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Health Cadres Behavior Concerning Labor Planning Program and Prevention of Complications

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ABSTRACT

Background: Efforts to reduce maternal and child mortality rates do not only come from health workers but involve cross-related sectors, namely through the role of health cadres and are considered to be able to help government programs, where their role can convey various information related to health programs, one of which is the birth planning and complications prevention program intended for pregnant women. The general aim of the research is to describe the behavior of health cadres regarding birth planning programs and preventing complications. **Method:** The method in this research is a descriptive approach cross-sectional. The sample in this study was health cadres in the North Denpasar Community Health Center 1 Region. In this study, the number of samples used was the same as the population, 155 health cadres, with the sampling technique using total sampling. The instrument used was a questionnaire with 55 questions. **Result:** The research results showed that almost all respondents had 93.5% good knowledge, 3.9% had sufficient knowledge and 2.6% had less knowledge. Most respondents had a positive attitude of 54.8% and a negative attitude of 45.2%. Meanwhile, 86.5% of cadres' actions were categorized as good, 2.5% of cadres' actions were categorized as good, and 11.0% of cadres' actions were categorized as poor. **Conclusion:** The conclusion is that almost all of the cadres have good knowledge, have a positive attitude and have good actions. It is recommended that further researchers provide training to health cadres regarding birth planning programs and preventing complications.

Keywords: Health Cadres; P4K Program; Cadre behavior



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INTRODUCTION

The Maternal Mortality Rate (MMR) is an indicator to see the success of maternal health efforts (Dinas Kesehatan Provinsi Bali, 2021). Most maternal deaths are caused by direct causes, namely bleeding, eclampsia, infection. Apart from that, it is influenced by low socio-economic levels, education levels, the position and role of women, socio-cultural factors and transportation factors (Wahyuni and Wahyuningsih, 2016). Indirect causes can be caused by 3T (too late to recognize danger signs and make decisions, too late to reach a health facility, too late to get services at a health facility) and 4T (too young to give birth, too often to give birth, too close together to give birth, and too old to give birth) (Pangesti and Kusuma, 2019).

Indonesia must succeed in reducing the maternal mortality rate to below 70 per 100,000 live birth by 2030 (Depkes RI, 2019). In 2021, the Maternal Mortality Rate (MMR) in Indonesia will reach 7,389 per 100,000 live birth (Ministry of Health of the Republic of Indonesia, 2021). Bali Province recorded 189.65 per 100,000 KH, and 6.4% occurred death on arrival (DOA) (Bali Provincial Health Service, 2021). Denpasar City recorded 20 maternal deaths out of 16,663 KH, of which 1 death on arrival (DOA), and 1 Hypertension in pregnancy (HDK). The highest maternal mortality was in North Denpasar District, based on age group, 3 people experienced maternal deaths aged > 35 years (Denpasar City Health Service, 2022). This is influenced by being too old to give birth.

Efforts to reduce maternal and child mortality rates do not only come from the participation of health workers, but also involve cross-related sectors, because there is often

difficulty in reaching health service facilities, resulting in social problems such as trust, costs and other behavior (Bali Provincial Health Service, 2021). Therefore, community participation is needed through the role of health cadres in the community. Health cadres are human resources (HR) from the community and work voluntarily to assist health workers in promotive and preventive efforts (Ministry of Health of the Republic of Indonesia, 2018). Minister of Health Regulation Number 65 of 2013 explains that Community Based Health Efforts (UKBM) are pursued in the involvement of health cadres who act as liaison between health workers and the community, and as an initial screening (*key strategy*) (Eliana and Sri Sumiati, 2018).

The role of health cadres is considered to be able to help government programs, where their role can convey various information related to health programs, one of which is the birth planning and complications prevention program intended for pregnant women (Ministry of Health, 2019). Research conducted by Kamidah and Yuliaswati (2018) stated that data collection activities on pregnant women could run well, because they involved cadres throughout the village area, which were coordinated by the village midwife. Activities that must be carried out by cadres are to help collect data on pregnant women, help socialize the condition of pregnant women to the families of pregnant women and local residents so that if something happens at any time they are ready to help pregnant women by preparing transportation, preparing funds, preparing birth companions, and preparing blood donors. if necessary. The birth planning and complication prevention program strives to be able to prevent delays in



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handling complications by being prepared to face birth complications.

