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The relationship between motivation, supervision, education and training with the ability of health cadres in promoting the health of pregnant women in Sleman Regency, Yogyakarta, Indonesia

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Abstract

The World Health Organization (WHO) estimates that 15% - 20% of pregnant women experience complications. If this problem does not receive adequate treatment, pregnancy complications can contribute to maternal mortality, therefore detecting from the beginning the presence of abnormalities, complications, and complications of pregnancy must be carried out proactively by both health workers and the community, one of them by the health cadres. This study aims to determine the relationship between motivation, supervision, education and training on the ability of the health cadres in the promotion of health of pregnant women. The study was conducted on 7 February to 6 May 2016. This research was an explanatory study with quantitative research methods using a cross-sectional approach. The number of samples was 269 active health cadres. The sampling technique is multi-stage cluster random sampling. Independent variables include motivation, supervision, education and training. The dependent variable is the ability of the health cadres to promote the health of pregnant women. Data collection using a questionnaire, data analysis using Path Analysis. Factors related to the ability of the health cadres in the promotion of health promotion for pregnant women include: motivation (b = 0.68, 95% CI = 0.16 to 1.42, p = 0.01); supervision (b = 1.11, CI 95% = 0.58 to 1.65, p = <0.001), education and training (b = 0.88, 95% CI = 0.36 to 1.21, p = <0.001). Factors related with motivation include: supervision (b = 0.61. 95% CI = 0.13 to 1.11, p = 0.01); education and training: (b = -0.04, 95% CI = -0.52 to 0.44, p = 0.86). df = 1; AIC = 707.81; BIC=732.29. There is a relationship between motivation, supervision, education and training with the ability of health cadres to promote the health of pregnant women. Supervision is the most related factor. Supervision is related to motivation, good supervision will increase the motivation of health cadres, while education and training relate to motivation, health cadres with good education and training, reduce motivation in health promotion, but not statistically significant.

***Keywords**: motivation; supervision; education and training; health cadres*

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INTRODUCTION

Since the SDGs were implemented, efforts to reduce maternal mortality rates (MMR) remain a special concern in the world including Indonesia. Indonesia targets MMR to be 70 / 100,000 live births in 2030 . According to the results of the inter-census MMR population survey in Indonesia, it is at 305 / 100,000 live births in 2015 . Efforts to reduce MMR cannot only be done by the health sector, but there must be involvement from across sectors and from the community. Therefore, community empowerment as part of health promotion must be implemented properly. The health promotion strategies to reduce MMR include advocacy, nurturing the atmosphere and empowering the community through strengthening cross-sectoral coordination both related government, developing the community with community leaders, cadres and the community.

Various efforts to reduce MMR have been carried out by the government by utilizing the role of the community both through families and health cadres. One effort to reduce MMR involving the community is the involvement of health cadres in the field of maternal health. Health cadres, who are termed as Community Health Workers (CHW), are those who work for the community voluntarily, elected and trained. Definition of *Community Health Worker* is *Community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers"*. In Indonesia, health cadres are volunteers who are chosen by the community and are tasked with developing the community. In the area of maternal health, health cadres are expected to be able to carry out early detection of maternal health problems using maternal and child health books (CHB), namely abnormalities, complications, and complications of pregnancy. The ability of the health cadres in the promotion of health of pregnant women in this study is the ability of cadres in providing health education for pregnant women, providing health counseling for pregnant women, cooperating with community leaders, advocating with policymakers to obtain support in solving health problems of pregnant women.

The World Health Organization (WHO) estimates that 15% - 20% of pregnant women experience complications. If they do not receive adequate treatment, risk factors and pregnancy complications can contribute to maternal mortality. Therefore finding the earliest possible abnormalities, complications, and complications. Pregnancy must be carried out proactively, both by health workers and by the community, one of them by the health cadres. Based on the results of monitoring the local area of maternal and child health, the coverage of early detection of risk factors and pregnancy complications carried out by the community in Sleman Regency exceeds the tolerance level of 98.30%, while the tolerance for risk factors and pregnancy complications is 20% of the number of pregnant women. This figure illustrates that the incidence of risk factors and pregnancy complications in Sleman Regency is almost 50%, because the formula used to calculate the coverage of detection of risk factors and complications of pregnancy by the community is the number of risky pregnant women found by the health cadres or communities in the working area in the period a certain time divided by 20% x the target number of

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pregnant women in the working area in 1 year x 100%. The government's expectation of the role of health cadres in maternal health is quite high. This is indicated by the extent to which the coverage of early detection of risk factors and complications of pregnancy by the community involving health cadres is one of the coverage indicators of the maternal and child health program.

