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Empowerment of Health Cadres in Supporting the Wellbeing of Clients with Chronic Kidney Disease (CKD) in Surabaya, Indonesia

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ABSTRACT Chronic kidney disease (CKD) is a public health problem with an increasing prevalence and incidence of CKD. This increase in incidence is in line with the increase in the incidence of hypertension and diabetes mellitus. Health cadre support for clients with CKD has never been done because specific knowledge about efforts to support health in clients with CKD has never been done. Objective To increase the potential of health cadres through empowerment in order to provide support and motivation for Chronic Kidney Disease clients towards wellbeing. The method used was training including lectures, questions and answers, discussions, role play, pre tests and post tests and the media used: modules and needs identification sheets for CKD clients. Implementation of activities for 3 meetings which are divided into stages of providing material, assigning cadres to identify the support needs of clients, the second meeting discussing the results of identifying needs divided into groups, and the last meeting cadres role play to provide support to clients. The results showed that there was an increase in knowledge before and after empowerment through training. Based on the results of the pre-test assessment, the highest score was 93 and the lowest score was 60, the average score was 70.2, while the highest post-test score was 100 and the lowest score was 67, the average score was 80.4. The difference between post-test and pre-test results ranged from 0-26 points. It was found that more social support needs are needed by CKD clients Empowerment carried out on health cadres is one way to improve wellbeing conditions in CKD clients through various supports.

INDEX TERMS health cadres, empowerment, wellbeing support, CKD clients

I. INTRODUCTION

Chronic Kidney Disease (CKD) is currently a public health problem with an increasing prevalence and incidence of CKD. This increase in incidence is in line with the increase in the incidence of hypertension and diabetes mellitus. The results of research by Kholifah et al (2020) show that there are factors that can improve wellbeing conditions in clients with CKD who still need strengthening, namely dietary management (diet), carrying out physical activity, personal hygiene, worshiping in accordance with beliefs, autonomy conditions, socialisation skills, self-acceptance and the existence of self-help groups.[1]

Preliminary studies conducted with 4 health cadres stated that various knowledge has been obtained from the Puskesmas including about non-communicable diseases, namely hypertension and diabetes mellitus[2][3][4]. Specific knowledge about supporting the health of clients with CKD has never been done[5]. Cadres know that community members in their area, especially members in Posyandu, mostly have hypertension and diabetes mellitus, which have the risk of kidney failure[2][6]. This is the consideration of the proposer to conduct community service to health cadres as partners[7][8][2] Based on the search, it was found that Krembangan Sub-district consists of 5 villages, namely Dupak, South Krembangan, Kemayoran, West Perak and Moro Krembangan, and has 44 Posbindu (Health Profile Data, Surabaya City Health Office, 2018), so the number of health cadres can be estimated at 220 people.

Currently, health cadres have an important role as people who bridge the community, especially target groups, with health facilities[9][10][11]. Various information from the government is more easily conveyed to the community through cadres, because cadres are more responsive and have health knowledge above the average of the target group. Health cadres are community members who are given the skills to run Posbindu activities[12][9][13]. The role of cadres in general is to carry out service activities and succeed with

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the community and plan village-level health service activities[14][2].

II. METHOD

The methods used in this community service are lectures, discussions, case identification, problem solving and role play support to clients. The implementation design applies a guidance model through empowerment to health cadres. The media used during the activity are LCD, and PPT in the form of pictures of material, modules and identification sheets of CKD client needs. Resource person: Lecturers in Surabaya Professional Nursing Study Programme. The activity begins with the preparation of a proposal. Furthermore, the signing of a community service contract between the chairman and the Director of the Poltekkes Kemenkes Surabaya. The next step is to obtain a permit from the One-Stop Integrated Investment and Licensing Office, Surabaya City Health Office.

Prior to empowerment activities, modules for health cadres have been prepared. The module prepared is cadre support for people with Chronic Kidney Disease in the family contains learning materials about: knowing chronic kidney disease, nutritional support in chronic kidney disease, support in managing stress, support in increasing the spiritual dimension and social support[15][16][17]. The targets of the implementation of this empowerment activity are health cadres totalling 30 people.