Denpasar City Health Service (2020) stated that the coverage of early detection of risk factors and obstetric complications by health workers was 65.46%, while by the community 64.92% had met the target (60%). In the city of Denpasar in 2021 there were 17,826 pregnant women and 3,062 pregnant women were found to have complications and all of them had been treated. As many as 1.4% in Denpasar City of pregnant women did not undergo examinations until K4. In the city of Denpasar, the target for births carried out by health workers is 100%, in 2021 there will be 98.3% of births by health workers, so the achievement of delivery coverage by health workers has not yet reached the set target.

Research conducted by Rohmatin and Widayati (2018) stated that 58% of mothers did not apply labor planning program and prevention of complication, 60% of husbands did not apply labor planning program and prevention of complication, and 56% of families did not apply labor planning program and prevention of complication. Factors that hinder the implementation of labor planning program and prevention of complication are lack of knowledge, social culture, and lack of family and husband support. One of the reasons for this is due to a lack of community involvement through the role of cadres in supporting the success of the labor planning program and prevention of complication. This research is in line with researchers Sarli and Titin (2018) who found the role of low cadres in implementing P4K, namely 43.8%, this has an impact on the uneven distribution of health information received by pregnant women. The impact of lack of

socialization can result in increased MMR due to complications during pregnancy and childbirth (Khoeroh, 2020).

Similar research conducted by Yuniasih, et al (2019) shows that the relationship between the operationalization of labor planning program and prevention of complication, and readiness to face complications shows that the number of labor planning program implementation in Denpasar City Health Centers is 55% of respondents who did not fully operationalize labor planning program and prevention of complication and stated that they were not ready to face childbirth complications.

The incidence of maternal deaths of 145.77 per 100,000 LB is the highest case that occurs in North Denpasar, one of the health centers in the area is community health centre 1 North Denpasar (Denpasar City Health Service, 2022), therefore in order to detect cases of pregnancy complications and prevent Delays in treatment require early detection in the community by involving health cadres surveillance active in supporting birth planning and complication prevention programs.

Based on the background that has been presented, the author was motivated to take the research title "Health Cadre Behavior Regarding the Childbirth Planning and Complication Prevention Program"

METHOD

Types of research

This type of research design is descriptive. This research design describes a description of the behavior of health cadres regarding birth planning and complication prevention programs, using a subject approach cross sectional.



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Place and time of research

Research has been carried out in each Banjar from Dangin Puri Kauh Village, Dangin Puri Kangin Village, Dangin Puri Kaja Village and Tonja Subdistrict which are areas covered by community health centre I North Denpasar from March 5 to April 9 2023. The by community health centre I North Denpasar area was chosen. North Denpasar was the research location because there had never been research conducted on the behavior of health cadres regarding birth planning and complication prevention programs.

Research Population

Population

The population in this study were all health cadres in the community health centre I North Denpasar area, which consists of 4 villages/sub-districts and there are 31 integrated healthcare center and consists of 5 health cadres, with a total population of 155 health cadres.

Respondent Analysis Unit

The subjects of this research were health cadres who met the inclusion criteria:

Health cadres who have agreed informed consent and ready to be a respondent.

Health cadres who can at least read and write

Health cadres who are active in integrated healthcare center

Exclusion criteria:

Health cadres who withdrew from the research or were unwilling to become respondents.

Sample

A sample is a subset or part of a population, a sample is also defined subset of the population studied (Suiraoaka, Budiani and

Sarihati, 2019). The sample in this study were health cadres in community health centre 1 North Denpasar area who met the inclusion and exclusion criteria. In this study, the sample size was the same as the population size.

