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Health Cadres Commitment in Child Health Care in Moslem Society of Banyumas District

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Abstract: Community empowerment with regard to maternal and child health services at the community level carried out by cadre. Cadre is health volunteers, selected by the community. 404 number of active cadres in primary health care of South Purwokerto entirely female, although it may be a cadre of men. Active cadre toddler actively providing services every month for child before 5 years age. Interest to know the various reasons committed cadres in performing their duties. The method used is qualitative study, to describe a variety of reasons commitment to perform cadre duties in child health care. Retrieving data using interview techniques through the focus group discussion. Data from 30 cadres. Results of interviews taken until the data saturation, as a reason believed by cadres in the commitment to carry out tasks of serving the Muslim community. Characteristic respondent are mean of age 38 years (the youngest age of 25 years and the oldest 55 years old), a 100% Islamic religion, level of education majority of senior high school (at least primary school). Educational level health cadres in Banyumas has met the minimum requirements by the WHO. Results of the analysis showed that commitment includes a cadre of dedicated, caring community, a desire to learn, social esteem, individual satisfaction, togetherness, organization, and spirituality. The spirit of cadre to the community need the attention of the government for development and prosperity in accordance with their duties. Spiritual reasons become one of the motivations in providing health services to the community, albeit to a spirit of dedication and a great desire to learn. Cadres continue to provide services, even to families with different spiritual.

Keywords: *child health, cadre, commitment, moslem society, community*

A. Introduction

Neonatal mortality rate in Indonesia is still high compared to countries of ASEAN (Association of South East Asian nation). Relatively slow decline each year. Neonatal mortality rate is 31 per 1,000 live births (5.2 times compared to Malaysia; 1.2 times compared to the Philippines; 2.4 times compared to Thailand). The condition is caused by the main cause of deaths that could be prevented with early detection and appropriate treatment (WHO, 2010). According to the MDG (millennium developmental goal's), in 2015 the decline in

infant mortality with the target 17 / 1,000 live births and under-five mortality targets of 23 / 1,000 live births. The tendency of child mortality, infant and neonatal declines as the government's efforts were good through community empowerment and health workers quality (DKK Banyumas, 2014).

Community empowerment with regard to maternal and child health services at the community level carried out by cadre. Development of health efforts by the community include integrated health posts, reduction of less energy protein, nutrition education, provision of clean water and basic

sanitation, prevention and eradication of diseases through surveillance and immunization, striving for classroom activities mothers in an effort to increase the independence of the family and the community in caring and maintain the health and development of children under five years (DKK Banyumas, 2014). Keep in monitoring public health efforts of health workers at the community level, because these measures were not evenly applied. It takes active participation of communities to improve the health status of the community.

Active participation of the public attention to the cultural and spiritual community as one of the motivations for getting involved. Although religion is not the reason for the implementation of cadres to the public. The majority of citizens are Muslims, but the non-Muslim residents do not hesitate to get involved and take advantage of the service by the cadres. Togetherness and the spirit of humanity, covering the spiritual ego orientation. Active cadre providing services to the public and implemented happily even without income. The whole cadre of recorded female. Although men may become cadres, but no cadre of men who registered in the community. The magnitude of this commitment attracted the attention of researchers to find out more, whether that underlie them to involve themselves optimally to the Muslim community? The purpose of this research is to know the various reasons cadres commitment in carrying out the duties of child health services in the Muslim community.

B. Theoretical Studies

Health workers are volunteers elected by and from the community, as well as in charge of developing the community (Depkes RI, 2002). Kader is also defined as the local communities that have been selected and reviewed by the community, and may work voluntarily managing integrated health posts (Zulkifli, 2003). East Java Provincial Health Office (2006) defines the cadre as a male or female body physically and mentally healthy, and willing to work voluntarily managing integrated health posts. From the definition, it can be concluded that the cadre force is voluntary, chosen by the community,

managing integrated health posts, and in charge of developing the community.

The role of cadres independently under the guidance involved in health centers in rural health service activities, one of which is the provision of polio immunization and provision of vitamin A (Solikhah et al, 2015). They are also in charge of implementing promotive form of counseling in integrated health posts about immunization schedule and benefits, although the information provided was incomplete.

The role of an expected of a person in social situations in order to meet the expectations (Pranata et al, 2011). The role of health workers is an activity that is expected of a health workers who provide health services to the community to improve public health. The role of cadres are carrying out the task program integrated service post responsibility.

Assessing the role of cadres integrated health posts, according Djaimal (2002), includes: (1) the implementation of the task, namely cadres as the implementation of program task integrated service post. A cadre supposedly able to do their job properly, so that the necessary knowledge and skills both in favor of this task; (2) Responsibility, cadres of integrated health posts is responsible for the way the integrated health posts program and provide service to rural communities; (3) The attitude is the perception cadre of duty. Attitude is also defined as the readiness or willingness to act, and not an implementation of a particular motif. Attitudes will Define the behavior of cadres in carrying out their duties; and (4) Behavior, an act or practice of cadres in carrying out his duties as cadre. Behavior is defined as well as all events / activities observed directly and which can't be observed directly by outsiders.

