

ATTITUDE CHANGE OF COMMUNITY BASED SURVEILLANCE (CBS) CADRES THROUGH MODULE DEVELOPMENT IN BARRU DISTRICT IN 2021

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ABSTRACT

The module given to community-based surveillance (CBS) cadres is able to make attitude changes. Attitude change is an affective component that is always related to the cognitive component. If the affective component changes, the cognitive component will also change and vice versa. By providing module development, the attitude of CBS cadres understands diseases that can be prevented by immunization (PD3I) so that prevention can be carried out in the community. This study aims to see changes in the attitude of community-based surveillance (CBS) cadres in Barru District. This study used a pre-experiment design type one group pretest-posttest. The population in this study were all inactive CBS cadres as many as 48 CBS cadres. The sample was drawn using purposive sampling technique to obtain 20 cadres. Data analysis used paired t-test and Wilcoxon test. The results showed that there were differences in knowledge ($p=0.000$) before and after the intervention of providing module development and there were differences in attitudes ($p=0.000$) before and after the intervention of providing module development. This study can be concluded that there was an increase in knowledge and attitudes in community-based surveillance (CBS) cadres after being given module development. It is hoped that further researchers will provide a comparison of module interventions and print and video media.

Keywords: *Module, community based surveillance (CBS), attitude*

INTRODUCTION

Integrated disease surveillance and response has been implemented in the African region in 44 out of 47 countries (94%). Of the 44 countries implementing integrated disease surveillance and response, 40 (85%) have initiated integrated disease surveillance and response training at the local level; 32 countries (68%) have initiated community-based surveillance; 35 (74%) have event-based surveillance; 33 (70%) have electronic integrated disease surveillance and response. (1)

Integrated community-based surveillance is termed Community Based Surveillance (CBS). Community based surveillance is the systematic detection and reporting of public health events within a community (2).

The implementation of integrated surveillance in Indonesia has been regulated in the regulation of the Minister of Health of the Republic of Indonesia No. 45 of 2014 which states that surveillance consists of: communicable disease surveillance, non-communicable disease surveillance, environmental health surveillance, matra health surveillance and other health surveillance. (3)

Integrated surveillance has been developed with the Ministry of Health's innovative program, the *Community Based Surveillance (CBS)* program. Integrated community-based surveillance is termed *Community Based Surveillance (CBS)*. *Community based surveillance* is the systematic detection and reporting of public health events in a community. (4)

The implementation of the *Community Based Surveillance* (CBS) program emphasizes the control of PD3I diseases and other health problems. Immunization Preventable Diseases (PD3I) include: polio (paralysis), measles, Tetanus Neonatorum (TN), diphtheria, pertussis or whooping cough and pulmonary TB and other health issues (diarrhea, leprosy, avian influenza, malaria, food poisoning and rabies) that are considered important and can be detected independently by the community .(5)

CBS cadres are men or women selected by the community and trained to deal with individual and community health problems and to work in close contact health service delivery sites. The presence of cadres in the community in controlling PD3Is and other health problems has the potential to assist in the discovery of symptoms that be detected early and prevent further transmission in the community.

Detection of symptoms or diseases as early as possible is very important to do in order to prevent further transmission of disease in the community, as a priority provision for tackling disease, extraordinary events (KLB) can be controlled or become material for monitoring and evaluating the development of the public health situation .(6)

Such control can be overcome by the presence of cadres who actively assist in the early detection of disease symptoms. The role of active cadres in the *Community Based Surveillance* (CBS) program is strongly supported by good knowledge and attitudes. Research by I. M. K. Wijaya (2013) showed that there is a statistically significant relationship between knowledge, and attitudes with the activity of health cadres, health cadres with high knowledge have the possibility to be active 18 times greater than low knowledge, health cadres with good

attitudes have the possibility to be active 8 times greater than the attitude less .(7)

This research needs to be done so that cadres can determine attitudes in finding symptoms of PD3I diseases and other health problems can increase so that Barru District can become a model for other District / City Health Offices

RESEARCH METHODS

This study used primary data and secondary data. Primary data were obtained from CBS cadres who were selected as samples and secondary data were obtained from the Barru District Health Office. The design of this research is experimental research, namely *quasi-experiment* with the *non-randomized pre-test post test group design* (8,9).