Sampling Techniques

The sampling technique used in this research was total sampling. Total sampling is a sampling technique where the sample size is the same as the population (Sugiyono, 2018). The reason for taking total sampling is that there is a definite and fixed population in society, therefore everything is used as a sample.

Types and Techniques of Data Collection

Types of Data Collection

The type of data collection used in this research was primary data collection sourced directly from health cadres in each Banjar from Dangin Puri Kauh Village, Dangin Puri Kangin Village, Dangin Puri Kaja Village, and Tonja Village. Data was obtained by administering a general questionnaire. The questionnaire in this study contained the identity of the respondent and questions related to knowledge and statements related to attitudes and regarding the actions of health cadres regarding birth planning and complication prevention programs.

Data Collection Techniques

Manage research permit applications ethical clearance at the Denpasar Health Polytechnic on March 4 2023.

Population of all health cadres in community health centre 1 North Denpasar area was obtained with a total population of 155 cadres and 155 of the population were used as samples. The researcher provided an explanation of the research conducted and administered a



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questionnaire regarding the knowledge, attitudes and actions of health cadres regarding the labor planning and complication prevention programs.

Research Instrument

Data collection instruments are tools used in data collection. The instrument used is a questionnaire in the form of print out regarding the behavior of health cadres regarding labor planning and complication prevention programs. The questionnaire will be tested by experts from the Denpasar Ministry of Health Polytechnic, Midwifery Department.

The validity tests used are content validity tests and construct validity tests (structure). The validity test was carried out by experts from educational institutions, namely the Health Polytechnic of the Ministry of Health, Denpasar, Midwifery Department. The questionnaire trial with location selection was carried out in the Community Health Center 3 North Denpasar area. The sample size used was 29 health cadres in the area of North Denpasar Community Health Center 3. After correlating the 55 questions in the questionnaire, the number r was obtained_{count} for items 1 to item 55 is greater than r_{table} . These results show that questions no. 1 to 55 range between 0.387-0.715 r value_{count} > 0.367 then the questionnaire is said to be valid.

Reliability is the similarity of measurement results or an observation if a fact is measured several times and at different times (Nursalam, 2016). Based on the reliability test carried out on the questionnaire, this research obtained a score Alfa Cronbach Coefficient-Alpha on the 55 questions of the questionnaire, namely 0.960. This value is greater than 0.70 so

it can be concluded that the 55 questions of the questionnaire can be said to be reliable.

Processing and analysis of data

Data processing

Calculating the number of questionnaires collected ensured that the number of questionnaires was 155 questionnaires. Checking the answers to the questionnaire, ensuring the questionnaire is filled in completely on the questionnaire sheet. Questionnaire data that has been filled in by respondents is checked for completeness of identity and completeness of answers, and pay attention to the respondent's writing so as not to misread it.

The score for the attitude sub-variable with the highest score of 4 to 1 is given to the answer to the statement. favourable (positive), while the statement is unfavourable (negative) the highest score of 1 to 4. Scoring for the action sub variable when doing the action "Yes" is given a score of 1 and if the respondent does not do the action "No" is given a score of 0. Coding is the activity of changing data in the form of letters on a questionnaire into numerical form in an effort to facilitate data processing on a computer. After all questionnaire entries are filled in completely and correctly, and have also passed coding, the next step is to process the data for analysis. Enter the data in the frequency distribution table which is presented in percentages so that data from each variable is obtained.

Research Ethics

Respect for person, subjects have the right to choose participate or not participate in research, there is no element of coercion in involving subjects in research and facilitating subjects with informed consent. In this research,



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respondents are free to choose whether or not to become respondents. Beneficence, concerns efforts to maximize profits and minimize losses for respondents. Justice fairness between the burdens and benefits obtained by subjects from

their participation in research, subjects are not selected based on ethnicity, race and religion adhered to by the subject (Supardi and Rustika, 2013).

