umum Pengelolaan Posyandu. Jakarta: Depkes RI.
- [3] Handayini, D. E. (2012). Pemanfaatan pos pembinaan terpadu oleh usia lanjut di kecamatan ciomas kabupaten bogor tahun 2012 dan faktor yang berhubungan <http://ejournal.upi.edu/index.php/JPKI/article/view/1185>
- [4] Hidayat, A. (2009). Metode penelitian keperawatan dan teknik analisis data. Jakarta: Salemba Medika
- [5] Kementerian Kesehatan RI, 2013. Buku Pintar Kader Penyelenggaraan Posbindu NCDS, seri 1. Jakarta, Direktorat Jenderal Pengendalian Penyakit Dan Penyehatan Lingkungan Direktorat Pengendalian Penyakit Tidak Menular Tahun 2013.
- [6] Kementerian Kesehatan RI. (2015). Pedoman umum & petunjuk teknis pos pembinaan terpadu penyakit tidak menular. Jakarta : Kemetrian Kesehatan RI
- [7] Lestari, dkk (2011). Beberapa Faktor yang Berperan terhadap Keaktifan



- Kunjungan Lansia ke Posyandu (Jurnal).
Jurnal Media Medika Indonesiana.
- [8] Mubarak, Wahit Iqbal & Chayatin Nurul. (2009). Ilmu keperawatan komunitas pengantar dan praktik. Jakarta: Salema Medika
- [9] Notoatmodjo, S. (2012). Metodologi penelitian kesehatan. Jakarta: Rika Cipta Nursalam. (2008). Konsep dan penerapan metodologi penelitian ilmu keperawatan. Jakarta: Salemba Medika.
- [10] Ochman. (2012). Memberdayakan lansia melalui Posbindu.
- [11] Purdiyani, Fauzia. 2016. Pemanfaatan Pos Pembinaan Terpadu Penyakit Tidak Menular (Posbindu NCDs) Oleh Wanita Lansia Dalam Rangka Mencegah Penyakit Tidak Menular Di Wilayah Kerja Puskesmas Cilongok 1. Jurnal Kesehatan Masyarakat (e-Journal) Fakultas Kesehatan Masyarakat Universitas Diponegoro.
- [12] Ratnawati. 2009. Penelitian Tindakan Dalam Bidang Pendidikan dan Sosial. Mojokerto, Bayu Media Publishing. Riskesdas, 2007. Badan Penelitian dan Pengembangan Kesehatan, Riset Kesehatan Dasar (RISKESDAS) 2007. Jakarta, Kementerian Kesehatan Republik Indonesia
- [13] Rosyid, dkk. (2009). Faktor-Faktor Yang Mempengaruhi Kunjungan Lansia Ke Posyandu Lansia Di Rw VII Kelurahan Wonokusumo Kecamatan Semampir Surabaya (Jurnal). Surabaya: Fakultas Ilmu Kesehatan Universitas Muhammadiyah Surabaya.
- [14] Sunartyasih, R., dan Brigita L., 2012, Hubungan Kendala Pelaksanaan Posbindu dengan Kehadiran Lansia di Posbindu RW 08 Kelurahan Palasari Kecamatan Cibiru Kota Bandung, Jurnal Sains, Teknologi, dan Kesehatan, Universitas Islam Bandung 3 (1)
- [15] Try Umayana, Haniek dan Hary Cahyati, Widya. (2014). Dukungan Keluarga Dan Tokoh Masyarakat Terhadap Keaktifan Penduduk Ke Posbindu Penyakit Tidak Menular (Jurnal). Semarang: Ilmu Kesehatan Masyarakat, Universitas Negeri Semarang.
- [16] Umayana, Haniek Try, dkk. 2015. Dukungan Keluarga Dan Tokoh Masyarakat Terhadap Keaktifan Penduduk Ke Posbindu Penyakit Tidak Menular. Jurnal Kesehatan Masyarakat. Jurusan Ilmu Kesehatan Masyarakat Universitas Negeri Semarang.