IMPROVEMENT OF DASA WISMA CADRE'S PERFORMANCE THROUGH THE USED OF CADRE'S HANDBOOK

A case Study at Central Java Province

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ABSTRAK

Penelitian terhadap manfaat penggunaan Buku Panduan Kader Dasa Wisma telah dilakukan di Kabupaten Demak dan Kabupaten Klaten Propinsi Jawa Tengah.

Hasil penelitian menunjukkan bahwa tingkat pengetahuan kader Dasa Wisma di bidang kesehatan ibu dan anak yang terdiri dari pengetahuan tentang kesehatan ibu, kesehatan anak, keluarga berencana dan kesehatan lingkungan di desa yang menggunakan Buku Panduan berbeda secara bermakna dibandingkan tingkat pengetahuan kader di daerah kontrol. Kader Dasa Wisma di daerah yang menggunakan Buku Panduan lebih giat dalam penemuan dan rujukan kasus ibu dan anak. Buku Panduan tersebut juga digunakan oleh kader sebagai bahan acuan utama untuk memberikan penyuluhan kepada keluarga di wilayahnya.

Walaupun pengaruh dari proses maturasi, latar belakang sosial budaya, faktor komunikasi dan lingkungan tidak dapat diabaikan, dapat disimpulkan bahwa Buku Panduan telah bermanfaat dalam peningkatan pengetahuan kader dan kegiatan kader dibidang kesehatan ibu dan anak.

Key words : Mannual, Performance Development

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I. BACK GROUND

The progress of health development in Central Java Province is a result of close cooperation between health sector and non heath sectors. The role of non health sector is characterized in community participation through their activity such as village community health development.

The most active community participation is conducted by Family Welfare Movement or P.K.K., an abbreviation of Pembinaan Kesejahteraan Keluarga, is a national grassroots level and woman movement that work directly with people in urban and rural areas for the purpose of alleviating poverty and to achieve a better standard of living for every family. The main activities of PKK conducted by PKK ". motivating team, or "TP. PKK".

At village level the activity of PKK is operated through "Dasa Wisma", literally meaning ten household. This is an organized grouping system of family household in each neighborhood. of which each group consist of 10 - 20 families, depending on local geographical conditions and population density. Each "Dasa Wisma" is lead by a Cadre called "Dasa Wisma" Cadre. The main activity of "Dasa Wisma" Cadre are : motivating family to visit Village Integrated Health Post or Health Center; giving health related information to family and conducting health education.

In order to strengthen the Dasa Wisma activities, a manual called "Buku Panduan Kader Dasa Wisma" has been developed and introduced at two district, Demak and Klaten. A number of 2500 cadres have been trained to used this handbook.

The contents of this handbook are about the basic knowledge of Maternal and Child health programs, such as healthy pregnancy, immunization, diarrhea and acute respiratory infection prevention and

treatment, and family planning. The purpose of this handbook is to improve the knowledge of cadres regarding Maternal and Child Health and to improve the ability of cadre in early detection of disease or abnormality among family and to refer them at once. (Arifin A. 1992).

2. Objective of the Study

The general objective of the study is to find out the Dasa Wisma cadre's performance after using handbook. And the specific objective are : 1. to know cadre's knowledge or understanding of handbook's contents. 2. to know how cadres use the handbook, and 3. to find out cadres activities regarding detection and referral maternal and child case.

3. Method of the Study

This study is a quasi experimental study, randomized post test only control group design, (Pratikna AW, 1986). Which is intended to find out the usefulness of Dasa Wisma Handbook which has been given to cadres at study area in the year of 1992 - 1993, in comparing to cadres without using handbook at control area. The study was conducted at Demak and Klaten in fiscal year 1995/1996.

Sample was selected by using Multi stages stratified random sampling method. In this case, 10% of total villages at project area (treatment area) and 105 of cadres at selected villages were chosen randomly. As control areas, the same number of villages and cadres were selected randomly among non project area.

