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Proceeding **Manado Health Polytechnic 1st International** Conference. ISSN : 2599-2031 524 Issue 1 Volume 1 December 2017 THE STRATEGY TO INCREASE **KNOWLEDGE AND ATTITUDE OF** HEALTH CADRES THROUGH NEONATAL CARE TRAINING Dorce Sisfiani Sarimin¹, Isworo², Cindi Rineke Goni³ 1, 2, 3, Nursing Department of Manado Health Polytechnic, Indonesia email: sisarimin@yahoo.com ABSTRACT Background Increasing of **neonatal mortality is a** challenge to health development.

To prevent the incline of neonatal mortality rates, the role of health cadres with good knowledge and positive attitude in neonatal care is important, as health cadres are the closest to the neonate family. So, the health cadres need to be given training as an effort to improve knowledge and develop a positive attitude. This study aims **to determine the effect of** neonatal care training on **knowledge and attitude of** health cadres in the working areas of Minanga **Public Health Center of Manado**. **The type of this research** is pre experimental design using one-group pretest-posttest design with 26 samples determined in purposive sampling.

Respondents were treated in the form of neonatal care training. The knowledge-attitude before and after neonatal care training is the variable measured with questionnaires. The results showed the improvement of knowledge of health cadres before and after neonatal care training (**p = 0.001**) and health cadres before and after neonatal care (p = 0,001).

The conclusion of this study, the neonatal care training has **influenced the knowledge and attitude of** health cadres. So, the health cadres are advised to participate in similar training in order to add insight into neonatal care. Keyword: Neonatal care training, Cadres, Knowledge, Attitude.

INTRODUCTION Health development aims to improve the quality of basic health services, especially towards mothers and children, but one of the obstacles to achieving the optimal health status is still high Neonatal Mortality Rate (Hida & Mardiana, 2011). Lowering neonatal mortality rate is a challenge for health development. In Southeast Asia, infection is the cause of neonatal death, while in Indonesia every five minutes there was one infant died on neonatal period for various reasons (Sudarti and Fauziah, 2013). Results issued by the Indonesian Demographic and Health Survey in 2012, the neonatal mortality rate was of 19 per 1000 live births.

Serious efforts to reduce neonatal mortality are important because neonatal death contributed s 59% of infant deaths (Health Ministry of Republic of Indonesia, 2016). The information gathered during the initial survey at the Minanga Public Health Center was from four wards, namely Malalayang I, Malalayang II, Malalayang 1 East, and Malalayang 1 West.

In these four wards there were 18 centers for pre and postnatal health care and information for women and for children under five with 54 health cadres. During observation of the health cadres in Minanga Public Health Center working areas, the condition in which the health cadres involved during neonatal care process, particularly to care for the cord, it was found the fact about the use of cotton dipped in 70% alcohol and umbilical cord wrapped.

In 2016, there were two neonatal Proceeding Manado Health Polytechnic 1st International Conference. ISSN : 2599-2031 525 Issue 1 Volume 1 December 2017 deaths caused by infection. Based on the results of interview with midwives across the working areas of the Minanga Public Health Center, it was found the health cadres helped treat and implemented neonatal care such as treating the umbilical cord, preventing hypothermic and providing nutrition towards families with neonates.

For neonatal umbilical cord care, the cadres used cotton alcohol and wrapped with gauze. For nutrition the mothers were recommended to sustain exclusive breastfeeding but because of mild breast problems, the neonates were introduced to formula milk. There was also information that in 2016 there were two incidents of neonatal deaths due to infection.

To reduce the Neonatal Mortality Rate, the role, good knowledge and positive attitude of the health cadres in neonatal care are required because they are the closest to the neonate family. Health cadres need to be trained as an effort to increase knowledge and develop positive attitude. According to Ni Kadek Puspita Dewi & Evi Martha on their

research about "Effect of Newborn Care Training, Lactation Management, and Treatment of Kangaroo Methods on Posyandu Cadres at Public Health Center of Sawit and Ngemplak Sub-district of Boyolali Regency, Central Java" in 2014, through lactation management, and kangaroo method treatment, the results showed significant differences in cadre knowledge about newborn care training, lactation management and treatment of kangaroo methods.

The purpose of this research is to know the effects of neonatal care training on the knowledge and attitude of the health cadres in the working areas of Minanga Public Health Center of Manado City. METHODS Method of this research using pre experimental with one-group of pre-posttest design. On this research design, there was no control group, but the minimum requirement it has done at least the first observation (pretest) which tested the change happened after the experiment (programe). Respondents were given treatment in the form of neonatal care training.

The training programe included umbilical cord care, hypothermia prevention, and lactation management through discussion, simulation and home visit methods. The population of this study was all health cadres in the working areas of Minanga Public Health Center with the number of 54 people. It is used purposive sampling technique with a sample of 26 respondents.

