

RESEARCH ARTICLE

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Empowering Change Agents: Capacity Building for Health Cadres to Promote Adolescent Reproductive Health at The Tawangrejo Health Center Madiun City

Maria Oktaviani¹, Agung Suharto², Astin Nur Hanifah² and Heru Santosa Wahito Nugroho²

¹Tawangrejo Health Center Madiun City, Indonesia

²Departement of Midwifery, Poltekkes Kemenkes Surabaya, Indonesia

Corresponding author: Agung Suharto (e-mail: agung_suharto14@gmail.com)

ABSTRACT Adolescence is a development phase between childhood and adulthood, lasting between 12-21 years. Some of the problems faced by adolescents are closely related to reproductive health. Data at the Tawangrejo Health Center for adolescent pregnancy in 2020 were 6 cases. In 2021, there were 6 cases, and in the first semester of 2022, there were 4 cases. The research aimed to determine the capacity building for adolescent health cadres regarding adolescent reproductive health at the Tawangrejo Health Center. This type of research is analytical research with an experimental research design in the form of a Pre- Experiment "One Group Pre- Test – Post- Test". The research population was all adolescent health cadres who had never been trained in adolescent reproductive health. The research sample used a quota sampling of 21 adolescent health cadres. The variables studied were the knowledge and attitudes of adolescent health cadres regarding adolescent reproductive health. Data processing uses the Wilcoxon Signed Ranks test and the McNemar test. The results showed a relationship between the provision of adolescent reproductive health book training and the capacity building of adolescent health cadres. After being tested, the p-value <0,05 was found to be significant for the provision of training. This study concluded that health book training on adolescent health was efficient for increasing the capacity of youth health cadres on adolescent reproductive health.

INDEX TERMS adolescent; reproductive; cadres

I. INTRODUCTION

Adolescence is a period of storm and stress because adolescents experience many challenges from themselves (biopsychosocial factors) and the environment (environmental factors). Adolescents who cannot face these challenges can face various complex health problems due to risky behaviour(1). Several problems faced by adolescents are closely related to reproductive health. The problem is the low knowledge of adolescents about reproductive health. Adolescent problems related to reproductive health are often rooted in a lack of information, understanding and awareness to achieve reproductive health(2).

Women aged 20 - 24 who married before 18 in 2019 are estimated to reach around 1,220,900 people. This number puts Indonesia in the top 10 countries with the world's highest absolute child marriage rate. East Java is among the three provinces with the highest rate of child marriage in Indonesia. The number of child marriages in 2019 was 19,211 cases; in 2020, there were 9,453 marriage cases (3). According to data from the Madiun City Health, Population Control and Family Planning Office, there were 57 cases of teenage pregnancy in 2020, 66 cases in 2021 and 37 cases in the first semester of 2022. Data at the Tawangrejo Health Center for teenage pregnancy in 2020 were 6 cases. In 2021, there were 6 cases, and in the first semester of 2022, there were 4 cases.

One of the risk factors most associated with adolescent reproductive health is female marriage at a young age. It is necessary to provide communication, information, and education (IEC) on reproductive health to prepare for puberty and reproductive health. The reproductive health youth cadre is a forum for the Youth Health Post that facilitates understanding the ins and outs of adolescence during puberty aimed at students and adolescents in general(4).

Research by Saadah, with the title, efforts to form reproductive healthy youth cadres in preventing cervical cancer problem-solving methods, forming reproductive healthy adolescent cadres through approaches and outreach as well as training and inauguration to increase the knowledge and attitudes of adolescent. The results of the training before and after the reproductive health youth cadre training active (pre-test) good knowledge of 80% and attitude of 83,3%. The effect of training on reproductive health youth cadres was an increase in the average knowledge value of 7,833 and all training participants were in the good knowledge category of 80% (10).