RESEARCH RESULT

The characteristics of respondents can be seen in Figure 1.1 The age of respondents is more in the age group 26-45 years, namely 16 people (80%). Education of respondents is more at the high school level, namely as many as 10 people (50%). More respondents' jobs are not working, namely 17 people (85%). The training attended by respondents was mostly 1-2 times, namely 12 people (60%). The respondent's tenure is more in respondents with a tenure of 1-2 years, namely 12 people (60%).

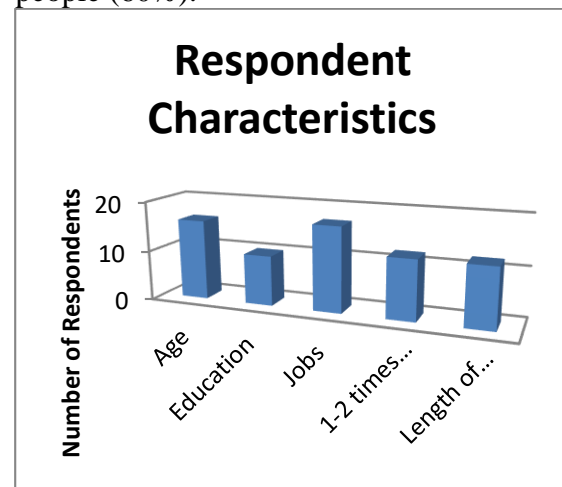


Figure 1.1. Respondent Characteristics

The relationship between age and cadre activeness showed that the age of 26 - 45 years was more inactive at 87.5% than active at 12.5%.

The results of statistical tests of the relationship between age and the activeness of respondents after being given the module show that the value obtained is $p = 0.032$ which indicates that there is a relationship between age and the activeness of CBS cadres, see table 1.1.

Table 1.1 Relationship between age and activeness

Age	Liveliness		<i>P</i> value	Sig
	Active	no		
26 – 45	12.5	87.5	0.032	0.05
46 – 65	75	25		

Source: Primary Data

The relationship between education level and activeness showed that higher education was more in the inactive group at 71.4% than the active group at 28.6%.

The results of the statistical test of the relationship between education and the activeness of respondents after giving the module show that the value obtained is $p = 1.000$ ($p > 0.05$), which means that there is no relationship between education and the activeness of CBS cadres, see table 1.2.

Table 1.2 Relationship between education level and activeness

Education	Liveliness		<i>P</i> value	Sig
	Active	no		
High	28.6	71.4	1.000	0.05
Low	16.7	83.3		

Source: Primary Data

The relationship between work and activeness showed that respondents who did not work were more inactive at 70.6% than those who were active at 29.4%.

The results of the statistical test of the relationship between work and the respondent's activeness showed that the value obtained was $p = 0.539$ ($p > 0.05$),

which means that there is no relationship between work and the activeness of CBS cadres, see table 1.3.

Table 1.3 Relationship between work and activeness

Job	Liveliness		<i>P</i> value	Sig
	Active	No		
Not Working	29.4	70.6	0.539	0.05
Work	0	100		

Source: Primary Data

The relationship between tenure and activeness shows that respondents with 5-6 years of service who are active and inactive are both 50%.

The results of the statistical test of the relationship between tenure and respondent activeness show that the value obtained is $p = 0.047$ ($p < 0.05$), which means that there is a relationship between tenure and the activeness of CBS cadres, see table 1.4.

Table 1.4 Relationship between tenure and activeness

Jobs	Liveliness		<i>P</i> value	Sig
	Active	Tidak		
5-6	50	50	0.047	0.05
3-4	50	50		
1-2	8.3	91.7		

Source: Primary Data

The relationship between training and respondents' activeness showed that respondents who had attended training 5-6 times were more active at 75% than those who were not active at 25%.

The results of statistical tests of the relationship between training and the activeness of respondents show that the value obtained is $p = 0.017$ ($p < 0.05$) which means that there is a relationship between

training and the activeness of CBS cadres, see table 1.5.

Table 1.5 Relationship between training and activeness

Trainin g	Liveliness		P value	Sig
	Activ e	no		
1-2 kali	75	25	0.017	0.05
3-4 kali	25	75		
5-6 kali	0	8.3		

Source: Primary Data

The relationship between training and respondents' activeness showed that respondents who had attended training 5-6 times were more active at 75% than those who were not active at 25%.