The criteria of the sample was: the health cadres worked in the working areas of Minanga Public Health Center, were willing to be the respondent, and completed the training. And exclusion criteria, i.e: health cadres who were not in place, refused to be the respondents, were sick or on permit, and did not complete the training. Health cadres who were the object of research, previously given explanations of the intent and purpose of the study and then asked for his approval voluntarily.

The instruments used as the training variables were training modules, leaflets and baby manikins. The instrument used to measure knowledge variables was questionnaire consists of 15 questions using Guttman scale. Score 1 mark for correct answer and score 0 mark for incorrect one.

The instrument used to measure attitude variable was questionnaire consists of 10 statements covering the favorable (positive) aspect and the sentence that support the attitude object. The purpose of analysis the univariate and bivariate data was to know the relationship between the variables. It is Proceeding Manado Health Polytechnic 1st International Conference.

ISSN : 2599-2031 526 Issue 1 Volume 1 December 2017 conducted by analyzing the

knowledge and attitude before and after the training on neonatal care of the health cadres. Researchers used Paired T test but the data was not normally distributed, so it used wilcoxon signed rank test. RESULT 1. Univariate Result a. Subject distribution based on health cadre knowledge before and after neonatal care training, as can be seen in table 1 below. Table 1.

Diston based on health cadre knowledge before and after neonatal care training b. Subject distribution based on health cadre knowledge before and after neonatal care training, as can be seen in table 2 below. Table 2. Distribution based on health cadre knowledge level "comprehended after training Comprehend n Mean Deviation Standard Median (Minimum-Maximum) Before training 26 1,88 1,47 2 (0-5) After training 26 4,38 0,75 4,50 (2-5) c.

Subject distribution based on health cadre knowledge before and after neonatal care training, as can be seen in table 3 below. Table 3. Distribution based on health cadre knowledge level "Application after training Application n Mean Deviation Standard Median (Minimum-Maximum) Before training 26 1,50 1,33 1 (0-4) After training 26 4,31 0,61 4 (3-5) d.

Subject distribution based on health cadre knowledge before and after neonatal care training, as can be seen in table 4 below. Know n Mean Deviation Standard Median (Minimum-Maximum) Before training 26 2,15 1,51 2 (0-5) After training 26 4,38 0,63 4 (3-5) Proceeding Manado Health Polytechnic 1st International Conference.

ISSN : 2599-2031 527 Issue 1 Volume 1 December 2017 Table 4. Distribution based on health cadre knowledge before and after neonatal care training Variable n Mean Deviation Standard Median (Minimum-Maximum) Knowledge before training 26 5,50 2,35 5 (2-11) Knowledge after training 26 13,08 1,05 13 (11-15) e.

Subject distribution based on health cadre knowledge before and after neonatal care training, as can be seen in table 5 below. Table 5. Diston based on health cadre knowledge before and after neonatal care training Accept n Mean Deviation Standard Median (Minimum-Maximum) Before training 26 8,54 2,06 8 (5-13) After training 26 22,73 1,80 22,50 (20-25) f.

Subject distribution based on health cadre knowledge before and after neonatal care training, as can be seen in table 6 below Table 6. Diston based on health cadre knowledge before and after neonatal care training Responds n Mean Deviation Standard Median (Minimum-Maximum) Before training 26 7,83 2,11 7 (5-12) After training 26 22,77 1,86 23 (20-25) g.

Subject distribution based on health cadre attitude before and after neonatal care training, as can be seen in table 7 below. Table 7. Distribution based on health cadre attitude before and after neonatal care training

Variable	n	Mean	Deviation	Standard	Median (Minimum-Maximum)
Attitude before training	26	16,38	3,09	16,50	(12-24)
Attitude after training	26	45,50	3,43	46	40-50)

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ISSN : 2599-2031 528 Issue 1 Volume 1 December 2017 2. Bivariat Analysis Table 8. Effect Analysis of Neonate Care Training on Health Cadre Knowledge Table 8. shows the results of pre- posttest statistical tests on health cadre knowledge using wilcoxon result p value = 0,001 (p <0.05). This indicates that there is a significant influence between knowledge before and after training, then hypothesis 1 is accepted. Table 9.

Effect Analysis of Neonatal Care Training on Health Cadre Attitude Variable n Median (minimum-maximum) P Value Attitude before training 26 17 (12-24) 0,001 Attitude after training 26 46 (40-50) Table 9. shows the results of the pre- posttest statistical tests of health cadre attitudes using wilcoxon result p = 0,001 (p <0.05). This indicates that there is a significant effect of attitude before and after training, hypothesis 1 is accepted.