Totally, 30 cadres from 5 villages at treatment areas and the same number at control areas in those two district were selected, as shown in table 1. below :

Table 1. **Number of cadre selected from each area**

District	Health Center	treat. vill.	No. cadre	control vill.	No. Cadre
Klaten	Jatinom	Bonyokan	8	Puluhan	8
	Karangnongko	Kadilayi	7	Jetis	7
	Prambanan	Randusari	7	Kemudo	7
Demak	Karang Tengah	Karangtowo	5	Ngawen	5
	Karangawen	Pundenarum	3	Karangawen	3
			$\Sigma = 30$		$\Sigma = 30$

Data were collected using questioner by inteviews, to find out the variable characteristic of cadres and the understanding of handbook's contents. The questionneeires for cadres consist of 15 questions about cadre characteristic, and 25 questions related to the understansing of the handbook contents such as : knowledge about family planning and antenatal care and child health (nutrition, immunization, growth and development).

Data were analyzed by descriptive, and the data of knowledge is scored by using cut of point such as : < 65 consider is sufficient, 66 to 80 is good and > 80 is very good. The comparison between one treatment group and one control group is test by using Chi-Square test. The different of knowledge or understanding of handbook content between treatment group and control group is tested by t-test formula, (Sharma Subhash, 1996).

II. RESULTS

II. 1. Cadres' characteristic

II. 1. 1. Age

Age distribution of cadre is vary at treatment area as well as control area. The youngest age is less than 25 years old and the oldest is

more than 41 years old. Data on table 3 shown the sustainability of the regeneration of cadre.

Table 3. **Cadres' age distribution**

No	Age	Treatment		Control	
		Freq.	%	Freq.	%
1.	< 25	2	6.7	4	13.3
2.	26 — 30	14	46.7	6	20.1
3.	31 — 35	7	23.3	7	23.3
4.	36 — 40	3	10.0	7	23.3
5.	> 40	4	13.3	6	20.0
	Total	30	100.0	30	100.0

II. 1. 2. Education

There is no different of cadres' education level between treatment and control as shown in this table. The Cho-square calculation shown that X^2 value is : 1.714 with p value at : 0.42 ($p > 0.05$)

Table 4. **Cadres' educational distribution**

No.	Score	Treatment	Control
1.	Primary school	9	9
2.	Junior high school	9	5
3.	Senior high school	12	16
	Total	30	30

II. 1. 3. Cadres' occupation

The data showed that most of the cadres' occupation is household wife either at treatment area or at control area. Others occupation are : government employees or farmers and home industries. Statistically there

is no different in occupational type betweem cadres' at treatment area and control area The X^2 value is : 0.073 and the p value is : 0.79 (p >0.05).

Table 5. **Cadres' occupation distribution**

No.	Score	treatment	control
1.	Household wife	19	20
2.	Not household wife	11	10
	- *farmers*	*1*	*1*
	- *business*	*4*	*0*
	- *industry*	*0*	*2*
	- *others*	*1*	*0*
	- *govt. employee*	*5*	*7*
	Total	30	30

II. 1. 4. Duration of being a cadre

Duration being a cadre at treatment area and control area is shown in table 5. Chi-square calculation shown there is no different among those area. The X^2 value is : 0.267 and the p value is : 0.61 (p > 0.05).

Table 6. **Duration being a cadre**

No.	Duration	treatment	ontrol
1.	< = 3 years	14	16
2.	> = 3 years	16	14
Total		30	30

II. 2. The usefulness of the handbook for cadre at treatment area

Cadres at treatment area claimed that the handbook is very useful for them. The reason are that the handbook is used for improving their

knowledge (80.0%) ; is used as a guidance for health education of the community (100.0%) and as a guidance for referring cases (53.3%), as shown at table 7.

Table 7. **The usefulness of the handbook**

No.	Usefulness	Yes		No		Total	
		Freq.	%	Freq.	%	Freq.	%
1.	Improving knowledge	24	80.0	6	20.0	30	100.0
2.	Guidance for health education	30	100.0	0	0.0	30	100.0
3.	Guidance for referring cases	16	53.3	14	46.6	30	100.0

Even though they may have another source of information, the cadres use this handbook as the main guidance for health education. All respondence said that they always use this handbook whenever they conduct health education at Integrated Health Post. Most of them (66.7%) used the handbook at least one a month, as shown in table 8.

