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Relationship between Officer Knowledge and Resources with Healthy Family Index Achievement in Konawe Islands Regency

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ABSTRACT

Introduction: Based on the initial data collection, the factors that are obstacles or problems so that the Family Health Index in Konawe Islands Regency has not increased or has not become a healthy status, these factors include knowledge, resources, financing/funding, policies, facilities and infrastructure and so on. This study aims to analyze the relationship between knowledge and resources of officers and the achievement of the healthy family index in Konawe Islands Regency.

Method: This type of research is quantitative research with a cross-sectional study approach, which was conducted at 8 Health Centers in Konawe Islands Regency. The population was 163 officers and the sample was 100 samples with Simple Random Sampling determination, descriptive and inferential data analysis.

Result: The results of the Fisher's Exact Test statistical test at a 95% confidence level ($\alpha = 0.05$) show that the Fisher's Exact Test $p = 0.001 < 0.05$ and the results of the chi square statistical test of officer resources at a 95% confidence level ($\alpha = 0.05$) show that the X^2count = 14.710 > X^2table = 3.841,

Conclusion: There is a weak relationship between the knowledge and resources of officers with the healthy family index in Konawe Islands Regency, Southeast Sulawesi Province.

Introduction

The government focuses the health development policy for 2015-2025 on strengthening quality primary health care efforts. The Healthy Indonesia Program is one of the programs of the 5th Nawa Cita agenda which will later become the main health development program planned for achievement through the Ministry of Health's Strategic Plan for 2015-2025. The goal to be achieved is to improve the health and nutritional status of the community through health efforts and community empowerment supported by financial protection and equal distribution of health services.[1]

The Healthy Indonesia Program is implemented to improve the health of the

community through health efforts and community empowerment supported by financial protection and equal distribution of health services.[2]In its implementation, the Indonesian health development program refers to 3 pillars. The Healthy Indonesia Program includes prioritizing a healthy paradigm, strengthening health services and fulfilling universal health coverage through the National Health Insurance. The implementation of the three pillars of the Healthy Indonesia Program has a target of all ages (total coverage) following the life cycle so that the integration of health service implementation can be done more effectively if through a family approach.

According to the Indonesian Minister of Health Regulation No. 39 of 2016, the family approach is one way for health centers to increase the reach of targets and access to health services in their work areas by visiting families. The implementation of the Healthy Indonesia Program with a Family Approach emphasizes the integration of approaches to access to health services, the availability of health workers, financing and infrastructure.[3]In the framework of implementing the Healthy Indonesia Program with a Family Approach, it has been agreed that there are 12 main indicators to mark the health status of a family, including families participating in the Family Planning program, mothers giving birth in health facilities, babies receiving complete basic immunizations, babies receiving exclusive breast milk, toddlers receiving growth monitoring, pulmonary tuberculosis sufferers receiving standard treatment, hypertension sufferers receiving regular treatment, mental disorders sufferers receiving treatment and not being neglected, no family members smoke, the family is already a member of the National Health Insurance, the family has access to clean water facilities, and the family has access to or uses healthy toilets, the Healthy Family Index standard with the healthy category has a value of 0.80-1.0 then the pre-healthy category has a value of 0.50-0.79 and the unhealthy category has a value <0.50.[3]

Southeast Sulawesi Province itself in 2018 was in twenty-first position with a Healthy Family Index value of 0.14 (unhealthy). Then the Healthy Family Index achievement in 2019 for Southeast Sulawesi Province fell to 0.13 (unhealthy), in 2020 it rose again to 0.16 (unhealthy), in 2021 it rose again to 0.18 (unhealthy) and for 2022 Southeast Sulawesi Province was in 13th place with a Healthy Family Index value of 0.24 (unhealthy). The average Healthy Family Index in Indonesia is 0.16 which means the Unhealthy category. The highest Healthy Family Index achievement was in DKI Jakarta 0.33. The lowest Healthy Family Index achievement was in Maluku 0.08.[4]

The goal of the Healthy Indonesia Program with a Family Approach is for families to be able to access comprehensive health services such as promotive, preventive, curative and rehabilitative services at the community health center. Increase the achievement of Minimum Service Standards through increased health screening. Support the improvement of the implementation of the National Health Insurance by increasing the willingness and awareness of the community to become National Health Insurance participants. Support the achievement of the goals of the Healthy Indonesia Program. The benefits of the Healthy Indonesia Program with a Family Approach are to find out family health through initial family health visits conducted by the community health center so that priority health problems are found and interventions are carried out on these health problems. If the Healthy Indonesia Program with a family approach is not implemented, health problems in the community will increase, especially problems of nutritional health, mothers and babies, infectious and non-infectious diseases, mental health, behavior and a healthy environment that are difficult for the government to overcome.[5]

Based on data from Southeast Sulawesi Province, the Healthy Family Index for 17 Regencies can be seen, namely Kolaka Regency at

0.27, Konawe Regency at 0.18, Konawe Regency at 0.18, Muna Regency at 0.16, Buton Regency at 0.32, South Konawe Regency at 0.19, Bombana Regency at 0.23, Wakatobi Regency at 0.23, North Kolaka Regency at 0.20, North Konawe Regency at 0.22, North Buton Regency at 0.30, East Kolaka Regency at 0.18, Konawe Islands Regency at 0.26, West Muna Regency at 0.31, Central Buton Regency at 0.20, South Buton Regency at 0.27, Kendari City at 0.56 and Bau-Bau City at 0.31.[4]

Based on the implementation of the Healthy Indonesia Program with a Family Approach from the results of the Healthy Family Index above, it can be seen that all Districts in the Konawe Islands Regency Working Area have an unhealthy category. This means that the implementation of the Healthy Indonesia Program with a Family Approach in Konawe Islands Regency has not been optimally implemented. In addition, there are many factors that influence the implementation of the Healthy Indonesia Program with a Family Approach in Konawe Regency has not been implemented optimally. These factors include officer knowledge about the healthy family index, human resources, financing, policies, and facilities and infrastructure.