Health cadres are human resources who have the potential to assist health workers in community empowerment to support the realization of a community that has healthy living behaviour. Health cadres who are around the community must have a high level of knowledge about health that occurs in the community to convey information in counseling(5). Providing comprehensive knowledge about sexual and reproductive health to adolescent health cadres is very much needed(6). According to L. Green's concept of behavior, one of the things that affects a person's health is a person's knowledge and attitude. Knowledge certainly plays an important role, because having good knowledge in health cadres will affect the attitude of cadres. Health cadres' knowledge about adolescent reproductive health contains two aspects, namely positive and negative aspects. These two aspects will ultimately determine the attitude of health cadres(7). This level of knowledge will later form a person's attitude towards something. Attitude is not yet an action or activity but is still a predisposition to the action of a behavior. A person's attitude will affect health behavior, a person's positive attitude will result in positive health behavior as well(8).

Adolescent Health Cadres are adolescent who are selected or voluntarily volunteered to participate in carrying out health service efforts for themselves, friends, family and society(9). So adolescent reproductive health information is a need that must be fulfilled by health workers and TRCs. One of the TRCs participation in health efforts is to foster healthy living habits in order to have the knowledge, attitudes and skills to implement the principles of healthy living(10).

General purpose of the research is known that the capacity building for the adolescent health cadres regarding adolescent reproductive health at the Tawangrejo Health Centre after being given training.

Through this research, it can make a good contribution to preventing adolescent reproductive problem through health cadres who play an active role in providing adolescent reproductive health counselling with the media of adolescent reproductive health pocketbooks.

II. RESEARCH METHODS

The method used in this research is analytic research with experimental research design in the form of Pre-Experiment "One Group Pre-Test - Post Test". The research location was in 4 villages of the Tawangrejo Health Center working area, in March 2023. The study population was adolescent health cadres who had not received training on adolescent reproductive health pocketbook. The sampling technique was quota sampling. Where the sample was taken from active cadres in each village, so that a sample of 21 cadres was found. The variables of this study are reproductive health pocketbook training as an independent variable and capacity building of adolescent health cadres including knowledge and attitudes as the dependent variable. Data collection techniques were carried out directly with questions in the form of questionnaires filled in by respondents. Data analysis processing using Wilcoxon Signed Rank Test and McNemar Test.

III. RESULTS

A. CHARACTERISTICS RESPONDENTS

TABLE 1.

Characteristics Respondents			
No	Characteristics	F	Percentage (%)
1	Gender		
	Male	13	61,9
	Female	8	38,1
	Summary	21	100
2	Age / year		
	<20	17	81
	21- 30	4	19
	Summary	21	100
3	Education		
	Junior High School	13	61,9
	Senior High School	8	38,1
	Summary	21	100
4	Work		
	Student	17	81
	Worker	4	19
	Summary	21	100
5	Old Cadres		
	1-5 year	16	76,2
	> 5 year	5	23,8
	Summary	21	100

From **TABLE 1** above, this data displays the characteristic of respondents according to gender, age, education, occupation and length of time as a cadre. Based on table 1, out of the 21

cadres, most of the 13 cadres were male (61,9%), 17 cadres were aged < 20 years (80,9%), and the education of the cadres was mostly junior high school 13 cadres (61,9%). Curently 17 cadres (80,9%) are still students, and the longest 1-5 years as cadres are 15 cadres (71,4%).

B. KNOWLEDGE CAPACITY of YOUTH HEALTH CADRE BEFORE and AFTER TRAINING on YOUTH REPRODUCTION HEALTH POCKETBOOK

Based on **FIGURE 1**, it can be seen the knowledge value of adolescent health cadres before and after being given training on adolescent reproductive health pocketbook.

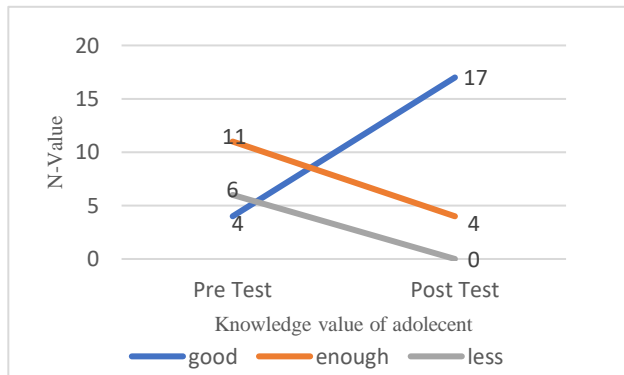


FIGURE 1. Knowledge Capacity of Adolescent Health Cadres Before and After Training on Adolescent Reproductive Health Pocketbook at Tawangrejo Health Center in 2023

Based on **FIGURE 1**, it can be seen the value of cadres' knowledge before being given the youth health pocketbook training, 4 cadres who had good knowledge (19%), 11 cadres had enough knowledge (52,3%), 6 cadres had less knowledge (28,7%). After being given the youth health pocketbook training, 17 cadres (81%) had good knowledge, 4 cadres (19%) had enough knowledge, 0 cadres had less knowledge.