Competency standards cadres to implement an integrated management program for sick infants in the community according to Kemenkes RI program include: (1) understanding of the concept of time to determine the age of young infants (0-2 months) or toddlers (2 months-5 years); (2) identification of danger signs common in infants ill (unable to drink / breastfeed, vomiting, seizures, moving only when

touched, and made a referral if there are danger signs); (3) recognizing symptoms of pneumonia, diarrhea, and fever; (4) is able to determine the classification of the disease in infants sick (cough pneumonia or not, diarrhea with dehydration or not); (5) able to determine the appropriate action in accordance with the classification (provides simple handling and motivate repeat visits).

Conditions that must be noticed and followed cadres include: committed to serving the community; attention to the needs related to public health; maintain good relations with implementing IMCI-C others; assess-counsel-and treat according to the guidelines provided; no action is not within the guidelines; not demanded compensation from the client; always appreciate clients and their families; not to do anything that would violate the law; and do not give drugs to infants who were not checked (Kemenkes RI, 2013). Various provisions of the above adapted to the environment or situation of the region and the ability of cadres.

Less healthy community environment can occur because of the ability of weak officer. UNICEF (2014) to implement the capacity building program of health cadres in the ability to communicate in Odisha India. Optimizing the role of cadres is implemented through training programs and applied directly to the community under the supervision of the Department of Health and Family Welfare. The method used is the CoE (center of excellence) for changing communication behavior. The results of the study in Banyumas society, communication is not a problem in implementing the service in the community. This ease of communication because of common culture where society is dominated by the Muslim community and the size of the commitment devoted volunteer in the community. Although the services provided are not covering the role that should be due to limited knowledge.

The theory is used to discuss capacity building theory. Capacity development is about instilling a duty to learn and adjust through changes. The changes that will occur can be slow or fast is highly dependent on the environmental situation, the performance of personal, commitment, organizational

development, knowledge and information held or absorbed, organizational strength, social support, the support of the relevant government, and monitoring of actions taken (Nettle et al., 2004).

Capacity development is needed to support the creation of a cadre of community health status is optimal. The direct involvement in the community through the participation of community members is essential and required by all parties.

C. Methods

Qualitative research is a process that is trying to gain a better understanding of the complexities involved in human interaction (Polit & Beck, 2004). In qualitative research, the exploration of the problem, identification of factors and formulation of the theory of the main characteristic (Polit & Beck, 2006).

The method used is qualitative study, to describe a variety of reasons commitment to perform cadre duties in child health care. Retrieving data using interview techniques through the focus group discussion. Data from 30 Cadres, divided into three discussion groups. Results of interviews taken until the data saturation, as a reason believed by cadres in the commitment to carry out tasks of serving the Muslim community.

D. Results And Discussion

The results of the study are described as follows. Participants were 30 cadres of the same sex, all women, mean age of 38 years (the youngest age of 25 years and the oldest 55 years old), a 100% Islamic religion, level of education majority of senior high school (at least primary school). In Indonesia and several other countries were cadres be male or female, although all cadres in the district of Banyumas are women. In some countries, such as Nepal calling cadres as "female community health volunteers" and "maternal and child health worker", and in Ethiopia called the mother coordinator (WHO, 2006). In Banyumas commitment to serve as a cadre of women is greater because the majority of cadres is a housewife. Kader men do not exist because the culture of men as heads of households, and they have to work. The knowledge level cadres that the majority of high school seniors make it easier to receive information from health

professionals. Recommended community health worker typology of educational level, candidate with at least primary level education should be given a preference (Bhutta, 2012). Educational level health cadres in Banyumas has met the minimum requirements by the WHO.

Results of the analysis showed that commitment includes a cadre of dedicated, caring community, a desire to learn, social esteem, individual satisfaction, togetherness, organization, and spirituality. Devotion cadre constituted with responsibility for selected health cadres. Concern for the community motivated by the desire to participate in improving public health, people who are less capable and less out still quite a lot and need

enough information to carry out treatment of sick children. Cadre has the desire to learn is large enough, because they feel the level of education and knowledge of health services in the community, especially to the sick children is still very minimal. Social respect for the cadres is a proud reward participate actively in health, even without a salary. Individual satisfaction shown by the cadres when it can help people in need and succeeded. Togetherness with fellow cadres with attendant health centers, and with the citizens created when carrying out joint activities, thus providing its own spirit to fight in the field of public health. The organization is a forum for volunteers to plan, implement, and evaluate each activity programmed.