III. IMPLEMENTATION

Activities are carried out in 3 stages, namely: provision of material followed by independent assignments, discussion of cases and rple play, and evaluation.

A. OPENING

The activity began with an opening which was attended by representatives of the Puskesmas and all empowerment participants.

FIGURE 1. Opening of Community Services

B. PROVISION OF MATERIAL

Before the presentation of the material, a pre-test was conducted to determine the understanding of health cadres in providing support to clients with CKD[18][19]. The resource persons for this health cadres empowerment are the service team and students.

FIGURE 21. Pre test of the Cadres

The material provided is in accordance with the module that has been distributed to participants, which is carried out by a team of lecturers.

FIGURE 3 Provision of material

FIGURE 4. Independent task of identifying the needs of CKD clients

IV. RESULT

This community service was carried out on the date for 3 days, namely 22 June 2022, 29 June 2022 and 6 July 2022. The activity was held at Krembangan Selatan Health Centre Surabaya, attended by 30 health cadres. The following shows the characteristics of the health cadres:

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FIGURE 5. Group discussion

FIGURE 8. Role play of cadres providing support to CKD clients

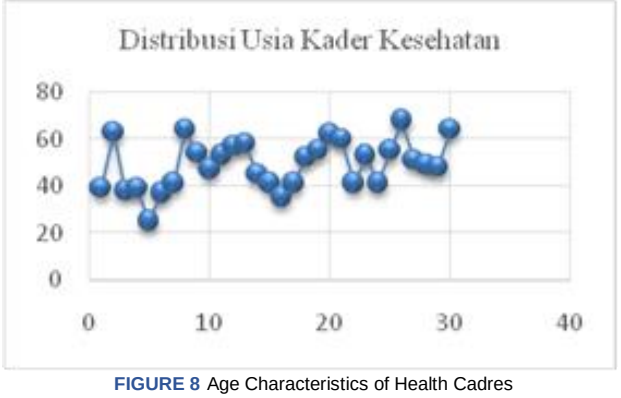

FIGURE 8 Age Characteristics of Health Cadres

FIGURE 8 shows a description of the age characteristics of health cadres who participated in empowerment activities. The lowest age of cadres is 25 years, the highest age is 65 years with an average age of 49 years.
FIGURE 9 shows the characteristics of the education level of health cadres who participated in empowerment activities, most of them have a high school education, namely 22 people (73%).

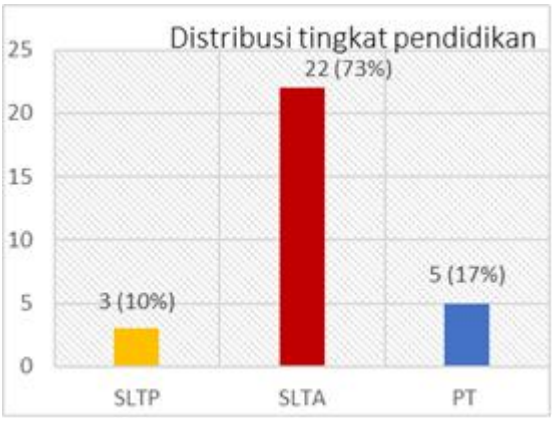

FIGURE 9 Distribution of Education of Health Cadres

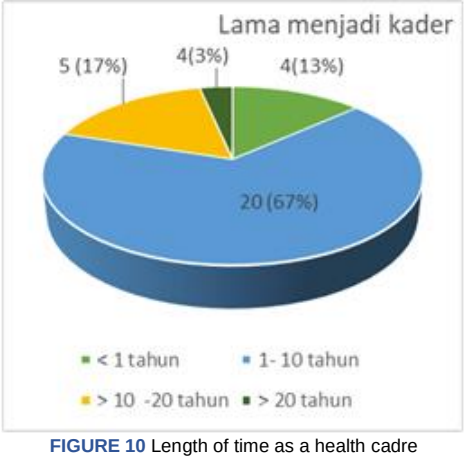

FIGURE 10 Length of time as a health cadre

FIGURE 10 shows a description of the length of time being a health cadre who participated in empowerment activities, most of them (67%) devoted themselves for 1-10 years.