C. ATTITUDE CAPACITY of YOUTH HEALTH CADRE BEFORE and AFTER TRAINING on YOUTH REPRODUCTION HEALTH POCKETBOOK

Based on **FIGURE 2**, it can be seen the attitude value of adolescent health cadres before and after being given training on adolescent reproductive health pocketbook.

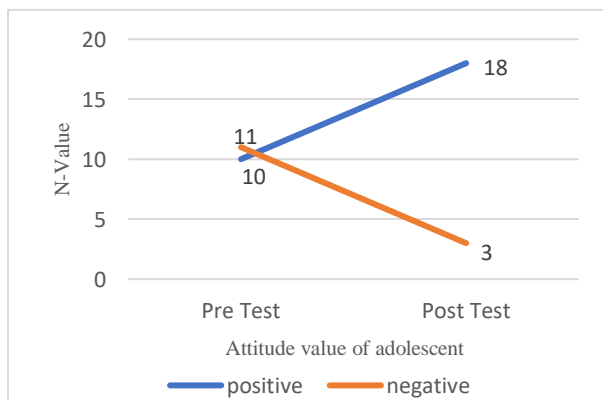


FIGURE 2. Attitude Capacity of Adolescent Health Cadres Before and After Training on Adolescent Reproductive Health Pocketbook at Tawangrejo Health Center in 2023

In this study the attitude of cadres was divided into 2 categories, namely positive and negative, which was known from 21 cadres before being given training in the adolescent reproductive health pocketbook in the positive category as 10 cadres (52,3%), and in the negative category 11 cadres (47,7%). After being given training on the adolescent reproductive health pocketbook, 18 cadres (85,7%) had a positive attitude, and 3 cadres (14,2%) had a negative attitude.

D IMPROVEMENT of KNOWLEDGE CAPACITY and ATTITUDE of YOUTH HEALTH CADRE through TRAINING of YOUTH REPRODUCTION HEALTH POCKETBOOK

To determine the difference in knowledge capacity and attitude of adolescent health cadres before and after training on adolescent reproductive health pocketbook, an analysis was conducted using the Wilcoxon Signed Rank Test and McNemar Test. For more details can be seen in **TABLE 2**

TABLE 2.

Results of Analysis of Increased Capacity of Cadres Before and After Training of Adolescent Reproductive Health Pocketbook at Tawangrejo Health Center in 2023

No	Variabel	Significance	Information
1	Pretest – post test of knowledge	0,000 (p<0,05)	Significan
2	Pretest – post test of attitude	0,039 (p<0,05)	Significan

IV. DISCUSSION

Knowledge is influenced by many factors, including age, education, occupation. The higher a person's education, the easier it is for that person to receive information(11). Posyandu cadres who were respondent in this study were dominated by cadres aged < 20 years. This reinforced which proves that age can affect the activity of posyandu cadres in carrying out their duties. The older they get; the cadres will be more active in their activities. However, it should also be noted that age that is too old can reduce the performance and activity of cadres as a results of increasingly weak physical and health conditions(12). The education of the most cadres' cadres was junior high school, namely 13 cadres (61,9%). Cadres' education can affect the knowledge and skill cadres. The higher a person's education, the easier it is for that person to receive information(13). With higher education, a person will tend to get good information from other people and the mass media. Someone with high education, the wider the knowledge they have(14).

The lack of capacity can occur due to the lack of knowledge and experience of the respondents as cadres, most of whom are still 1-5 years old. Experience greatly influences one's

knowledge in carrying out actions, because experience will be more profound and make an impression on one's memory(15). This states that the length of time being a cadre is significantly related to the skills of cadres before being given training(16).