Table 8. **The used of the handbook by cadre at treatment area**

Used for	Frequency	Percentage
Guidance for healt education	30	100%
1 time / month	*20*	*66.7*
2 time / month	*4*	*13.3*
3 time / month	*6*	*20.0*
	30	100%

The health education is conducted mostly in the monthly group meeting or home visit (56.7%). Another way of health education are by giving face to face information (6.7%), or doing both group and face to face education (36.7%), as shown in table 9.

Table 9. **Method of Health education by cadre at treatment area**

No.	Method of H.E.	Freq.	Percentage
1.	Face to Face education	2	6.7 %
2.	Group / home visit	17	56.7 %
3.	Both	11	36.7 %
	Total	30	100.0 %

Beside the cadres, in fact the handbook also is used by other persons for increasing their knowledge regarding maternal and child health. They are Village official : integrated health post managers, members of Family Welfare Movement (50.0%) as well as the family members of the cadres, such as their husbands and sons or daughters (23.3%).

Table 10. **Additional handbook reader**

No.	Additional reader	Freq.	Percentage
1.	Family : husband, son or daughter	7	23.3 %
2.	Others : village official, integrated post members, TP-PKK members	15	50.0 %
3.	Family + others	7	23.3 %
4.	No one	1	3.3
	Total	30	100.0 %

By having the knowledge from the handbook, the ability of cadres to find Maternal and child cases or abnormality among pregnant women, baby or children is increase at treatment area. They usually refer those cases to the health personnel or to the health center. All cases which is referred and the reply from health center is recorded properly. Most of the cadres (56.7%) referred under five years old children cases, as shown in table 11. While at control are no data about case detected or case referred by cadre.

Table 11. **Number of cadre who refers case and group of case at treatment area**

No.	group of case	ever	never	Total
1.	Pregnant women	12 40.0 %	18 60.0 %	30 100.0 %
2.	Baby	14 46.7 %	16 53.3 %	30 100.0 %
3.	Children under five years	17 56.7 %	13 43.3 %	30 100.0 %
4.	Reproductive age women	13 43.3 %	17 56.7 %	30 100.0 %
5.	Lactating mother	14 46.7 %	16 53.3 %	30 100.0 %

II. 3. Cadres' knowledge or understanding

II. 3. 1. Undertanding of maternal health.

Table 12 below. shows a very significant different between treatment group compare to control group. Treatment group tend to have very good score (86.6%), while control group tend to have sufficient score (50.0%). The average score of treatment group is 90.8 and the average score of control group is 72.1. Signifcant test of these two scores shown the different of them with t value is 5.65 and p value is 0.00 ($p < 0.05$).

Table 12. **Understanding of maternal health**

No.	Score	Treatment		Control	
		Freq.	%	Freq.	%
1.	Very good (> 80)	26	86.7	9	30.0
2.	Good (66 - 80)	3	10.0	6	20.0
3.	Sufficient (< 65)	1	3.0	15	50.0
	Total	30	100.0	30	100.0

II. 3. 2. Understanding of child health

All the cadres at treatment area have very good score in their knowledge regarding child health (100.0%). while at control area, 73.6% cadres have very good score. 13.3% have good score and 13.3% have sufficient score. Significant test of these scores shown the different of them with t value is 2.37 and p value is 0.02. as shown in table 13 below :

Table 13. **Understanding of child health**

No.	Score	Treatment		Control	
		Freq.	%	Freq.	%
1.	Very good (> 80)	30	100.0	22	73.6
2.	Good (66 - 80)	0	0.0	4	13.3
3.	Sufficient (< 65)	0	0.0	4	13.3
	Total	30	100.0	30	100.0

II. 3. 3. Understanding about family planning

The score differences in concerning their understanding about family planning is shown in table 14. The cadres at treatment area tend to have very good score (53.5%) and good score (43.3%), while the cadres at control area tend to have score very good only 33.3%; good score 36.7% and sufficient score 30%. Significant test of these scores shown the different of them with t value is 2.73 and p value is 0.01 ($p < 0.05$).