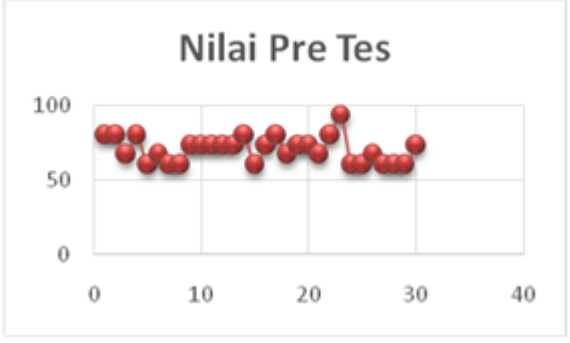

FIGURE 11 Pre-test scores of health cadres in Krembangan Selatan in 2022

FIGURE 11 shows the highest pre-test result with a score of 93 and the lowest score of 60, the average score is 70.2.
FIGURE 12 shows the highest post test result with a score of 100 and the lowest score is 67, the average score is 80.4.

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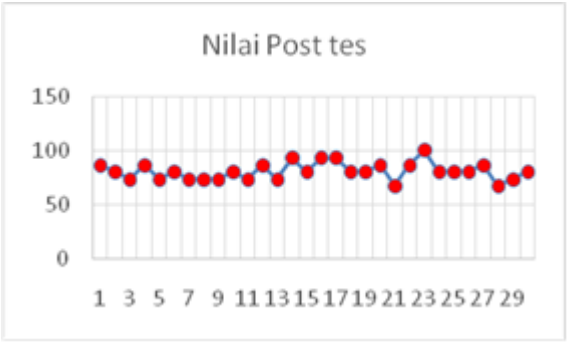

FIGURE 12 Post test scores of health cadres in South Krembangan in 2022

FIGURE 13 Comparison of Pre Test and Post Test Scores of Health Cadres in South Krembangan Year 2022

V. DISCUSSION

The results of empowerment to health cadres regarding support for clients and families with CKD are an increase in cognitive abilities as shown by the results of the post-test participants, while to improve the ability to provide support in communication is done with roleplay activities for cadres, based on the problems found during the identification of support needs[14][7][20].

The pre-test data showed the lowest score was 60 and the highest score was 93, the average score was 70.2, while the lowest post-test score was 67, the highest score was 100, the average score was 80.4. This data can be seen in a positive direction indicated by an increase in knowledge after the provision of material. The success in this Community Service activity is also inseparable from personal skills which include self-knowledge skills and rational thinking skills[15][21][22]. Based on the characteristics of health cadres, they are adults and most of them have a high school education, some are even college students, so that the information obtained will be easier to understand[8][11][20]. Health cadres have a basic experience in carrying out their functions so far, which is indicated by the length of time they have been health cadres, namely 1-10 years[12]. This can improve rational thinking skills, which include skills to explore and find information, skills to process information and make decisions[23]. In addition, the personal skills possessed by health cadres will also support the process of applying assistance to clients with CKD[24][15].

During the provision of empowerment, an evaluation of the process of activities carried out in achieving goals, actions, or performance is carried out so that the inputs used produce specific results[25][26][27]. The process evaluation relates to the efficiency of programme implementation, which includes the close relationship between implementers and students, communication media, logistics, resources, activity schedules, and potential causes of programme failure. The assessment of the process of this activity is very good because the participation of resource persons and participants is very good and smooth. This can be seen from the post-test results of all participants.

VI. CONCLUSION

Empowerment of health cadres can improve knowledge in providing support to CKD clients as shown by an increase between before and after empowerment activities. Improving skills in providing support to CKD clients is preceded by a process of identifying needs can be done by cadres so that they can determine what support is given to CKD clients applied through role play. Every health cadre who becomes an ambassador during the empowerment implementation can follow up with activities to provide support to CKD clients or other chronic diseases, such as dietary support, stress management, social and spiritual in accordance with the material that has been delivered during empowerment activities. Health cadres can provide information to other cadres who do not get the opportunity as empowerment participants in supporting the Wellbeing of clients with CKD.