The results of statistical tests of the relationship between training and activeness after being given a module show that the value obtained $p = 0.017$ ($p < 0.05$) which means there is a relationship between training and the activeness of CBS cadres, can be seen in table 1.6.

Table 1.6 Average Score (Mean) Knowledge

Average Score (Mean)		P value	Sig
Pre-test	Post-test	0.000	0.05
94	124.5		

Source: Primary Data

The increase in the average score (mean) of knowledge is at the time of the pre-test 94 increased in the post test to 124.5. the change in knowledge of *community-based surveillance* (CBS) cadres after being given the module is with a mean value of 32.44.

The results of statistical tests on the intervention of giving modules obtained a value of $p = 0.000$ ($p < 0.05$), so there is a statistically significant difference in the average score of respondents' knowledge before and after giving the module can be seen in table 1.7.

Table 1.7 Average Score (Mean) Attitude

Average (Mean)	P value	Sig
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Pre-test	Post-test	0.000	0.05
94	124.5		

Source: Primary Data

DISCUSSION

The results of the statistical test of the relationship between age and the activeness of respondents after being given the module showed that the value obtained $p = 0.032$ which indicates that there is a relationship between age and the activeness of CBS cadres.

Age is a period of time since a person's existence and can be measured using units of time viewed from a chronological perspective, normal individuals can be seen to have the same degree of anatomical and physiological development (Nuswantari, 1998). Age is also the duration of life or existence (since birth or held). As a person ages, the level of maturity and strength of a person will be more mature in thinking and working .(10)

Age is one of the supporting factors in creating healthy living conditions. The higher a person's age, the more experience he or she has about health. The older the experience and the wider the knowledge, the more solid wisdom in decision-making and action .(11)

The results of the statistical test of the relationship between education and the activeness of respondents after the provision of the module show that the value obtained $p = 1.000$ ($p > 0.05$), which means that there is no relationship between education and the activeness of CBS cadres.

Education affects the process of learning, the higher a person's education, the easier it is for that person to receive information. Increased knowledge is not absolutely obtained in formal education, but can also be obtained in non-formal education. A person's knowledge of an object contains two aspects, namely positive aspects and negative aspects. These two aspects determine a person's attitude towards a particular object. The

more positive aspects of the object known will foster a positive attitude towards the object. a person's higher education is obtained information both from other people and the mass media .(12,13)

The results of the statistical test of the relationship between work and the respondents' activeness showed that the value obtained was $p = 0.539$ ($p > 0.05$), which means that there is no relationship between work and the activeness of CBS cadres.

Work is a relationship that involves two parties between the company and the workers / employees The work environment can make a person gain experience and knowledge both directly and indirectly .(14)

Cadre employment can be one of the factors that relate to and influence cadre activeness. Work is an activity or activity of a person to obtain income to meet the needs of life every day. Work can also influence a person's participation in the community due to the availability of time that can be used for social activities. The less time a person has to socialize because of their work causes a decrease in their level of awareness and responsibility for social activities, one of which is the active role of being a health cadre in the environment .(15)

The results of the statistical test of the relationship between tenure and respondent activeness showed that the value obtained $p = 0.047$ ($p < 0.05$), which means that there is a relationship between tenure and the activeness of CBS cadres.

The period of work is an experience where a person's experience of a problem will make that person know how to solve problems from previous experiences that have been experienced so that the experience gained can be used as knowledge if he gets the same problem.

The length of time a person works can be related to the experience gained at work. If a cadre works, then he or she will not have enough time to carry out posyandu activities. One of the

requirements for prospective cadres is a woman who has sufficient time to perform all the tasks of the cadre that have been determined, where posyandu activities are usually carried out on working days and hours .(11)

The results of the statistical test of the relationship between training and the activeness of respondents showed that the value obtained $p = 0.017$ ($p < 0.05$) which means that there is a relationship between training and the activeness of CBS cadres.

The training that has been obtained can be obtained from training during work so that the training that has been obtained can increase one's knowledge.

The results of statistical tests on the intervention of providing modules obtained a value of $p = 0.000$ ($p < 0.05$), so there is a statistically significant difference in the average score of respondents' knowledge before and after giving the module.

