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Research Article

Training: Priority Analysis of Health Problems and Activity Intervention Priorities for Village Apparatus in the Work Area of the Benteng Health Center

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Abstract

Establishing Priorities in population health issues and determining priorities in the intervention programs implemented are important given the limitations of HR and financial resources. Health problems must be addressed inclusively, that is, together with relevant agencies. This study aims to look at the effect of health education on prioritizing health issues and their interventions on the knowledge of village officials. This research was conducted in Pangkalan Baru District. The research sample used was 30 people. The method used is pre-experimental design with one group pre-test post-test design. Data collection using a questionnaire. The data analysis technique uses the Wilcoxon technique. The results showed that the knowledge of the Village Apparatus before being given health education with an average value of 74.21 and after being given health education became 91.3%. Hypothesis test results with an error rate of 0.05 obtained p value <0.05 means that there are significant differences from the knowledge of the Village Apparatus after and before the training

Keywords: Health, Problem, Intervention

INTRODUCTION

Health development is always inseparable from the problem of limited resources such as human resources, facilities and funds.[1,2] Therefore, in preparing activities that will be carried out at the initial planning stage of activities to overcome various health problems, it is necessary to prioritize to answer the question: what health problems or diseases need to be prioritized in the health program.[3,4] Furthermore, when it has been determined that health problems or types of diseases are prioritized to be overcome, the next question is what types/forms of intervention need to be prioritized so that the programs carried out can be achieved effectively and efficiently.[5–7]

The Village Law has placed the village as the spearhead of development and improvement of community welfare. Villages are given the authority and adequate sources of funds in order to manage their potential in order to improve the economy and community welfare. Every year the Central Government has budgeted a Village Fund which is large enough to be given to the Village. In 2015, the Village Fund was budgeted at IDR 20.7 trillion, with an average allocation of IDR 280 million for each village. In 2016, the Village Fund increased to IDR 46.98 trillion with an average of IDR 628 million per village and in 2017 it increased again to IDR 60 trillion with an average of IDR 800 million per village. The Village Fund is calculated based on the number of Villages and allocated by taking into account the population, poverty rate, area and geographical difficulty level.[8–10]

The Village Fund is used to fund the overall authority of the village to support priority village development programs and community empowerment. Village community empowerment as referred to is carried out by: Encouraging community participation in Village planning and development which is carried out independently by the Village, Developing Village development programs and activities in a sustainable manner as well as Supervising and monitoring the implementation of village government and village development carried out participatively by the Village Community.[11–13]

The plans for implementing village governance, implementing development, community development, and empowering village communities are further discussed in village meetings attended by the Village Government, BPD and community components, in which the Village Budget will be evaluated by the head of the Regency/City Region which will then become a Village Regulation. The latter which is then submitted to the provincial health office.[14,15]

In solving village problems in the health sector, village officials are needed who care and have basic knowledge of public health so that the plans prepared annually can become quality documents aimed at improving the health status of rural communities.[16,17]

This study focuses more on improving the capacity of village officials in determining health development priorities in their villages where they have the authority and budget from the Village Fund so that health development in the village can be

programmed quickly on target.

MATERIALS AND METHODS

This research is quantitative in nature, where the research design uses a pre-experimental design method with one group pre-test post-test design because there is no random assignment to research subjects. Random assignment is a random selection of research participants who will be assigned to different groups, such as the experimental group and the control group. This research was conducted in 3 villages in the working area of the Benteng Health Center, namely Tanjung Gunung Village, Benteng Village and Batu Belobang Village, Central Bangka Regency. This research was carried out from August to November 2018. The research population is the Village Apparatus consisting of the Village Head, Village Secretary, Head of Affairs, Hamlet Head and Village Office Staff in the working area of Benteng Health Center namely Tanjung Gunung Village, Benteng Village Batu Village Belobang, Mangkol Village and Pedindang Village. The sampling technique was purposive sampling. The research instrument used to collect data in this study was a questionnaire. The questionnaire used consisted of a questionnaire about the demographic data of respondents and a questionnaire about the knowledge of the Village Apparatus about public health problems. Before conducting the intervention, the researcher determined the topic of Priority Determination of Health Problems and Activity Interventions with the target of the Village Apparatus for 60 minutes. Data analysis using the Wicoxon test.