REFERENCES

[1] M. Alemayehu, T. Belachew, and T. Tilahun, "Factors associated with utilization of long acting and permanent contraceptive methods among married women of reproductive age in Mekelle town, Tigray region, north Ethiopia," *BMC Pregnancy Childbirth*, vol. 12, 2012, doi: 10.1186/1471-2393-12-6.

[2] R. Dewi and R. Anisa, "The Influence of Posyandu Cadres Credibility on Community Participation in Health Program," *J. Messenger*, vol. 10, no. 1, p. 83, 2018, doi: 10.26623/themessenger.v10i1.596.

[3] A. Grady, F. Stacey, K. Seward, M. Finch, J. Jones, and S. L. Yoong, "Menu planning practices in early childhood education and care – factors associated with menu compliance with sector dietary guidelines," *Heal. Promot. J. Aust.*, vol. 31, no. 2, pp. 216–223, 2020, doi: 10.1002/hpja.286.

[4] J. E. Bettmann, J. M. Mortensen, and K. O. Akuoko, "Orphanage caregivers' perceptions of children's emotional needs," *Child. Youth Serv. Rev.*, vol. 49, pp. 71–79, 2015, doi: 10.1016/j.childyouth.2015.01.003.

[5] R. S. Barua and J. A. Ambrose, "Mechanisms of coronary thrombosis in cigarette smoke exposure," *Arterioscler. Thromb. Vasc. Biol.*, vol. 33, no. 7, pp. 1460–1467, 2013, doi: 10.1161/ATVBAHA.112.300154.

[6] G. A. Disassa and D. Lamessa, "Psychosocial support conditions in the orphanage: case study of Wolisso project," *Int. J. Child Care Educ. Policy*, vol. 15, no. 1, 2021, doi: 10.1186/s40723-021-00089-3.

[7] S. Smith *et al.*, "Task-shifting and prioritization: a situational analysis examining the role and experiences of community health workers in Malawi," *Hum. Resour. Health*, vol. 12, no. 1, p. 24, 2014, doi: 10.1186/1478-4491-12-24.

[8] O. Oladepo, E. Okereke, and A. Akinola, "OF EXISTING CADRES AND POTENTIAL FOR NEW MID-LEVEL CADRES," 2018.

[9] D. Aggarwal, "Primary Healthcare Nursing Cadre in India: Needs Paradigm Shift," *Lupine Online J. Nurs. Heal. care*, vol. 2, no. 2, pp. 171–172, 2019, doi: 10.32474/lojnhc.2019.02.000131.

[10] R. Hidayati and D. Setyorini, "Multi Level Education Katoga Improve The Competence of Health Cadres, Public Figure, and

Family in Preventing, Early Detection and Handling Pregnancy Emergency," *Indones. Nurs. J. Educ. Clin.*, vol. 4, no. 2, p. 118, 2020, doi: 10.24990/injec.v4i2.242.

[11] F. F. Rahman, S. N. A. C. Darsono, and S. Sunarti, "The Factors Related to Cadres' Competency in Integrated Health Service Post during Pandemic," *Mutiara Med. J. Kedokt. dan Kesehat.*, vol. 23, no. 1, pp. 42–48, 2023, doi: 10.18196/mmjkk.v23i1.17236.

[12] R. U. Zaman *et al.*, "Experiences of a new cadre of midwives in Bangladesh: Findings from a mixed method study," *Hum. Resour. Health*, vol. 18, no. 1, pp. 1–12, 2020, doi: 10.1186/s12960-020-00505-8.

[13] M. F. Chan, Z. Y. Wong, H. Onishi, and N. V. Thayala, "Effects of music on depression in older people: A randomised controlled trial," *J. Clin. Nurs.*, vol. 21, no. 5–6, pp. 776–783, 2012, doi: 10.1111/j.1365-2702.2011.03954.x.

[14] D. P. O. Lestari, S. R. Dewi, and N. W. Armerinayanti, "Strengthening the Role of Cadres and Village Midwives to Support the Cervical Cancer Awareness Movement in Puhu Payangan Village, Gianyar, Bali, Indonesia," *J. Pengabdi. Kpd. Masy. (Indonesian J. Community Engag.*, vol. 7, no. 1, p. 41, 2021, doi: 10.22146/jpkm.43355.