RESULTS

a. Respondent characteristics

The characteristics of the respondents can be seen in table 1, namely as follows

Table 1
Characteristics of Health Cadres

Characteristics	Category	Frequency (f)	Percentage (%)
1	2	3	4
Age (in years)	21-40	47	30,4
	41-60	96	61,9
	>60	12	7,7
Amount		155	100
Education	elementary school	14	9,0
	midle school	102	65,8
	high school	39	25,2
Amount		155	100
Employment/Job	housewife	81	52,3
	Private	38	24,5
	Businessman	29	18,7
	civil servants	7	4,5
Amount		155	100
Training cadres	Yes	95	61,3
	No	60	38,7
Amount		155	100
Training P4K	Yes	16	10,3
	No	139	89,7
Amount		155	100
Long time as a cadres (in years)	1-5	93	60,0
	6-10	36	23,2
	>10	26	16,8
Amount		155	100

b. Knowledge of health cadres



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The frequency distribution of health cadres' knowledge about birth planning and complication prevention programs can be seen in table 2, namely as follows:

Table 2
Health Cadre Knowledge About the Labor Planning Program

No	Knowledge	Frequency (f)	Percentage (%)
1	Good	145	93,5
2	Enough	6	3,9
3	Less	4	2,6
	Amount	155	100

c. Attitude of health cadres

The frequency distribution of health cadres attitudes regarding birth planning and complication prevention (P4K) programs can be seen in table 4, namely as follows:

Table 4
Health Cadres' Attitudes Regarding the Labor Planning Program

No	Attitude	Frequency (f)	Percentage (%)
1	Positive	85	54,8
2	Negative	70	45,2
	Amount	155	100

d. Health cadres actions

The frequency distribution of health cadres actions regarding birth planning and complication prevention (P4K) programs can be seen in table 5, namely as follows:

Table 5
Health Cadre Actions Regarding Planning and Childbirth and Complication Prevention Programs

No	Action	Frequency (f)	Percentage (%)
1	Good	134	86,5
2	Enough	4	2,5
3	Less	17	11,0
	Amount	155	100

e. Knowledge cross table with attitudes

A cross table of knowledge and attitudes of Health cadres regarding birth planning and complication prevention (P4K) programs can be seen in table 7, namely as follows:

Table 7
Cross Table of Knowledge and Attitudes of Health Cadres Regarding Planning and Childbirth and Complication Prevention (P4K) Programs in the UPTD Puskesmas I North Denpasar area

Knowledge	Attitude				Amount	
	Negative		Positive		f	%
	f	%	f	%		
Good	60	41,4	85	58,6	145	100
Enough	6	100	0	0,0	6	100
Less	4	100	0	0,0	4	100

f. Knowledge cross table with action

A cross table of knowledge and actions of Health cadres regarding birth planning and complication prevention (P4K) programs can be seen in table 8, namely as follows:

Table 8
Cross Table of Knowledge and Actions of Health Cadres Regarding Planning and Childbirth and Complication Prevention (P4K) Programs in the UPTD Puskesmas I North Denpasar area

Knowledge	Action						Amount	
	Less		Enough		Good		f	%
	f	%	F	%	f	%		
Good	14	9,7	0	0,0	131	90,3	145	100
Enough	3	50	0	0,0	3	50	6	100
Less	0	0,0	4	100	0	0,0	4	100

g. Cross table of attitudes with actions

A cross table of attitudes and actions of Health cadres regarding birth planning and complication prevention (P4K) programs can be seen in table 9, namely as follows:

Table 9



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Cross Table of Attitudes and Actions of Health Cadres Regarding Planning and Childbirth and Complication Prevention (P4K) Programs in the UPTD Puskesmas I North Denpasar area

Attitude	Action						Amount	
	Less		Enough		Good		f	%
	f	%	f	%	f	%		
Negative	10	14,3	4	5,3	56	80,0	70	100
Positive	7	8,2	0	0,0	78	91,8	85	100

DISCUSSION

Health cadres' knowledge of birth planning programs and prevention of complications

Based on the research results, almost all respondents had good knowledge about birth planning and complication prevention programs. Regarding the knowledge possessed by cadres in this research, it is in line with research conducted by Titisari and Yanuarini (2020) regarding mentoring cadres in the birth planning and complication prevention program, that almost all respondents have good knowledge about the birth planning and complication prevention programs. Someone who has good knowledge will be able and able to think critically in understanding everything. In theory, knowledge is the result of knowledge that is impressed on someone's mind (Notoatmodjo, 2014).