To achieve success in improving maternal health, it is necessary to analyze how far the ability of health cadres has a role in promoting the health of pregnant women. Health cadres are expected to be able to solve health problems in their region. Therefore health cadres must have sufficient problem-solving skills, so that health cadres can solve public health problems, namely maternal health problems. The ability to solve problems is one indicator of intellectual behavior. Health cadres who are voluntarily motivated to serve the health sector should have a sufficient educational background, allowing them to analyze public health problems. Health cadres must also have basic requirements both knowledge and skills, so that they can be effective in carrying out their duties, both in empowering the community and in the role of efforts to reduce maternal mortality. We recommend that a health cadre must receive ongoing guidance with supervision, education and training. Continuous supervision, guidance, education and training can improve the performance of health cadres. Based on the description above, this study aims to analyze the relationship between motivation, supervision, education, and training on the ability of the health cadres in the health promotion of pregnant women.

RESEARCH METHODS

The design of this study is an analytical survey with quantitative methods. This research is a type of explanatory research using a cross-sectional time approach.

The population is active health cadres at 25 community health centers in Sleman Regency, namely active health cadres in 72 Integrated Service Posts in the Pakem CHC. The population is 582 people and 310 active cadres from 38 integrated service posts in the Depok CHC of II area. The total population is 892 the health cadres.

The sample in this study were some active cadres in the Central region of the Pakem community and Depok II, calculated using the formula:

$$\mathrm{n} = \frac{\mathrm{NZ21} - a/2.\mathrm{p.q}}{\mathrm{d2(N} - 1) + \mathrm{Z21} - a/2.p}$$

(Lemeshow,1990 cit Murti, 2013)[13]

based on the formula above obtained a sample of 269 active the health cadres.

The sampling technique used in this study was multistage cluster random sampling. The data collection tool uses a questionnaire in the form of a Likert scale to measure the variables of motivation, supervision, education, training, and the ability of the health cadres in the health promotion of pregnant women.

Data analysis uses path analysis, which consists of 5 steps: (1) model specifications, (2) model identification, (3) model suitability, (4) parameter estimation, and (5) model verification, with the help of software STATA 13, because the data is in the form of a dichotomy.

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RESULTS AND DISCUSSION

Characteristics of respondents

Table 1. Characteristics of the health cadres at the research location

Variable	Criteria	n	Percentage (%)
Age	< 40 Year	93	34.57
	≥ 40 Year	176	65.43
Education	< Senior High School	63	23.42
	≥ Senior High School	206	76.58
Job	Don't Have a Job	199	73.97
	Have a job	70	26.03

Based on Table 1, it can be explained that most the health cadres are aged ≥ 40 years and are educated ≥ High school. Most of the health cadres do not have jobs.

Univariate Analysis Results

Tabel 2. The results of the descriptive analysis for all research variables

Variabel	Criteria	n	Percentage (%)
Motivation	Poor	145	53.90
	High	124	46.01
Supervision	Not Good	152	56.51
	Good	117	43.49
Education and Training	Not Good	147	54.65
	Good	122	45.35
Ability of Health Cadres	Not Good	116	43.12
	Good	153	56.88

Based on Table 2, it can be explained that more the health cadres with low motivation, poor supervision, education and training have been followed, are also not good, while the ability of the health cadres in health promotion is more in the good category.

The results of bivariate analysis

Table 3. The relationship between motivation, supervision, education and training with the ability of health cadres to promote the health of pregnant women

Variabel	The Ability of Health Cadres						OR	p
	Good		Not Good		Total			
	n	%	n	%	n	%		
Motivation								
Low	70	48.28	75	51.72	145	100	2.17	0.002
High	83	66.94	41	33.06	124	100		
Supervision								
Not Good	68	44.74	84	55.26	152	100	3.28	<0.001
Good	85	72.65	32	27.35	117	100		
Education and Training								
Not Good	70	47.62	77	52.38	147	100	2.34	0.001
Good	83	68.03	39	31.97	122	100		

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Based on Table 3, it can be explained that the variables of motivation, supervision, education and training have a relationship with the ability of the health cadres in health promotion in a positive and significant of relationship. The three variables with p-value <0.05. The variables that has the greatest effect on the ability of the health cadres in promoting the health of pregnant women is supervision variables with an odds ratio of 3.28. This means that health cadres who receive supervision well can improve their ability to promote health by 3.28 times compared to health cadres who receive poor supervision.