Based on the results of the research, it can be seen that prior to training at cadres on the pocketbook on adolescent reproductive health, 6 cadres (28,7%) had knowledge in the less knowledge category. This shows that there are still cadres who do not understand about adolescent reproductive health. After being given training on the adolescent reproductive pocketbook, there was an increase from only 4 cadre with good knowledge to 17 cadres (80,9%). Thus research is in line with states that providing information through training can increase the knowledge of cadres with a p value <0,05(17)

One strategy for behaviour change is to provide information to increase knowledge so that awareness arises that eventually people will behave according to that knowledge(18).

Attitude of 10 cadres (47,6%) had a negative attitude. This shows that there are still many cadres who have a negative attitude towards adolescent reproductive health. Factors that influence attitudes include: personal experience, the influence of other people, cultural influences, mass media, educational institutions(19). Negative attitude can occur due to the lack of knowledge and experience of respondents as cadres, most of whom are still 1-5 years old. Experience greatly influences someone in carrying out actions, because experience will be more profound and make an impression on one's memory. That states the length of time being a cadre is related to the attitude of cadres before being given training(20). After training on adolescent reproductive health pocketbook using lecture, discussion and demonstration methods, the number of respondents who had a positive attitude increase to 18 cadres (85,7%).

Knowledge is analysis using the Wilcoxon test, it showed that there were differences in knowledge before and after given training on the adolescent reproductive health pocketbook at the Tawangrejo Health Center. This can be seen from the value of $p=0,000(p<0,05)$, so it can be concluded that the hypothesis is accepted meaning that there are differences in the knowledge capacity of posyandu cadres before and after training in the adolescent reproductive health pocketbook.

Knowledge is the initial stage for someone to do something and knowledge of what will be done makes someone know the next step that must be done. Knowledge of the cadres is very important because it can affect the performance of the cadres on adolescent reproductive health(21). One of the conditions that affect knowledge is age, health education and lack of knowledge or information. Someone who has more sources of information will have broader knowledge(22). Training is an activity to learn skills and knowledge in a certain field, which are deliberately given through a more systematic and organized procedure to achieve effective and efficient work(23).

Increase attitudes capacity using analysis the McNemar test, it shows that there are differences in attitude before and after being given training on the adolescent reproductive health pocketbook at the Tawangrejo Health Center. This can be seen from the value of $p=0,039(p<0,05)$, so it can be concluded that the hypothesis is accepted meaning that there are differences in the attitude capacity of posyandu cadres before and after the adolescent reproductive health pocketbook training. This research is in accordance which states that prior to the cadres training, 70% had less knowledge and 93,3% less attitude, after training 80% had good knowledge and 83,3% good attitude. The effect of training on cadres was an the average value of knowledge by 7,83% and the attitude in the good category increased by an average of 10,5%(24).

This is accordance which states that a person's attitude can change by obtaining information about certain objects, through persuasion and pressure from social groups(23). Through on this pocketbook on adolescent reproductive health, the cadres attitude towards adolescent reproductive health can be better, so that the cadres can set an example for its members to care more about adolescent reproductive health(25).

Increase knowledge of cadres after training could occur if the material presented is easily understood by the cadres. In this training, the methods used were lecture and question and answer. Cadres seemed very enthusiastic about the material presented, many of the cadres' asked question about adolescent reproductive health. In addition to the lecture and question and answer method, the knowledge of the respondent was also improved by discussion, so that the cadres understood more about adolescent reproductive health and their knowledge also increased. So through this training, it is hoped that the cadres will be more enthusiastic and confident to provide with reproductive health pocketbook media to its members so that adolescent reproductive health problems can be reduced(15).

V. CONCLUSION

Based on the results and discussion of research on increasing the capacity of adolescent health cadres on adolescent reproductive health at Tawangrejo Health Center, it can be concluded that the knowledge capacity and attitude of adolescent health cadres on adolescent reproductive health at Tawangrejo Health Center showed a significant increase after being given training on adolescent reproductive health pocketbook.

It is expected that adolescent health cadres are more eager to increase the capacity of adolescent health cadres on adolescent reproductive health so that adolescent reproductive problems can be reduced with the participation on the cadres.

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