Based on the distribution of knowledge questions, high results/low scores were obtained related to maternity savings and related to transportation/village ambulances. This shows a lack of understanding and ignorance regarding the function or purpose of maternity savings. Cadres in the field said that cadres were not directly involved in maternity savings, this was because cadres assumed that nowadays there is a social security Ni Putu Fortunia Trisna Sari, et al : Health Cadres Behavior Concerning Labor Planning Program and Prevention of Complications

administration agency available, and maternity can be covered by social security administration agency, and besides that maternity savings preparation requires good planning and governance, and it takes a long time and stages to prepare maternity savings.

In line with researchers Mukharrim, Ahri and Yusriani (2019) stated that families do not yet fully have maternity savings planning for pregnancy preparation, this is due to the still dependence on social security administration agency which covers birth costs. This is also in line with research conducted by Kamidah and Yuliaswati (2018) that the information obtained from cadres is that almost all of them do not have social security administration agency in their area. However, according to the birth planning and complication prevention guidebook, it is stated that maternity savings is funds collected from the community voluntarily with the principle of mutual cooperation in accordance with a collective agreement to help finance the start of antenatal care, childbirth and emergencies.

Apart from maternity savings, results are lacking in transportation facilities or village ambulances for pregnant women who need them. The health cadres in the field said that the cadres was not directly involved in



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transportation for pregnant women, and did not know where to go to get this facility. The cadre also said that all residents in their target area already had private transportation, therefore for transportation to health services considered safe by the cadres. This is in line with researchers Mukharrim, Ahri and Yusriani (2019) in implementing the birth planning and complication prevention program through the role of the family, that families still use private vehicles to get to health services, this is due to access that allows mothers to give birth to health services, and also so far there has never been one, transportation problems, because many residents have vehicles.

Factors that can have a good influence on the results of the respondent's questionnaire regarding cadres' knowledge of birth planning and complication prevention programs. According to Fadhil in Nurhasim (2013), these factors state that knowledge can be influenced by two factors, namely internal factors and external factors. Internal factors include age, experience, intelligence. Meanwhile, external factors include education and employment.

Research conducted by Mahmudah and Agustin (2020) regarding the role of cadres in the birth planning and complication prevention program, shows that the age maturity level of cadres is one of the factors that can influence a person's mindset. Mature individuals have good adaptability in receiving information or education so they can reach a good level of knowledge. desired. In this study, the cadres were mature and had good cognitive abilities in the birth planning and complication prevention program in the target area.

Based on the education of the health cadres in this study, the highest level of

education was middle and high school. In line with research conducted by Suwaryo and Yuwono (2017) that education at a higher level has a broader level of knowledge and a lot of experience.

Regarding health cadres, the implementation of the birth planning and complication prevention program can be influenced by the work of these cadres. This is in line with research conducted by Supadmi (2021) that cadres who have jobs are likely to be more focused than integrated healthcare center activities because their work is more bound by rules. In this study, most of the respondents were housewives. Mothers who do not work and are not bound by regulations certainly have free time to obtain various good and correct information, especially about their role as health workers. In the community itself, it is difficult to find health cadres who are willing to serve the community in the midst of the work they do, especially if they are located in the city center, and apart from that, people who live in the city center are also busy and prefer privacy, as a result, health cadres cannot optimal approach. In this case, it is greatly influenced by the participation of local village officials in terms of being active with the local community.