Table 4. Relationship of supervision, education and training with motivation

Variable	Motivation						OR	p
	High		Low		Total			
	n	%	n	%	n	%		
Supervision								
Not Good	60	39.47	92	60.53	152	100	1.85	0.013
Good	64	54.70	53	45.30	117	100		
Education and Training								
Not Good	68	46.26	79	53.74	147	100	0.97	0.953
Good	56	45.90	66	54.10	122	100		

Based on table 4, it can be explained that the supervision variable has an odd ratio of 1.85. This means that cadres who are more often supervised can increase their motivation by 1.85 times compared to the health cadres who have poor supervision. Education and training variables have odds ratios of 0.97, p = 0.935. This results indicate that education and training variables are not significant to motivation.

The result of path analysis

Model Specification. This study has 4 measurable variables namely motivation, supervision, education and training, and the ability of the health cadres in the promotion of health of pregnant women.

Model Identification. At this stage, a degree of freedom (df) is calculated which shows the path analysis can be done. The degree of freedom (DF) formula is: the number of measured variables x (number of measured variables + 1) / 2 - (number of endogenous variables + exogenous variables + number of parameters). Calculation results: df = 4 (4 +1) / 2 - (5+ 2 +2) = 10 - 9 = 1. Path analysis can be done if df ≥0, in this study obtained the value of df = 1 which means that path analysis can be done.

Suitability of Models and Parameter Estimates

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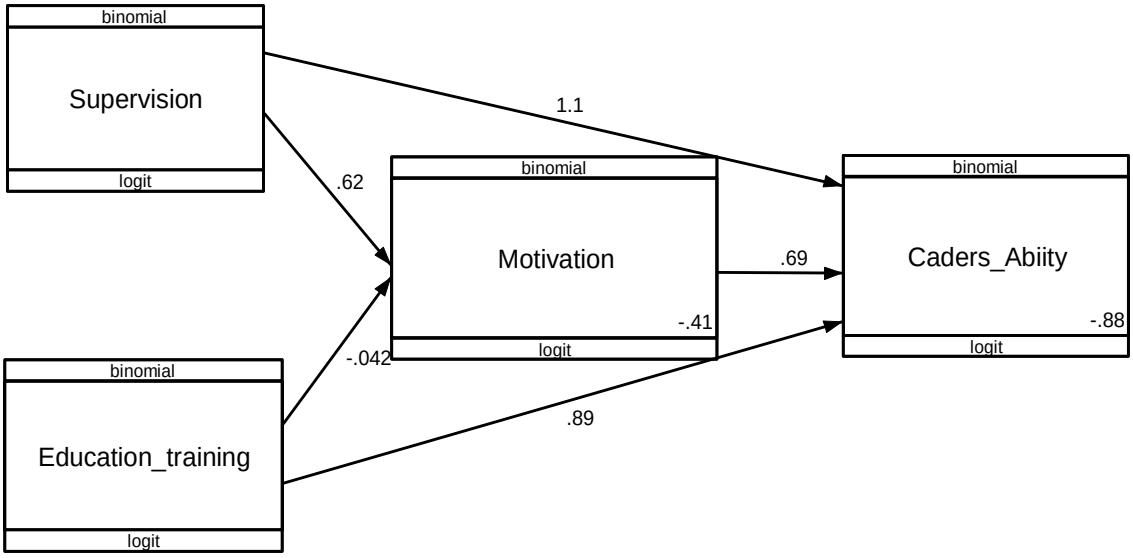

Figure 1. Suitability of models and parameter estimates

Results of path analysis

Tabel 5. The results of path analysis of factors effects the ability the health cadres to promote the health of pregnant women

