



The Utilization Of Counseling Flipchart At Integrated Health Post

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Abstract

Integrated health post is one form of community-based health efforts, which empowers and facilitates the community in obtaining basic health services, to accelerate the reduction in maternal and infant mortality. The Integrated health post is ideally carried out with a five table system and five basic activities. Integrated health post in local government clinic kota Ruteng has conducted registration, weighing and filling the Health Towards Card (KMS) well, but the extension activity was never carried out by kader. Kader often find it difficult, because there is a lack of confidence and are not sure they are able to do counseling, especially for kader who have not attended extension training. In addition, the unavailability of standardized aids to be used when counseling at the Integrated health post. This research was conducted with an observational method with a cross sectional approach followed by 54 kader. Sampling using purposive sampling. The research instruments used were questionnaire and observation sheet. The results showed that the characteristics of respondents based on age were mostly more than 35 years old (51.9%), most had high school education background (70.4%), most of them had been kader for 1-5 years (53.7%) and most of them have never attended counseling training (63%). The use of flipcharts by the kader at the time of counseling in Integrated health post at the table four was good (51.8%). There is no relationship of age (0.022) and counseling training that has ever been followed (0.285) with the use of Integrated health post training flipcharts. There is an educational relationship (0,000) and a long time as a kader (0.001) with the use of counseling flipchart at Integrated health post. It can be concluded that flipchart can help kader in conducting extension activities at table four Integrated health post balita in accordance with the problems and needs of participants.

Keywords: Flipchart;Utilization

INTRODUCTION

Integrated health post is one form of community-based health efforts, which empowers and facilitates the community in obtaining basic health services and accelerating the reduction of maternal and infant mortality (Ministry of Health, Republic of Indonesia, 2011)

Basic health services at the Integrated health post cover at least five activities, namely Mother and Child Health (MCH), Family Planning (KB), immunization, nutrition, and prevention of diarrhea. The implementation of those services is carried out

with a five table system namely table I for registration; table II for weighing; table III for filling form of the Health Card (KMS); table IV for counseling and table V for health services (Ministry of Health Republic of Indonesia, 2011)

The implementation of Integrated health post was not optimal, especially at table IV, namely counseling due to inadequate facilities and unskillful of cadre. Cadre guidance has ever been carried out but it is more on the regeneration of cadres and technical guidance for implementing Integrated health post while training for cadres to

become instructors has not been done (Ministry of Health of the Republic of Indonesia, 2012).

In general, the Integrated health post at health care center in Ruteng City has carried out registration, weighing and filling of KMS well, but the extension activities have never been carried out by cadres. They often find it difficult to perform it due to their lack of confidence and being unsure of their counseling ability, especially for cadres who have not yet participated in extension training. In addition, there are no standardized tools or media available for counseling activities.

Based on the description above, the purpose of this study is to produce a flip-chart that can be used by cadres during Integrated health post and assessing their ability in utilizing flip-chart as an extension tool during the implementation of toddlers' Integrated health post .

METHOD

This research uses an observational method with a cross sectional approach. The population of this study were all Integrated health post cadres at the Ruteng Health Care Center. There were 45 cadres participated in this study and sampling technique used was purposive technique. To measure of the use of flip-charts by the cadres during counseling, the researchers applied questionnaires and observation sheets. The research data were analyzed by frequency distribution in the form of tables and graphs.

RESULT AND DISCUSSION

This research was followed by 54 respondents. Characteristics of respondents can be seen in the following table.

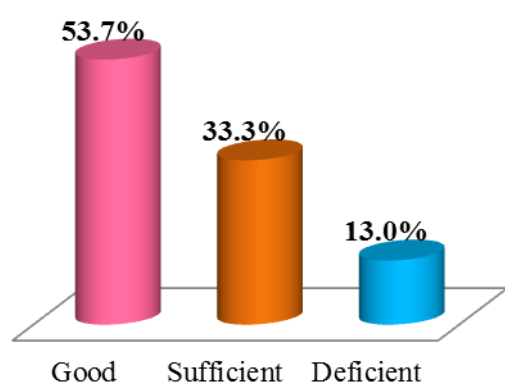
Table 1 Frequency Distribution of Respondents Characteristics by Age, Education and working experience as Cadre at the Ruteng Health Care Center in 2019

No	Variable	Frequency distribution	
		n	%
1	Age		
	< 35 year	26	48,1
	≥35 year	28	51,9
2	Education		
	Junior High	12	22,2
	Senior High	38	70,4
	Higher education	4	7,4
3	Working experience		
	< 1 year	3	5,6
	1-5 year	29	53,7
	>5 year	22	40,7
4	Extension activities ever joined		
	Ever	20	37
	Never	34	63
Total		54	100

Based on table 1 above it reveals that the respondents' characteristics based on age were mostly more than 35 years old (51.9%). This age is included in the productive age category which has a large social responsibility and plays an active role in social activities (Sukandar, Faiqoh, & Effendi, 2018). Moreover, age is also associated with skills in carrying out tasks in which the longer a person works, the skills will also increase (Maltis, 2006).