Through training, cadres will have broader insight regarding the work to be carried out (Kusumastuti, et al, 2015). Most respondents had attended training on integrated healthcare center activities, but regarding birth planning and complication prevention programs training, the majority of respondents had not received birth planning and complication prevention programs training. Research by Kusumastuti, et al (2015) states that coaching cadres has a significant role in the success of the birth



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planning and complication prevention program. Murdiningsih et al (2023) stated that the labor planning programs training carried out could increase the knowledge and skills of cadres in the birth planning and complication prevention program, especially in the use of birth planning and complication prevention programs stickers as notifications in the community about the whereabouts of pregnant women so that they could improve the health of mothers and children. It was explained in this study that health cadres were reluctant to provide information regarding high-risk pregnancies or complications in pregnancy due to cadres' lack of knowledge regarding these issues, cadres in the field only measured body weight, height and checked the mother's blood pressure when they came to the hospital. Integrated Healthcare Center. In line with research by Kusumastuti et al (2015), this is influenced by the inappropriate implementation of socialization and training of health workers towards cadres related to the birth planning and complication prevention program. Researchers Erlinawati and Kusumawati (2020) stated that health cadres have an important role in assisting pregnant women in the hope of helping to reduce maternal mortality. Health cadre development is very necessary to provide quality cadres.

Based on the length of time they have been a cadre in this study, the majority of health cadres have 1-5 years of experience. Someone who has extensive experience will influence their level of knowledge (Rasily and Dewi, 2016). The lack of experience will certainly influence cadres' habits in providing services in birth planning and complication prevention program activities to pregnant women in their target areas.

The attitude of health cadres in supporting the implementation of birth planning programs and preventing complications

Based on the research results, the attitude of health cadres in supporting the birth planning and complication prevention program mostly has a positive attitude. In line with research conducted by Mariani, Widarini and Pangkahila (2013) said that cadres had a positive attitude and supported the implementation of birth planning and complication prevention programs and stated that this program was very good and very useful in accelerating the reduction of MMR.

However, the manifestation of attitudes cannot be seen directly, but can only be interpreted first from closed behavior. In the theory presented by Notoatmodjo (2014) states that one of the things that influences attitudes is predisposing factors and driving factors. However, it must be underlined that not all cadres are exposed to information about the birth planning and complication prevention program and not all have a positive attitude. According to researchers, this could be influenced by support from health workers regarding the birth planning and complication prevention program which is still relatively uneven.

According to Allport in Notoatmodjo (2014) Knowledge, thoughts, beliefs and emotions play an important role in determining a complete attitude. Various factors influence the formation of attitudes, including personal experience, other people who are considered important (*significant other*), and emotional factors within the individual. Be aware of several of these factors which can be seen from the characteristics of the cadres themselves.



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The experience of being a cadre, most of the cadres have 1-5 years of experience, during which the cadres have a response and self-appreciation regarding their attitude as health cadres in society. From the self-appreciation carried out by health cadres, the cadre's attitude will be formed. To shape the attitudes of cadres in the birth planning and complication prevention program, the cadre's own experience must make a strong impression on them. Therefore, attitudes will be easily formed if emotional factors are involved in personal experiences. The personal experiences of health cadres are interrelated in a person's life, therefore the dominant positive attitude of cadres in this birth planning and complication prevention program shows the attitude of cadres who feel they belong and are related to themselves.

The influence of other people who are considered important in the attitude of health cadres regarding the birth planning and complication prevention program is the assistance provided by health workers from North Denpasar 1 Community Health Center and stakeholders from the village. This can happen because people who are considered important can create motivation within themselves, positive attitudes are also shown to avoid conflicts that may occur.

According to research conducted by Handayani (2012) that a positive attitude is not a product of genetics and heredity, but rather a characteristic that is learned with proper training, there is no significant relationship between the respondent's education and the respondent's attitude. This is in line with researcher Theresia (2010) who stated that

there is no relationship between education and attitudes and work and attitudes.

