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Training Of Village Health Cadres On Prevention Of Anaemia Among Pregnant Women In Bojonegoro District

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ABSTRACT Anaemia in pregnancy is a condition of the mother with haemoglobin levels below 11gr% in the 1st and 3rd trimesters or levels <10.5gr% in the 2nd trimester. The incidence of anaemia in pregnant women in Mojodeso Village, Kapas District, Bojonegoro in 2020 was 6 out of 30 pregnant women or 20%. higher than the incidence of anaemia in pregnant women in the Kapas Puskesmas work area 6.20%. The purpose of this community service is to increase the knowledge and skills of Village Health Cadres on Prevention of Anaemia in Pregnant Women in Mojodeso Village, Kapas District, Bojonegoro Regency. The methods used in empowerment activities in the form of Village Health Cadre Training on Prevention of Anaemia in Pregnant Women are lectures, questions and answers, demonstrations, extension practices, pre tests and post tests. The training was held for 3 (three) days on 21, 22 and 23 June 2022 at the Mojodeso Village Hall, Kapas District, Bojonegoro Regency with 30 health cadres participating. The results of this training were that there was an increase in the lowest, highest, and average knowledge scores of the trainees with the most 26 (86.73%) post test scores in the very good category. The average value of IEC practice of most trainees is very good category as many as 21 participants (70%) very good category. All trainees provided counseling to 30 (100%) participants, each of whom provided counseling to 5 couples of childbearing age, resulting in a total of 150 couples of childbearing age who received counseling on the prevention of anaemia in pregnant women. Pregnant women can prevent anaemia by consuming foods that contain blood supplements and processing them properly..

INDEX TERMS: Cadres, Anaemia, Pregnant women,

I. INTRODUCTION

Anaemia is a clinical syndrome characterised by a decrease in haemocrit, haemoglobin and the number of erythrocytes in the blood (Ugroseno YB, 2015). Anaemia in pregnancy is a condition of pregnant women with haemoglobin (Hb) levels < 11 g% in the first and third trimesters while in the second trimester haemoglobin levels < 10.5 g%. Pregnancy is relatively anaemic because pregnant women need more iron for pregnancy and childbirth (Tanziha, Damanik et al., 2016).

According to the 2017 World Anaemia Convention, the global prevalence of anaemia in pregnant women worldwide is 41.8%. The prevalence of anaemia in pregnant women is estimated in Asia at 48.2%, Africa at 57.1%, America at 24.1%, and Europe at 25.1%. (Salmariantity, 2012). According to Riskesda 2018, the prevalence of anaemia among pregnant women in Indonesia in 2018 was 48.9%. This compares to a lower prevalence of anaemia among pregnant women in 2013, which was 37.1%. While pregnant women who received

blood supplement tablets were 73.2%, and only 24% received blood supplement tablets > 90 tablets while those who received blood supplement tablets < 90 items were 76% (Riskesda, 2018). In 2017, the percentage of coverage of pregnant women in East Java who received 30 tablets was 94.6% and those who received 90 tablets was 87.1% (East Java Health Profile, 2017). The incidence of anaemia among pregnant women in Bojonegoro Regency in 2018 was 1626 out of 18,538 pregnant women examined or 8.77%. While the prevalence of anaemia among pregnant women in the Kapas Health Centre working area in 2019 was 9.06% and in 2020 was 6.20%. Meanwhile, the prevalence of anaemia in pregnant women in Mojodeso Village, Kapas District, Bojonegoro in 2020 was 6 out of 30 pregnant women or 20%.

The results of research by Siswanto T and Ernawati M (2020) on Factor Analysis of Pregnant Women with Anaemia at Puskesmas Kedewan Bojonegoro showed that the factors of pregnant women that significantly influenced

the anaemia of pregnant women were the knowledge of pregnant women about anaemia ($p = 0.002$ OR = 5.740), maternal parity ($p = 0.000$ OR = 25.669) and regularity of consumption of blood supplement tablets (0.041 OR = 3.884). And the most influential factor on anaemia in pregnant women is maternal parity (OR=25.699).

Pregnant women with low knowledge of iron (Fe) will affect their nutritional intake patterns and consumption of Fe tablets, thus risking anaemia (Nurriszka RH, 2019).

The government's programme to prevent anaemia in pregnant women is to provide 90 Fe tablets to pregnant women during their pregnancy, but in the implementation of the Fe tablet programmes, there are various obstacles, one of which is the low compliance of pregnant women in consuming Fe tablets. Community participation in improving service efficiency through community involvement and empowerment efforts (health cadres) is expected to increase support in efforts to prevent anaemia in pregnant women. where this activity is carried out by means of health counseling. Activities carried out through community empowerment in efforts to prevent anaemia in pregnant women are to increase the capacity of Health Cadres in Mojodeso village, Kapas sub-district, Bojonegoro district through efforts to increase in-depth knowledge and skills about anaemia in pregnant women..