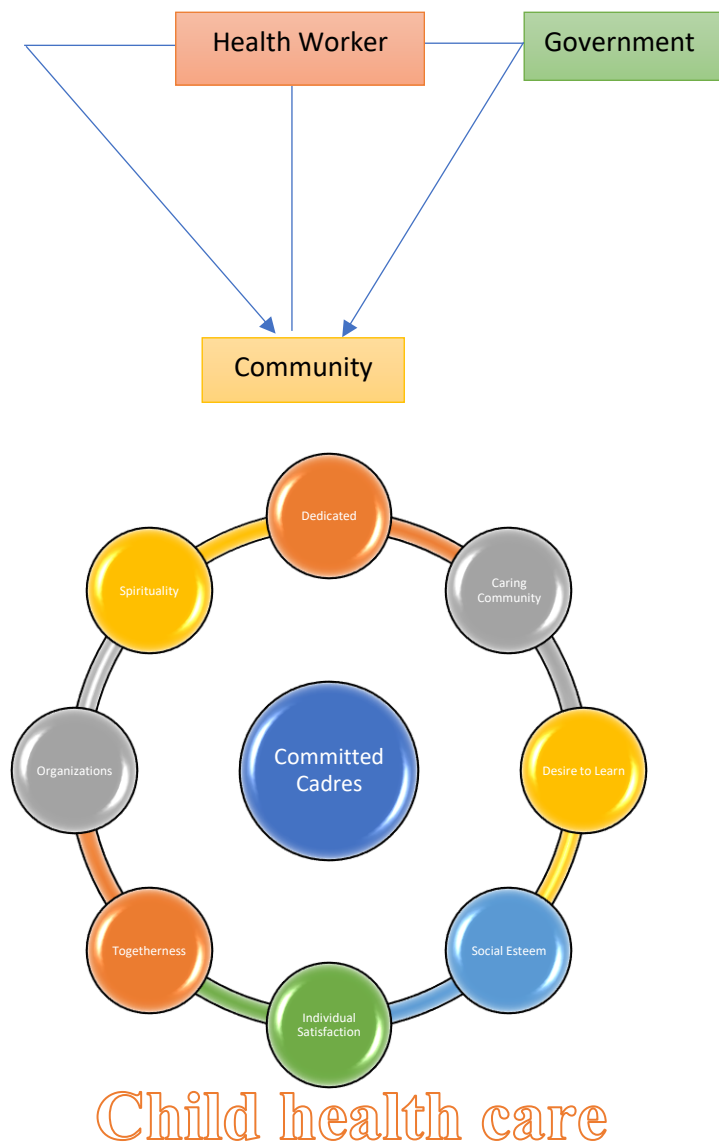


Chart 1. Committed cadre to child health care

The cadres said that during these activities are conducted monthly routine weighing and no other activities besides weighing. The number of active cadres in the region 605, each group consisting of 20 cadres. The cadres said that the expansion of knowledge in the form of extension activities in health centers. The cadres expressed need additional knowledge to help families in need, the cadres hardly ever get training, there are still families with social and economic backgrounds are less preferred to treat themselves traditionally and refusing treatment to the clinic (Solikhah et al, 2015). The statement indicates that the cadre of community activity in accordance with his ability and selfless to give attention to the surrounding community who need help.

Leban (2011) found a community plays an important role in improving health outcomes. Communities have the power in the healthcare system both children and adults in the community. Community based approaches will have the greatest impact on health outcomes in areas where health systems are weak and mortality and morbidity is high. Society requires considerable knowledge related to nutrition, handling children with diarrhea, exclusive breastfeeding for infants, provision of basic immunization, boil water before consumption habits, the habit of washing hands, and her husband support the family (Agha et al, 2007). The community needs helped, through the activities of cadres who have both committed to constantly improve his knowledge. Implementation of cadres to the public of course remain on the monitor and on an evaluation by the responsible health center or local health department.

Good community organizations with the cooperation between cadres, family, health centers, and government officials. Organizing the community is driven by the needs in the local area, the structure of society, spiritual community, social and economic factors (Frasure & Williams, 2009). Spiritual reasons become one of the motivations in providing health services to the community, albeit to a spirit of dedication and a great desire to learn. It is great to commitment cadre performance. Cadres continue to provide

services, even to families with different spiritual. Communities require information in the form of health education and health-care facilities, particularly the early detection, prevention, and nursing sick children. The structure of the community with a location not far from each other, the tolerance of society, family, and mutual help is important to support community organizations that either. Someone on religious belief be a motivator to do good and serve the community, the majority religion became one of the means to organize. Community attention to religious tolerance, as evidenced by the service provided to all citizens without selecting any type of religion.

E. Conclusions

Mean of age 38 years (the youngest age of 25 years and the oldest 55 years old), a 100% Islamic religion, level of education majority of senior high school (at least primary school). The commitment includes a cadre of dedicated, caring community, a desire to learn, social esteem, individual satisfaction, togetherness, organization, and spirituality. The spirit of cadre to the community need the attention of the government for development and prosperity in accordance with their duties. Spiritual reasons become one of the motivations in providing health services to the community, albeit to a spirit of dedication and a great desire to learn. It is great to commitment cadre performance. Cadres continue to provide services, even to families with different spiritual.

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