However, health cadres' knowledge about the birth planning and complication prevention program is not necessarily directly proportional to the performance of health cadres in implementing the birth planning and complication prevention program in their target areas. This is supported by the theory that the depth and breadth of knowledge is not necessarily directly proportional to superior attitudes and behavior. Increased knowledge does not always lead to changes in attitude (Siwi, 2017). This can be seen from the knowledge and attitude cross table that good knowledge shows that not all of them have a positive attitude, in fact there are cadres who show a negative attitude. This negative attitude can be formed from the health cadres' complete lack of experience with the birth planning and complication prevention program that should be carried out in the target area. This tends to form a negative attitude towards the birth planning and complication prevention program in the target area. The theory expressed by Darmiyanti Zuchdi in forming attitudes is that having no experience at all with a psychological object tends to form a negative attitude towards that object. Apart from the lack of experience of cadres which can form negative attitudes, there is also a small percentage of cadres who have relatively low education, namely 9% have elementary school education.

Regarding cadre education, researchers Anggraeni and Hasanah (2020) also stated that health cadres education is a minimum of junior high school to high school education because they have sufficient knowledge and thinking power to carry out their role as health cadres,



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education is related to skills in carrying out tasks at the integrated healthcare center because the performance of integrated healthcare center is very dependent on the quality of health cadres, and education has an important role because it influences knowledge, and broader knowledge is able to identify the problems it faces. In line with Sutisna's research in Ningsih and Novira (2020) that the level of education is related to the ability to identify health problems. Therefore, a person must obtain good knowledge, one of which can be achieved through the education obtained, knowledge will determine an attitude, if there is a problem in acceptance, it is possible that the attitude determined will not be appropriate.

Meanwhile, the incentives obtained are relatively low with quite a lot of workload starting from recording and making reports on toddlers and pregnant women, carrying out monitoring and home visits to pregnant women, this can influence the motivation of health cadres in implementing the birth planning and complication prevention program. In line with researchers Mikrajab and Rachmawaty (2012) that the factors that hamper the performance of integrated care post cadres, namely financial factors, consist of inconsistent remuneration, incentives that change significantly. There are also non-financial matters in the form of lack of training and refreshment for cadres, lack of supervision, excessive burden/time, lack of appreciation from health workers. Cadre duties include health services and community development, but are only limited to the fields or tasks they have been taught. Cadres are not expected to be able to solve the problems they face, but they are expected to be able to solve general problems in society and urgently need to be resolved. It needs to be emphasized that

public health cadres do not work in a closed system, but work and act as health system actors. Therefore, they must be coached, guided and supported by skilled and experienced health personnel.

The low level of training for health cadres in training related to the birth planning and complication prevention program has an impact on the attitudes of cadres who show negative attitudes, this is because the majority of cadres have not or have not been exposed to the birth planning and complication prevention program. In line with researchers Eka, Kristiawati and Dyan (2014) that training is very necessary so that cadres are able to manage and carry out early detection of developments according to their abilities, because knowledge and cognitive are very important domains for shaping one's actions. A cadre is required to take part in training before becoming a cadre. This is because when you become a cadre, in your duties you will often carry out various outreach activities. Counseling is usually carried out by cadres in the form of providing education individually, face-to-face, in groups and education accompanied by demonstrations. So cadres must master various technical skills and knowledge (Indonesian Ministry of Health, 2018).

Actions by health cadres regarding birth planning programs and prevention of complications programs

Based on the research results, it was found that almost all of the cadres' actions in the birth planning and complication prevention program had good actions, 86.5%. This is in line with researchers Kusumastuti, Novyriana and Utami (2015) who stated that most cadres have good actions or roles in the birth planning and



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complication prevention program. This is also influenced by the respondent's level of knowledge. So knowledge is a very important domain in shaping a person's actions (Gerungan, 2019). Regarding this, action is an attitude expressed in the form of real action based on good and bad judgments which in the future can be accounted for in accordance with one form of attitude level (Notoatmodjo, 2014). From Theory of Reasoned Action placing attitude as a central point in relation to human action, attitude as a function of belief in human action.