[15] M. Sendall, L. McCosker, K. Crossley, and A. Bonner, "A structured review of chronic care model components supporting transition between healthcare service delivery types for older people with multiple chronic diseases," *Heal. Inf. Manag. J.*, vol. 46, no. 2, pp. 58–68, May 2017, doi: 10.1177/1833358316681687.

[16] B. M. Parrinha Rocha and J. E. Palma Pacheco, "Elderly persons in a situation of dependence: informal caregiver stress and coping," *Acta Paul. Enferm.*, vol. 26, no. 1, pp. 50–56, 2013, [Online]. Available: https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=104186009&site=ehost-live&scope=site.

[17] F. Orfila, M. Coma-Solé, M. Cabanas, F. Cegri-Lombardo, A. Moleras-Serra, and E. Pujol-Ribera, "Family caregiver mistreatment of the elderly: Prevalence of risk and associated factors," *BMC Public Health*, vol. 18, no. 1, pp. 1–14, 2018, doi: 10.1186/s12889-018-5067-8.

[18] R. A. A. Salama and F. A. A. El-Soud, "Caregiver burden from caring for impaired elderly: A cross-sectional study in rural lower Egypt," *Ital. J. Public Health*, vol. 9, no. 4, 2012, doi: 10.2427/8662.

[19] S. M. St. George and D. K. Wilson, "A qualitative study for understanding family and peer influences on obesity-related health behaviors in low-income African-American adolescents," *Child. Obes.*, vol. 8, no. 5, pp. 466–476, 2012, doi: 10.1089/chi.2012.0067.

[20] K. O. Kwok *et al.*, "Community responses during the early phase of the COVID-19 epidemic in Hong Kong: risk perception, information exposure and preventive measures," *Emerg. Infect. Dis.*, vol. 26, no. 7, pp. 1575–1579, 2020.

[21] D. Tamdee, P. Tamdee, C. Greiner, W. Boonchiang, N. Okamoto, and T. Isowa, "Conditions of caring for the elderly and family caregiver stress in Chiang Mai, Thailand," *J. Heal. Res.*, vol. 33, no. 2, pp. 138–150, 2019, doi: 10.1108/JHR-07-2018-0053.

[22] M. Harini *et al.*, "ASEAN Journal of Community Developing A Community-Based Rehabilitation Programs in Elderly Nursing Home : A Brief Descriptive Analysis Developing A Community-Based Rehabilitation Programs in Elderly Nursing Home : A Brief Descriptive Analysis," vol. 5, no. 2, pp. 242–268, 2021.

[23] C. P. Stewart, L. Iannotti, K. G. Dewey, K. F. Michaelsen, and A. W. Onyango, "Contextualising complementary feeding in a broader framework for stunting prevention," *Matern. Child Nutr.*, vol. 9, no. S2, pp. 27–45, 2013, doi: 10.1111/mcn.12088.

[24] C. Daniels and M. Fitzpatrick, "Integrating Spirituality into Counselling and Psychotherapy: Theoretical and Clinical Perspectives," *Can. J. Couns. Psychother.*, vol. 47, no. 3, pp. 315–341, 2013.

[25] M. A. Weber *et al.*, "Clinical Practice Guidelines for the Management of Hypertension in the Community: A Statement by the American Society of Hypertension and the International Society of Hypertension," *J. Clin. Hypertens.*, vol. 16, no. 1, pp. 14–26, Jan. 2014, doi: 10.1111/jch.12237.

[26] T. Guenther *et al.*, "Home visits by community health workers for pregnant mothers and newborns: Coverage plateau in Malawi," *J. Glob. Health*, vol. 9, no. 1, 2019, doi: 10.7189/JOGH.09.010808.

[27] F. Higgins-Desbiolles, R. A. Scheyvens, and B. Bhatia, "Decolonising tourism and development: from orphanage tourism to community empowerment in Cambodia," *J. Sustain. Tour.*, vol. 0, no. 0, pp. 1–21, 2022, doi: 10.1080/09669582.2022.2039678.