Most respondents have a high school education background (70.4%). A person's education is influential in responding to changes in a rational and creative way as well as an effort to adjust to various changes (Hani, 2011). In addition to education to develop one's knowledge, skills and abilities in carrying out their work, effective training programs are needed (Bartlett, 2001).

Based on the working experience of cadres, most of them work for 1-5 years (53.7%) and the majority of them never attended extension activities (63%). Work experience shows that mastery of work must still be increased. Because the importance of mastery of work can simplify a job and the task to be performed. If a job has been mastered then the next job will be easy and fast to complete (Meysi, Lengkong, & Trang, 2017).



Picture 1. Utilization of the flipchart during counseling by cadres at the Integrated health post

Picture 1 above shows that when the cadres conduct counseling activities (table 4) at Integrated health post, most cadres can use flip-cart well (53.7%) while others use flipcharts sufficiently (33.3%) and there are still cadres who do not use flipcharts sufficiently at the time of counseling at Integrated health post (13.0%). Direct counseling by using certain tools can improve someone's knowledge, attitude and skills. The selected aids must be interesting, not boring and should be accompanied by pictures so that participants can remember the materials longer (Rachmawati, Darwita, & Setiawati, 2012).

Direct extension by utilizing interesting media will influence the increase of knowledge and of health behavior in adulthood. It provides benefits

for extension workers because they can pay attention to non-verbal expressions exhibited at the time of counseling so as to provide convenience in evaluating the success of extension activities (Haryani, Sahar, & Sukihananto, 2016).

Based on the results of observations conducted by the researchers when the cadres used flip-charts revealed that the success of direct extension activities is very dependent on the use of media. In the education activities, cadres can utilize the provided media well. Flip-chart is very helpful for cadres and participants in counseling activities because it prioritizes visual messages and has instructions for instructors and participants. Flip-chart is very helpful and directs the cadres in providing counseling during Integrated health post, so that the activities at Integrated health post table 4 can be carried out properly and directed.

Table 2 The use of the flip-chart extension in Integrated health post by cadres based on Characteristics of Respondents at Ruteng Health Care Centers in 2019.

Variable	The use of the flip-chart extension in Integrated health post						p-value
	Good		Sufficient		Deficient		
	F	%	F	%	F	%	
Age							
<35 year	17	31,5	4	7,4	5	9,3	0,022
≥35 year	12	22,2	14	25,9	2	3,7	
Education							
Junior High	2	3,7	3	5,6	7	13,0	0,000
Senior High	23	42,6	15	27,8	0	0	
Higher education	4	7,4	0	0	0	0	
Working experience as a cadre							
< 1 year	1	1,9	2	3,7	0	0	0,001
1-5 year	22	40,7	7	13,0	0	0	
>5 year	6	11,1	9	16,7	7	13,0	
Extension training ever joined							
Ever	8	14,8	9	16,7	3	5,6	0,285
Never	21	38,9	9	16,7	4	7,4	

Based on table 2 above, it shows that there is no age relationship with the use of the Integrated health post training flip-chart (0.022), there is no relationship between extension training that has ever been joined with the use of extension flipchart at the Integrated health post (0.285). There is an educational relationship with the use of extension flipcharts at Integrated health post (0,000) and there is a long-standing relationship as a cadre with the use of extension flipcharts at Integrated health post (0.001).

Education is one of the basic human needs that is needed for personal development. Different levels of education cause differences in knowledge. The higher the level of education, the easier they accept new methods, as well as easily develop knowledge and technology, so that it will increase productivity which will ultimately improve the quality of service (Dalyono, 2001). The use of extension flipcharts at Integrated health post is a new method experienced by cadres and they feel younger in conducting extension.

The work period will affect the habits of someone in doing their work. The longer they work, the more skilled they are because they become accustomed to doing their work. Solving a problem can be based on observation and previous experience. Length of service as an individual variable has an indirect effect on the behavior and performance of individuals (Nursalam, 2008).

CONCLUSION

Flip-chart can help cadres in conducting extension activities at table 4 of posyandu toddlers in accordance with the problems and needs of participants. The flip-chart provided can be put to good use by cadres. It is hoped that standardized media and patents are provided to support the implementation of activities at the Integrated health post of table 4.

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