RESULT

Table 1. Frequency distribution of respondents based on their characteristics

Characteristics		n	%
Gender	Male	18	62.1
	Female	11	37.9
Age Group	>46 years old	14	48.3
	36 – 45 years old	8	27.6
	>46 years old	7	24.1
Working period	< 5 years	10	34.5
	6 – 15 years	12	41.4
	>15 years	7	24.1
Education	Elementary School	2	6.9
	Junior High School	2	6.9
	High School	23	79.3
	College	2	6.9

Table 1 shows that of the 29 respondents the majority were male as many as 18 people (62%). The age of the majority of respondents ranged from 20 to 35 years (48%). The working period is 6-15 years with the majority of respondents' education level is high school, namely 23 people (79%).

Table 2. Data normality test

Variable	p-value
Knowledge pretest	0.319
Knowledge posttest	0.043

Based on the results of the normality test above, it can be concluded that the data after the intervention was not normally distributed because p < 0.05 while the data before the intervention was normally distributed p > 0.05. The conclusion is that this study cannot use the paired t test analysis but uses the Wilcoxon test.

Table 4. Comparison of Knowledge of Village Apparatus Before and After Training

Knowledge		Mean±SD	p-value
Health policy	Pre-test	6.03±1.239	0.000
	Post-test	7.90±0.860	
Prioritizing Health Problems	Pre-test	5.48±0.949	0.000
	Post-test	6.59±0.568	
Health Problems Intervention	Pre-test	5.55±1.152	0.000
	Post-test	6.52±0.688	

Table 3 shows that the knowledge about health policy, prioritizing health problems and Interventions for health problems Sig 0.000 < 0.05, it can be concluded that there is a difference in the level of knowledge before and after training.

DISCUSION

Knowledge is not something that already exists and others just have to accept it, but knowledge as a continuous formation by a person who is constantly reorganizing new understandings. As has been described in the literature review, knowledge itself is influenced by formal education factors, in this case the respondents' good knowledge they get through formal education where most of the respondents have a high school graduate education background. Apart from that, the respondent's long working period also plays an important role in that the respondent has been exposed to basic knowledge about health.[18–21]

Based on the results obtained by knowledge about health policy, prioritizing health problems and Interventions for health problems Sig 0.000 < 0.05, this indicates that there is an increase in knowledge between before and after the intervention. In Istichomah's cit. Yuliana research entitled the effect of health education on gestational hypertension on the maintenance of blood pressure in pregnant women at the Pundong Bantul Health Center, it was found that there was no effect of health education on gestational hypertension on the maintenance of blood pressure of pregnant women. These results are in line with Buzarudina's (2013) research entitled the effectiveness of adolescent reproductive health counseling on the level of knowledge of SMAN 6 students, East Pontianak District. The results of his research using the Wilcoxon test obtained the value of Sig. of 0.000 (p <0.05) which indicates that there is a significant difference between the score before counseling and the score after counseling. The conclusion is that training on priority analysis of health problems and interventions is effective in increasing respondents' knowledge. In this study, information was obtained that there was also a difference in the increase in knowledge, in line with statistical tests.[22,23]

Success in conveying information is determined by the nature and quality of the information received and in this case is determined by the nature and quality of the information conveyed by researchers to students. Other factors that may also affect the results of this study are perceptions, motivations and experiences which according to Notoatmodjo are factors that affect one's knowledge.[21,24]

CONCLUSION

There is a significant difference in the knowledge of the Village Apparatus between before and after being given training for it is recommended that the village apparatus can carry out the health development planning process with stages according to the program's needs.

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CONFLICT OF INTEREST

The author declared that don't have conflict of interest

REFERENCES

1. Korte R, Mercurio ZA. Pragmatism and human resource development: Practical foundations for research, theory, and practice. Hum Resour Dev Rev. 2017; 16(1):60-84. https://doi.org/10.1177/1534484317691707

2. Dieleman M, Shaw DMP, Zwanikken P. Improving the implementation of health workforce policies through governance: a review of case studies. Hum Resour Health. 2011; 9(1):1-10. https://doi.org/10.1186/1478-4491-9-10

3. Sunitha S, Gururaj G. Health behaviours & problems among young people in India: Cause for concern & call for action. Indian J Med Res. 2014; 140(2):185.

4. Ammendolia C, Côté P, Cancelliere C, Cassidy JD, Hartvigsen J, Boyle E, et al. Healthy and productive workers: using intervention mapping to design a workplace health promotion and wellness program to improve presenteeism. BMC Public Health. 2016; 16(1):1-18. https://doi.org/10.1186/s12889-016-3843-x

5. Organization WH. Working to overcome the global impact of neglected tropical diseases: first WHO report on neglected tropical diseases. World Health Organization; 2010.