The information obtained through the module that has been given previously can increase knowledge. Knowledge is the result of human sensing, or the result of someone knowing objects through their senses (eyes, nose, ears and so on) .(7)

Knowledge is the result of human sensing, or the result of someone knowing objects through their senses (eyes, nose, ears, and so on). By itself at the time of sensing so as to produce knowledge is greatly influenced by the intensity of attention and perception of the object. Most of a person's knowledge is obtained through the sense of hearing (ears), and the sense of sight (eyes) .(16)

Knowledge is strongly influenced by the intensity of attention and perception of the object. Eyes and ears are parts of the body that can affect the occurrence of major changes in knowledge .(17)

Knowledge of cadres related to community-based surveillance (CBS) related to know (know) is defined as remembering a material or knowledge related to community-based surveillance (CBS). In this case cadres recall something

specific from all the material learned or stimuli that have been received. Understanding (comprehension) is the ability of cadres to explain correctly about the symptoms of the disease .(17)

The ability of cadres to increase through the module that has been given is an effective way even though a person's ability varies but can study the module according to the level of ability that each person has.

Modules are printed teaching materials designed to be studied independently by learning participants. Modules are also called media for self-learning because they are equipped with instructions for self-learning. Learning that provides opportunities for learners to imitate an activity that is required in daily work or related to their responsibilities. So that when the evaluation of knowledge returns there is an increase .(18)

This study is in line with the research of Ibriani et.al (2020) which states that maternal knowledge increased after being given learning media for hypertension risk detection modules in pregnancy .(19)

This research is also in line with Aulia's research (2024) which states that there is an effect of the champion lamp module on knowledge (20).

The results of this study are in line with the theory put forward by Notoatmodjo (2014), knowledge is an important foundation for determining an action. A person's knowledge, attitude and behavior towards health are determining factors in making a decision. People with good knowledge will strive for the ability to apply their knowledge in everyday life. Knowledge or cognitive is a very important domain for the formation of a person's action (overt behavior) (1).

Because the module is written, someone who studies it can be more independent and concentrated. In addition, with the module, a person can review or study repeatedly until he understands the material in the module.

The results of statistical tests on the intervention of providing modules obtained a value of $p = 0.000$ ($p < 0.05$), so there is a statistically significant difference in the average score of respondents' attitudes before and after giving the module.

Attitude is how the opinion or assessment of people or respondents on matters related to health, health-sickness and factors related to health risk factors. Attitude is also a kind of readiness to react to an object in certain ways.

However, attitude is not a behavior or action, but a predisposition to behavioral action. Attitude can also be referred to as a person's closed reaction to an object which can include feelings of support or favor or feelings of disfavor or rejection of an object (21,22).

Success in changing attitudes, communicators always pay attention to the expectations desired by the other party. And fulfill all his desires so that people who receive information provided through the module will be affected and by themselves so that a person can change.

The difference in respondents' attitudes before and after being given the module shows that the information conveyed in the module has been successfully received. Attitudes are formed directly as a result of certain experiences. These experiences can arise from direct personal experience. In addition to experience, attitude change is also influenced by knowledge

One of the theories of attitude change is Rosenberg's theory, known as the theory of cognitive-affective consistency in attitude problems. This theory states that the consistency relationship in question is an affective component that is always related to the cognitive component. If the affective component changes, the cognitive component will also change and vice versa .(23)

This statement is supported by the data obtained, that the change in attitude is supported by changes in knowledge,

namely the increase in knowledge of the average score of respondents, namely before and after giving the module, namely at the time of the pre-test 96.5 increased in the post test to 122.

Attitudes are then formed and make cadres feel more important to be in the midst of people in need(24) . Attitude is also referred to as a description of likes or dislikes towards an attitude that is often obtained from one's own experience or from others, someone with a positive attitude does not always manifest in a real action(25–27). Attitude is not yet an action or activity, but a predisposition to behavioral action.

The results of this study are in line with research Jumiyati et al., (2014) which states that there are significant differences before and after the provision of modules in an effort to improve the attitude of cadres .(18)

CONCLUSIONS

This study can be concluded that there is an increase in knowledge and attitudes after being given the module. It is hoped that future researchers will develop modules by adding interactive videos related to diseases

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