Dependent Variable	Independent Variable	b	CI 95%		p
			Lower bounds	Upper Bounds	
Direct Effect					
The Ability of The Health Cadres	← Motivation	0.68	0.16	1.42	0.011
	← Supervision	1.11	0.58	1.65	<0.001
	← Education and Training	0.88	0.36	1.21	<0.001
Indirect Effect					
Motivation	← Supervision	0.61	0.13	1.13	0.013
	← Education and Training	-0.04	-0.53	0.44	0.865
N of Observation = 269					
df = 1					
AIC = 707.81					
BIC = 732.97					

Based on Table 5 it can be explained that there is a significant relationship between motivation variables with the ability of the health cadres in promoting the health of pregnant women. The health cadres with high motivation increased log 0.68 times the ability of cadres in health promotion of pregnant women (b = 0.68; CI 95% = 0.16 to 1.42; p = 0.01).

There is a significant relationship between supervision variables with the ability of the health cadres in promoting the health of pregnant women. The health cadres with good supervision increase log odd 1.11 times the ability of the health cadres in health promotion of pregnant women (b = 1.11; CI 95% = 0.58 to 1.65; p = <0.001).

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There is a significant relationship between education and training with the ability of the health cadres in promoting the health of pregnant women. The health cadres with good education and training increased log odd 0.88 times the ability of cadres in health promotion of pregnant women (b = 0.88; CI 95% = 0.36 to 1.21; p = <0.001).

There is a significant relationship between supervision variable with health cadre motivation. Health cadres with good supervision increased log odd 0.61 times the motivation of cadres in health promotion of pregnant women (b = 0.61; 95% CI = 0.13 to 1.11; p = 0.01).

There is no significant relationship between education and training variable with the health cadres motivation variable. The health cadres with good education and training reduce log odd 0.61 times the motivation of health cadres in health promotion of pregnant women (b = -0.04; CI 95% = -0.53 to 0.44; p = 0.86).

Re-specifications of model

The model in the study does not need to be respected because the output of the designed model is in accordance with the provisions of the model, which is in accordance with the sample data shown by the saturation model and regression coefficients are valued more than zero.

The health promotion for pregnant women is an effort to maintain and improve the health of pregnant women by implementing 3 health promotion strategies, namely: advocacy, social support, and community empowerment. The results of the study illustrate that the ability of the health cadres in the health promotion of pregnant women is 56.88% in the good category. This result shows that the ability of the health cadres in health promotion is still much in the unfavorable category (43.12%). Aspects that are still not good are in the aspect of advocacy to policy makers, in this case, the Village Head. The health cadres rarely discuss or ask support from the Village Head about health problems for pregnant women.

The relationship between motivation and ability of the health cadres in promoting the health of pregnant women

The description of the health cadres who have less good motivation is greater than those with good motivation. The motivation of the health cadres in this study was evaluated by looking at factors that encourage cadres to promote health for pregnant women in terms of motives, expectations, and incentives. From these three aspects, it is known that the incentive aspect does not support the motivation of the health cadres. The results of data analysis showed that the health cadres with high motivation increased the ability of health cadres by 2.17 times compared to low motivated health cadres. While motivation is influenced by supervision. The health cadres with good supervision can increase motivation by 1.85 times better than the health cadres with poor supervision.

The results of path analysis show that there is a relationship between motivation and the ability of the health cadres to promote the health of pregnant women. The higher the motivation, the better the ability of the health cadres in promoting the health of pregnant women. Although a person is well motivated but does not have the ability or skills that are good at work, the results will not be maximized . Someone has operational ability but does not have motivation in taking action, then the end result of his action will not be satisfying. A person is motivated to take action because he believes that the action has a good impact. When a person is motivated, he will make maximum efforts to achieve goals. Motivation is closely related to how behavior is initiated, strengthened, supported, directed and stopped. Motivation is important because with motivation a

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person is expected to work earnestly. Motivation can be influenced by several factors: a stable salary is one that can cause motivation. In addition, what motivates a person to become the health cadre is because the health cadres are needed by the community, while according to Glenton (2010), becoming the health cadre is a social honor, moral and religious obligations.