6. Beaglehole R, Bonita R, Horton R, Adams C, Alleyne G, Asaria P, et al. Priority actions for the non-communicable disease crisis. Lancet. 2011; 377(9775):1438-47. https://doi.org/10.1016/S0140-6736(11)60393-0

7. DuBois DL, Portillo N, Rhodes JE, Silverthorn N, Valentine JC. How effective are mentoring programs for youth? A systematic assessment of the evidence. Psychol Sci Public Interes. 2011; 12(2):57-91. https://doi.org/10.1177/1529100611414806

8. Tundunaung L, Lumolos J, Mantiri M. Transparansi Pengelolaan Dana Desa Di Desa Tabang Kecamatan Rainis Kabupaten Kepulauan Talaud. J Eksek. 2018; 1(1). https://doi.org/10.33019/accounting.v1i1.4

9. Ramly AR, Wahyuddin W, Mursyida J, Mawardati M. Implementasi Kebijakan Dana Desa Dalam Pengelolaan Dan Peningkatan Potensi Desa (Studi Kasus Kec Kuala Kabupaten Nagan Raya). In: Prosiding Seminar Nasional USM. 2017.

10. Surachman A. Meningkatkan Kapasitas Manajemen Informasi Aparat Desa dalam Memanfaatkan Dana Desa Secara Produktif dan Berkesinambungan. OMNICOM J Ilmu Komun. 2017; 3(2):1-9.

11. Rahayu D. Strategi Pengelolaan Dana Desa untuk Meningkatkan Kesejahteraan Masyarakat Desa Kalikayen Kabupaten Semarang. Econ Dev Anal J. 2017; 6(2):107-16. https://doi.org/10.15294/edaj.v6i2.22207

12. Bhinadi A. Penanggulangan kemiskinan dan pemberdayaan masyarakat. Deepublish; 2017.

13. Putra AFY. Upaya Pemberdayaan Masyarakat Desa di Jawa Timur Dalam Implementasi Undang Undang Desa. Percik Pemikir tata kelola dan Pembang desa. 2016; 317.

14. Kartika RS. Manajerial Kepala Desa Taman Martani DIY dan Sukaraja Bandar Lampung Dalam Musyawarah Perencanaan Pembangunan (Musrenbang) Desa. Matra Pembaruan J Inov Kebijak. 2018; 2(1):59-69.

15. Yustisia TV. Undang-Undang Nomor 6 Tahun 2014 Tentang Desa dan Peraturan Terkait. Visimedia; 2015.

16. Calundu R. Manajemen Kesehatan. Vol. 1. Sah Media; 2018.

17. Kurniati A, Efendi F. Kajian sumber daya manusia kesehatan di Indonesia. Ferry Efendi; 2012.

18. Apple MW. Official knowledge: Democratic education in a conservative age. Routledge; 2014.

19. Jeon S, Kim Y, Koh J. An integrative model for knowledge sharing in communities-of-practice. J Knowl Manag. 2011; https://doi.org/10.1108/13673271111119682

20. Majid S, Foo S, Luyt B, Zhang X, Theng Y-L, Chang Y-K, et al. Adopting evidence-based practice in clinical decision making: nurses' perceptions, knowledge, and barriers. J Med Libr Assoc JMLA. 2011; 99(3):229. https://doi.org/10.3163/1536-5050.99.3.010

21. Notoatmodjo. Promosi Kesehatan dan Perilaku Kesehatan, Edisi Revisi. Jakarta: Rineka Cipta; 2012.

22. Yuliana D, Sutisna I. Pengaruh pendidikan kesehatan ceramah terhadap tingkat pengetahuan remaja tentang kesehatan reproduksi di SMP Negeri 2 Tanjungsari Sumedang. J Keperawatan Komprehensif (Comprehensive Nurs Journal). 2017; 3(1):45-51. https://doi.org/10.33755/jkk.v3i1.84

23. Buzarudina F. Efektivitas penyuluhan kesehatan reproduksi remaja terhadap tingkat pengetahuan siswa sman 6 kecamatan pontianak timur tahun 2013. J Mhs PSPD FK Univ Tanjungpura. 2013; 3(1).

24. Syaflindawati S. Pengaruh Pendidikan Kesehatan Terhadap Pengetahuan Tentang Kesehatan Reproduksi Pada Remaja Putri Di Smp N 10 Kota Padang Tahun 2016. UNES J Educ Sci. 2017; 1(1):31-6. https://doi.org/10.31933/ujes.1.1.031-036.2017