DISCUSSION Based on the results of research on the influence of neonatal care training on the knowledge and attitude of health cadres in the working areas of Minanga public health center, most of the respondents have already had increased knowledge which included 3 levels of know, comprehend, and application. Increased knowledge characterized by the average value of health cadre knowledge related to neonatal care training prior to intervention was 5.50 and the mean value after intervention was 13.08.

Result of statistic test of knowledge using wilcoxon, p value = 0,001, which means that the value obtained was smaller than significance value (p <0,05). This study is in line with the research conducted by Dewi and Martha (2014), which shows significant differences between pre-post test, where the knowledge about newborn care is p = 0.000. This is because basic education or training is one effort to improve the knowledge.

Similarly, research conducted by Wijaya (2014) proves that to improve the knowledge of the cadres requires the development of an effective training model because through training activities the cadres can gain knowledge, attitudes, and skills. Researchers assume that training is an effective learning process to improve the knowledge, with activities involving health cadres in neonatal care such as the provision of training and oral as well as written information through mass media.

Knowledge of a person is usually derived from experiences gained from various sources such as, media, poster, close relatives, mass media, electronic media, manuals, health workers, and so forth. Variable n Median (minimum-maximum) P Value Knowledge before training 26 5 (2-11) 0,001 Knowledge after training 26 13 (11-15) **Proceeding Manado Health Polytechnic 1st International** Conference.

ISSN : 2599-2031 529 Issue 1 Volume 1 December 2017 Knowledge can form a certain belief, so that a person behaves according to his belief (Hidayat, 2007). This theory strongly supports the results of research where the respondents have knowledge based on the sensing process passed by health cadres. According to Wawan (2010) in Ariani (2014), knowledge is the result of getting- to-know and this happens after a person experiences a particular object.

Cognitive knowledge **is a very important** domain for the formation of one's actions. Someone 's understanding about something is when he/she able to explain a known object. Non- formal education on neonatal care training of health cadres is intended to provide knowledge for the community, so that there is an increase in knowledge that will affect the changes in neonatal care behavior. Attitude variables also increased in this study.

The **results showed that the** mean value of healthcare attitudes related to neonatal care training prior to intervention was 16.38 and the mean value after intervention was 45.50. The result of pre- posttest statistic test on health cadre attitude using wilcoxon result, p value = 0,001 (p <0,05). Related research has been done previously by Zuraida (2016) proves that **there is a significant** relation between attitudes and neonate visits, that after training p = 0,000.

In line with the theory in Ariani (2014), attitude is someone's feelings or views and it is accompanied by a tendency to act with regard to the object or stimulus. Attitudes are the result of accepting the interpreted respondent (subject) and paying attention to the stimulus or training provided (object). Respondents who were able to provide answers, do and complete the task given were the indicators of the attitude to respond.

Based **on the results of this study,** the researchers assume that lack of attitudes on measurements before training can be caused by the absence of education about neonatal care. Healthcare cadres who are less exposed to neonatal care will have an effect on the attitude of the cadre. A good attitude concerning neonatal care is substantial to be implemented by all health cadres, as health cadres are the closest persons to the neonate family.

The training done in the working areas of Minanga public health center of Manado and has been conducted with lecture, question and answer method, and demonstration using baby manikin and leaflet actually increase the value of knowledge and attitude. Differences in scores before training and after the training proved that the respondents received and responded to the training provided.

This is in accordance with the theory proposed by Notoadmodjo (2010) which states that the change in health behavior through education training should begin with the provision of information about health care. The initial action conducted will lead to awareness that eventually shape the appropriate behavior needed with the knowledge required.

Similarly, Muljani (2016) stated that training is a process of teaching certain knowledge and skills and attitudes to make employees more skilled and able to carry out responsibilities better. Thus, it is clear that training is very important to improve the knowledge and attitude of health cadres so that later there can be changes as expected in implementing neonatal care and fostering families who have neonates.

CONCLUSION As the results of research on the influence of neonatal care training on the Proceeding Manado Health Polytechnic 1st International Conference. ISSN : 2599-2031 530 Issue 1 Volume 1 December 2017 knowledge and attitudes of health cadres in the working areas of Minanga Public Health Center Manado City, it can be concluded that there was an increase in the value of health cadre knowledge after being trained, there was an increase in the attitude of the health cadres after being trained. Neonatal care training affects the knowlage and attitude of health cadres in the working areas of Minanga Public Health Center of Manado City.

RECOMMENDATION Based on the conclusion, authors suggest the health cadres in the working areas of Minanga Public Health Center to improve knowledge about neonatal care and the institution to include self- knowledge based activities, such as training related to neonatal care. **REFERENCES** Ariani, A. P. (2014). Aplikasi Metodologi Penelitian Kebidanan dan Kesehatan Reproduksi. Nuha Medika, Yogyakarta. .Dewi, N. K. P., & Martha, E. (2014).

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