Based on the explanation of questions regarding health cadres actions in the birth planning and complication prevention program, there are questions with low results in educating the public regarding birth planning and complication prevention regarding the sticking of birth planning and complication prevention stickers and the facilities and equipment used in birth planning and complication prevention education. This was also explained by researcher Khoeroh (2020) that not all birth planning and complication prevention stickers were only 50% installed and the installation location was not correct because they were installed inside the house. This could be the result of the birth planning and complication prevention sticker not being installed, namely pregnant women who are difficult to find at home, it could be because the mother works, and the mother refuses to have the birth planning and complication prevention sticker installed so that the public does not know she is pregnant because of her belief that she is afraid of something undesirable happening, regarding this matter cadres must be more extra in instilling pregnant women's trust in cadres in their area. If the installation of birth planning and

complication prevention stickers is still low, it will have an impact on solving a problem where the notification from the birth planning and complication prevention sticker cannot be implemented, there is no initial notification that occurs so that birth planning and preventing complications to minimize emergencies will be more difficult to detect early by the community itself.

According to researchers, support for facilities and infrastructure in birth planning and complication prevention education is still low, which will cause difficulties for cadres in educating the public, especially pregnant women and families, because when providing education to the public, the public will be able to remember and understand better if there are visuals that can be seen, this is in line with Prajayanti, Maslikhah and Baroroh (2018) research shows that this form of communication is carried out without special media such as brochures and *leaflet* so that it can cause the information received to be less remembered by cadres and the public. Low birth planning and complication prevention educational facilities can result from funding constraints, because creating educational media requires costs to produce, so if there is no more budget related to promotional media, then there will be no educational media either.

Based on the basic theory developed by Lawrence Green (1991) in Nursalam (2016: 80), regarding factors that influence actions, a person's health in society is influenced by two main factors, namely behavior causes and non behavior causes. While behavior causes is influenced by three factors, namely: Predisposing Factors which includes age, occupation, education, knowledge and



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attitudes, Enabling Factors manifested in the physical environment and distance to health facilities, and Reinforcing Factors which is manifested in the support provided by family and community leaders (Notoatmodjo, 2014:76).

Regarding this, it can be seen that in the cross table of knowledge and action, not always good knowledge will be in harmony so that everyone will have good actions, but good knowledge can result in poor actions. This lack of action can be caused by predisposing factors, namely lack of experience as a health cadres, relatively low education of the cadre, incentives that are not in accordance with the workload, as well as birth planning and complication prevention program training that the health cadres has not received. Regarding the experience of cadres with relatively new or little experience, this influences the cadre's actions. Actions can also be influenced by the cadre's own experience because from experience the cadre can learn and imitate the actions taken. Apart from that, it is influenced by supporting factors from the environment of health cadres in the field. This can be influenced by the media facilities that cadres can use to educate the public in the birth planning and complication prevention program, but this is still low due to the unavailability of media in the field. Apart from that, the driving factors are also influential, encouragement from health workers will influence the actions of health cadres in the birth planning and complication prevention program, in the field there is still not an even distribution of health cadres who are exposed to the birth planning and complication prevention program, this can be seen that the majority of health cadres have not received training related to the

birth planning and complication prevention program.

Meanwhile, the cross table between attitudes and actions shows that positive attitudes do not always result in positive actions, but there may not be harmony, which can lead to lack of action. Actions that are less likely to be influenced by the biggest factor, namely the reinforcing factors this is driven by the attitudes and behavior of health workers, although cadres are accompanied by health workers every month in the implementation of integrated service post, which means that the communication and interaction between health workers and cadres goes well, but that is only in the implementation of integrated service post services for toddlers, and this is not related with the implementation of the birth planning and complication prevention program. Apart from this, incentives, cadre education and training related to the birth planning and complication prevention program also influence the results of the cadre's actions. These factors influence the actions of cadres who are lacking in the birth planning and complication prevention program by showing a positive attitude.

CONCLUSIONS

Based on the description of the results and discussion above, the conclusions that can be concluded are:

Almost all health cadres have good knowledge about the birth planning and complication prevention program in the Public health center 1 North Denpasar area. The attitude of health cadres regarding the birth planning and complication prevention program in the Public health center 1 North Denpasar area is that most of the cadres have a positive attitude. Most of



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the cadres' actions regarding the birth planning and complication prevention program in the Public health center 1 North Denpasar area had good actions.

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