The relationship of supervision and the ability of health cadres to promote the health of pregnant women

The picture of the health cadres who get less good supervision is greater than those who get good supervising. Supervision in this study is viewed from the frequency of supervision. Officers who supervise are Family Welfare Trustees (FWT), Regional Heads and Health Offices. The results showed that supervision was mostly carried out by the Health Office, namely health workers from the Community Health Centers (CHC) and FWT and regional heads. Village heads rarely supervise health cadres. The results showed that good supervision can improve the ability of health cadres in health promotion 3.28 times compared to health cadres with poor supervision. Supervision has the most influence on the ability of health cadres in promoting the health of pregnant women.

The results of path analysis show that there is a direct relationship between supervision and the ability of health cadres in promoting the health of pregnant women, and indirectly through motivation. A good supervision can improve the ability of health cadres to promote the health of pregnant women. Supervision carried out can both increase the motivation of health cadres in promoting the health of pregnant women. Supervision is a factor that influences the retention and motivation of the health cadres. Another study by Frimpong, et al. (2011) shows that supportive supervision can increase the productivity of health workers in four districts in northern Ghana. Meanwhile, in the field of health services, supervision of experienced health professionals can improve the effectiveness of the patient service process . Some of the research results above can make it clear that supervision can improve the ability of the health cadres to promote the health of pregnant women. Supervision is a form of direction by providing instructions and suggestions to overcome the problems faced. Supervision aims to continuously improve the performance of the health cadres. Supervision is useful: 1) supervision ensures that program objectives are appropriate, 2) supervision can overcome difficulties encountered, 3) supervision can increase motivation, and 4) supervision can help improve the appearance and ability of the health cadres. The results of this study support previous research by Greenspan, et al. (2013) which shows that supervision is an opportunity for health cadres to get information, instructions, feedback about things that need improvement, assistance for problem-solving, additional training, and additional enthusiasm from their supervisors. Supervision is considered by several health cadres as a source of motivation.

The relationship between education and training with the ability of health cadres to promote the health of pregnant women

The description of the health cadres who received education and training in the less good category is greater than those who received good education and training. The health cadre education and training, viewed from the frequency aspect of the health cadres participating in training, guidance, ownership of education certificates and training certificates. The results of the data analysis show that not many cadres have had the opportunity to attend education and training, and most cadres do not have education

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and training certificates. Good education and training can increase 2.34 times the ability of health cadres in promoting the health of pregnant women compared to health cadres with poor education and training.

The results of path analysis show that there is a direct relationship between education and training and the ability of the health cadres in health promotion. Good education and training can improve the ability of the health cadres to promote the health of pregnant women. While education and training related to the motivation of health cadres in promoting the health of pregnant women. Health cadres with good education and training can reduce the motivation of health cadres in promoting the health of pregnant women, but not statistically significant. The results of this study differed from Greenspan's research, et al (2013) showed that training was considered by health cadres as a way to get the information needed to do work and as a factor that increases their motivation in working. By getting training, health cadres feel they can do their jobs well so they feel more excited when working. In other health fields, interdisciplinary training for health cadres has a positive effect in increasing their knowledge of the concept of community mental health. Training has a positive effect on their confidence in dealing with patients with mental illness. The figure of the health cadre who is able to play a role is the health cadre who has the expected competence, including the attitude and spirit of dedication that is oriented to the interests of the community. In the area of maternal health, the health cadres are expected to be able to provide health education, be able to provide health education for pregnant women, collaborate with community leaders, advocate for policy makers to improve the health of pregnant women. Therefore, education and training for the health cadres are needed. Training can improve knowledge while knowledge can improve abilities.

CONCLUSION

There is a relationship between motivation and the ability of the health cadres to promote the health of pregnant women. The higher the motivation, the cadre's ability to promote the health of pregnant women is getting better. There is a direct relationship between supervision and the ability of the health cadres in promoting the health of pregnant women, and indirectly through motivation. Good supervision of the health cadres can improve the ability of health cadres in promoting the health of pregnant women. A good supervision can increase the motivation of the health cadres. The Health cadres who have high motivation can improve the ability of the health cadres in the promotion of maternal health. Supervision is a factor that most influences the ability of the health cadres in promoting the health of pregnant women. There is a relationship between education and training with the ability of health cadres in promoting the health of pregnant women. Good education and training can improve cadres' abilities in health promotion. There is a relationship between education and training with the motivation of the health cadres in promoting the health of pregnant women. The health cadres with good education and training will reduce the motivation of the health cadres in promoting the health of pregnant women, but not statistically significant.

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