Table 14. **Understanding about family planning**

No.	Score	Treatment		Control	
		Freq.	%	Freq.	%
1.	Very good (> 80)	16	53.6	10	33.3
2.	Good (66 - 80)	13	43.3	11	36.7
3.	Sufficient (. < 65)	1	3.3	9	30.0
	Total	30	100.0	30	100.0

II. 3. 4. Average understanding score of all item.

Table 15, shows the sognificant different of average score of understanding for all item between treatment and control group. These score differences are in the field of maternal health; child health; environmental health and family planning. The biggest different is in the understanding of maternal health.

The average score for the whole item for treatment group is 91.1 and the average score of control group is 78.9 Significant test of average shown the different of them with the t value is 4.51 and p value is 0.00 ($p < 0.05$).

Table 15. **Average score of understanding among treatment and control group.**

No	Subject	Treatment	Control
1.	Maternal Health	90.8 t : 5.65	72.1 p : 0.00
2.	Child Health	92.0 t : 2.37	83.9 p : 0.02
3.	Environmental Health and Family Planning	87.5 t : 2.73	73.3 p : 0.01

III. DISCUSSION

The objective of health development is to encourage the family and the community to be able to help them self in order to have a better health. Therefore community participation in health sector is very important (Depkes. 1994). Family Welfare Movement with its Dasa Wisma Cadre at village level is a very important partner for conducting health education to the community and for motivating community toward better health behavior, particularly in the rural area

where health facilities is limited. The "Dasa Wisma" is a grassroots level of PKK group consist of 10 to 20 household.This group is coordinated by one cadre of "Dasa Wisma". The main role of this cadre is to communicate and to cooperate with the local community (Family Welfare Movement-Unicef, 1992).

The knowledge of cadre concerning health especially in Maternal and Child Health is essential. In this case, the educational level of cadres can be considered as one of determinant factor (Ken Suratiyah, 1991; Arifin A, 1995). This study shows that the characteristic of cadres such as age; educational level, occupation and as duration of being cadre are not significant different between treatment areas and control areas. This mean that those variables are not considered as the confounding factors to the used of handbook.

The availability of the handbook is very helpful for improving cadre knowledge and as a guidance in conducting health education as well as a guidance in referring cases. They use the handbook at least once a month either for personal or group health education or both. This handbook also read by village officer, other PKK team members, cadres' husbands and sons or daughters. It is meant this handbook can be recommended to use for community education to educate community.

The score of treatment group for each item or subject related to MCH has shown a significant different. The biggest different is in the average score of treatment group which is higher than the control group (treatment group score is 91.1 while control group score is 76.4. This result shown that the Dasa Wisma handbook is very useful in improving cadre knowledge or understanding of cadres. Without denying the influence of maturation process of development, cultural background, communication factor, and environmental factor.

Knowledge power can be used to manipulate others (Robin, Stephen P. 1993) In this case the improving of cadres' knowledge can contribute to encourage family and community toward better health.

Therefore it is suggested to expand the used of handbook by "Dasa Wisma" cadres in order to facilitate maternal and child health of the community at other districts.

IV. CONCLUSION AND RECOMMENDATION

A. Conclusion

1. The Dasa Wisma handbook is very useful for Improving cadre knowledge and understanding of Maternal and Child Health and increase the ability of cadres in early detection of health problem or abnormality of mother and child as well as for referring case.
2. The handbook is used as a guidance in conducting personal and group health education. And this handbook also read by other person such as : village officer, members of PKK, cadres' husbands and sons or daughters.
3. The improvement of Dasa Wisma Cadres' knowledge can contribute to encourage family and community to be able to help them self in order to have a better health.

B. Recommendation

1. The content of the handbook may be developed by more information and visualization.
2. This handbook should be distributes to other area in order to accelerate the Maternal and Child Health of the community.
3. For maintaining the cadres motivation and strengthening their activity, it is necessary to conduct a refreshing course or a retraining every 2-3 years.

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