II. METHOD

The methods used in empowerment activities in the form of Village Health Cadre Training on Prevention of Anaemia in Pregnant Women are lectures, questions and answers, demonstrations, extension practices, pre tests and post tests. Lectures on the material: the concept of anaemia in pregnancy, the concept of prevention and management of anaemia in pregnancy, the concept of types of food ingredients that contain blood additives, how to process foods that contain blood additives, and the concept of IEC. Demonstration of food processing that contains blood supplements and IEC on the prevention of anaemia in pregnancy. Pre-test and post-test aimed to determine the level of knowledge of participants before and after training. The training was held for 3 (three) days on 21, 22 and 23 June 2022 at Mojodeso Village Hall, Cotton Subdistrict, Bojonegoro Regency with 30 health cadres participating. Implementation of training by implementing health protocols, namely, each participant is required to wash hands with soap, check body temperature, wear a mask, maintain distance and during training do not eat / drink.

III. IMPLEMENTATION

Training of Village Health Cadres on Prevention of Anemia in Pregnant Women was carried out through lectures, questions and answers, demonstrations, counseling practices, pre tests and post tests.



Figure 1.
The opening ceremony



Figure 2.
Photo with participants after the opening ceremony



Figure 3.
Photo while doing the pre-test

Lectures on the material: the concept of anemia in pregnancy, the concept of prevention and management of anemia in pregnancy, the concept of types of food ingredients that contain blood additives, how to process foods that contain blood additives, and the concept of IEC.



Figure 4.
Photo during material presentation



Figure 5.
Photo during material presentation



Figure 9.
Photo during KIE practice



Figure 6.
The practice of processing food ingredients that contain iron



Figure 10.
Submission of souvenirs from the Bojonegoro Midwifery Study Program Community Service Team to the Head of Mojodeso Village, Kapas District, Bojonegoro.



Figure 7.
Photo during KIE practice



Figure 11.
Photo when health cadres conduct counseling to couples of childbearing age



Figure 8.
Photo during KIE practice

Demonstrations in the form of food processing containing blood additives and IEC on the prevention of anemia in pregnancy. Pre-test and post-test aimed to determine the level of knowledge of participants before and after training. The training was held for 3 (three) days on June 21, 22 and 23, 2022 at the Mojodeso Village Hall, Kapas District, Bojonegoro Regency with 30 health cadres participating. Implementation of training by implementing health protocols, namely, each participant is required to wash hands with soap, check body temperature, wear a mask, maintain distance and during training do not eat / drink. Details of the material and methods of activity are as follows:

No	Material	Time	Method	Presenter	Moderator / Responsible
	Day 1 Meeting				
1.	Welcome Speech	08.00 - 09.00	Lecture	Head of D3 Midwifery Program Bojonegoro Head of the Health Center	Indrayanti,SST. S.Pd.,M.Keb..
2.	Pre Test	09.00 – 09.30		Panitia	Masfuah Ernawati,SST., S.Pd.,MMKes.
3.	Concept of Pregnant Women Anemia (Definition, Classification, Causes and Effects, prevention and management of anemia in pregnant women)	09.30 – 10.30	Lecture, question and answer, brainstorming, review.	Indrayanti.	Masfuah Ernawati,SST., S.Pd.,MMKes.
4.	The concept of types of food ingredients that contain blood additives and how to process these food ingredients	10.30 – 11.30	Lecture, question and answer, brainstorming, review.	Masfuah Ernawati	Indrayanti,SST. S.Pd.,M.Keb.
	Day 2 Meeting				
1.	practice of processing foods that contain iron	08.00 – 10.00	Practice with video playback	Indrayanti	Masfuah Ernawati,SST., S.Pd.,MMKes.
2.	Concept of IEC Techniques for providing IEC to the community	10.00 – 11.30	Lecture, question and answer, brainstorming, review	Masfuah Ernawati	Indrayanti,SST. , S.Pd.,M.Keb..
	Day 3 Meeting				
1.	Demonstration of IEC practice on anemic pregnant women Evaluation of IEC Practice Results	08.00 - 09.30	Lecture, demonstration, review.	Masfuah Ernawati Indrayanti	Indrayanti,SST. , S.Pd.,M.Keb..
2.	Post Test	09.30 - 10.00		Committee	Masfuah Ernawati,SST., S.Pd.,MMKes.
3.	Commitment of Village Health Cadres and TP PKK Village and signing of commitment sheet	10.00 – 10.15		Committee	Masfuah Ernawati,SST., S.Pd.,MMKes
4.	Closing Remarks	10.15– 11.30		Head of D3 Midwifery	Indrayanti,SST. S.Pd.,M.Keb

The involvement of partners in this community service is as follows:

1. The village government provides a training venue, namely the Mojodeso Village Hall.
2. The village government provides table chairs, sound system equipment as training facilities.
3. Village officials motivated and mobilized village health cadres to attend the training.
4. The community health center assigns a village

midwife to monitor the smooth running of the training and the implementation of health protocols.

5. training and implementation of health protocols.
6. Health cadres participate in the training seriously

IV.RESULT

Knowledge of health cadres on prevention of anaemia in pregnancy. Evaluation of trainees' knowledge using pre and post test

Tabel 1

Skor Pre dan Post Test Pencegahan Anemia Ibu Hamil Peserta Pelatihan Kader Kesehatan di Kabupaten Bojonegoro oto during KIE practice

No	Description	Pre test	Post test	Description
1	Lowest Score	30	50	Increased
2	Highest Score	90	100	Increasing
3	Average	68	89,5	Increasing

From the table above, it can be explained that there was an increase in the lowest score, the highest score and the average score obtained by the trainees during the post-test. and average scores obtained by the trainees during the post test.

Tabel 2

Categories of Post Test Score Knowledge of Anemia Prevention for Pregnant Women Participants in Health Cadre Training in Bojonegoro

No	Categories	Frequency	%
1	Very good (79 -100)	26	86,7
2	Good (68 - 78)	3	10
3	Fair (50 - 67)	1	3,3
Total		30	100

From the table above, it can be explained that most of the 26 (86.7%) trainees' knowledge during the post-test category was very good.

Skills of health cadres in providing IEC on prevention of anemia in pregnant women

Tabel 3

Categories of IEC Tabel 3Score for Prevention of Anemia in Pregnant Women Participants of Health Cadre Training in Bojonegoro

No	Categories	Frequency	%
1	Very good (79 -100)	21	70
2	Good (68 - 78)	9	30
3	Fair (50 - 67)	0	0
Total	Categories	30	100

From the table above, it can be explained that most of the 21 (70%) trainees' IEC scores during the practice of IEC on the prevention of anemia in pregnant women were very good.

V. DISCUSSION

Knowledge of Village Health Cadres

Based on Tables 4.1 and 4.2, it can be seen that there is an increase in the following lowest, highest, and average knowledge scores of the trainees. Most 26 (86.7%) post test scores were in the very good category.

Health education is a consciously planned process to create opportunities for individuals to constantly learn to improve awareness (literacy) and increase their knowledge and skills (life skills) for the benefit of their health (Septianingrum, D, 2015). According to Notoatmodjo (2012) health education is an effort of persuasion or learning to the community so that people want to take actions to maintain, and improve their

health levels. So it can be concluded that health education is a form of activity by delivering material about health that aims to change target behavior.

Training is one of the health education efforts that can increase a person's knowledge and the increase from pre test to post test scores can show that the health worker training has an effect on increasing the knowledge of participants. The timely attendance of participants can prove the seriousness of the participants in participating in the training so that with a serious effort to increase the knowledge of participants can be achieved, which can be seen from the value of participants during the post test most have a very good category, namely as many as 26 participants (86.7%).

Skills of Health Cadres in Providing IEC on Prevention of Anemia in Pregnant Women

Based on Table 4.3, it can be seen that after being given training, the average value of IEC practice of training participants is mostly 21 (70%) in the very good category.

Health education is a planned effort to influence others, whether individuals, groups or communities so that they can do as expected by the perpetrators of health education (Fitriani, 2011). The main objective of health education according to Health Law No.23 of 1992 is to increase the ability of the community to maintain and improve their health status both physically, mentally and socially so that they are economically and socially productive (BKKBN, 2012). Training is an effort to improve a person's ability both physically and mentally and socially, including in this training making trainees able to provide IEC on the prevention of anemia in pregnancy to other participants.

Counseling on prevention of anemia in pregnancy to couples of childbearing age by village health cadres

All trainees have provided counseling on the prevention of anemia in pregnancy to 150 couples of childbearing age.

Health counseling is a health education activity carried out by spreading messages, instilling confidence, so that people are not only aware, know and understand, but also want and can do a recommendation that has to do with health (Azwar, 2013). health counseling is an effective way to provide health messages to the public in order to improve health in everyday life (Nuzul R, et al, 2021). The results of research by Nuzul R et al stated that there was a very significant effect in providing health counseling on anemia on the knowledge of pregnant women in the Lamteuba health center working area.

After receiving training, the training participants / cadres provide counseling to couples of childbearing age closest to the place of residence, where each health cadre provides counseling to 5 couples of childbearing age. The health cadres who participated in the training voluntarily provided counseling to couples of childbearing age because the material provided was needed by couples of childbearing age, especially material about preventing anemia in pregnant women.

VI. CONCLUSIONS

1 There was an increase in the lowest, highest and average

scores during the post test, the knowledge of the trainees during the post test was mostly in the very good category, namely 26 participants (86.7%).

IEC skills of trainees are mostly in the very good category, namely 21 participants (70%).

All 30 cadre training participants (100%) have each provided counseling to 5 couples of childbearing age, so that families who get counseling on the prevention of anemia in pregnant women are 150 couples of childbearing age.

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