Based on the initial survey conducted by prospective researchers in several Health Centers in Konawe Islands Regency in implementing the Healthy Indonesia program with a family approach, there are still many officers who do not understand the initial interventions to be carried out, both those related to determining problem priorities and determining intervention targets. In the field of financing, there are also no technical guidelines for utilizing Health Operational Assistance for home visits, interventions during home visits are not yet understood the Concept of the Healthy Indonesia Program with a Family Approach, that educational interventions can be carried out in parallel with home visits, changing the technical guidelines for the Healthy Indonesia Program with a Family Approach, that educational interventions with Pinkesga can be carried out in parallel during home visits. While in the field of facilities and infrastructure in this case are Materials/tools in the implementation of the Healthy Indonesia Program with a Family Approach including questionnaires, Family Information Package, data entry devices such as computers, wireless networks and also including the Healthy Family Program application program are also not yet available and are still very limited. In data collection, the instrument is the most crucial thing. The instrument is in the form of a Healthy Indonesia Program questionnaire with a Family Approach that has been prepared by the Ministry of Health team.

Method

This type of research is quantitative research with a cross-sectional study approach, which was conducted at 8 Health Centers in Konawe Islands Regency. The population was 163 officers and the sample was 100 samples determined by Simple Random Sampling. For the reliability test, the reliability calculation technique method used in this study was the internal consistency reliability method using the Cronbach alpha reliability coefficient (α), descriptive and inferential data analysis.

Result

Table 1 shows that out of 100 respondents studied, there were 11 respondents who had good knowledge, there were 44 respondents who had sufficient knowledge and there were 45 respondents who had insufficient knowledge. Furthermore, out of 11 respondents who had good knowledge, there were 3 respondents (27.3%) who had a healthy family index with a healthy category, there were 3 respondents (26.3%) who had a healthy family index with a pre-healthy category. Out of 44 respondents who had sufficient knowledge, there were 10 respondents (22.7%) who had a healthy family index with a healthy category, there were 7 respondents (15.9%) who

had a healthy family index with a pre-healthy category. Then out of 45 respondents who had insufficient knowledge, there were no respondents who had a healthy family index with a healthy category, there were 15 respondents (33.3%) who had a healthy family index with a pre-healthy category. This means that respondents who have good, sufficient and insufficient knowledge have a healthy status.

The results of the Fisher's Exact Test statistical test at a 95% confidence level ($\alpha = 0.05$) showed that the Fisher's Exact Test p = 0.001 <0.05, which means there is a relationship between knowledge and the healthy family index. The results of the relationship closeness test showed a phi value = 0.376, which means there is a weak relationship between knowledge and the healthy family index in Konawe Islands Regency, Southeast Sulawesi Province.

Table 2 shows that out of 100 respondents studied, there were 60 respondents who had sufficient resources and there were 40 respondents who had insufficient resources. Furthermore, out of 60 respondents who had sufficient resources, there were 13 respondents (21.7%) who had a healthy family index with a healthy category, there were 9 respondents (15.0%) who had a healthy family index with a pre-healthy category. Then, out of 40 respondents who had insufficient resources, there were no respondents who had a healthy family index with a healthy category, and there were 16 respondents (40.0%) who had a healthy family index with a pre-healthy category. This means that respondents who have sufficient resources are healthy and those who have insufficient resources are pre-healthy.

The results of the chi square statistical test at a 95% confidence level ($\alpha = 0.05$) show that the calculated X^2count = 14.710 > X^2 table= 3.841, which means there is a relationship between resources and the healthy family index. The results of the relationship closeness test show a phi value = 0.384, which means there is a weak relationship between resources and the healthy family index in Konawe Islands Regency, Southeast Sulawesi Province.

Table 1.
Distribution of Knowledge Based on the Healthy Family Index in Konawe Islands Regency, Southeast Sulawesi Province

Knowledge	Healthy Family Index						Amount		Statistical Analysis
	Healthy		Pre-Healthy		Not Healthy				
	n	%	n	%	n	%	n	%	
Good	3	27.3	3	27.3	5	45.5	11	100.0	p-value = 0.001 α = 0.05 phi = 0.376
Enough	10	22.7	7	15.9	27	61.4	44	100.0	
Not enough	0	0.0	15	33.3	30	66.7	45	100.0	
Amount	13	13.0	25	25.0	62	62.0	100	100.0	

Table 2.
Distribution of Resources Based on the Healthy Family Index in Konawe Islands Regency, Southeast Sulawesi Province

Resource	Healthy Family Index						Amount		Statistical Analysis
	Healthy		Pre-Healthy		Not healthy				
	n	%	n	%	n	%	n	%	
Enough	13	21.7	9	15.0	38	63.3	60	100.0	X^2count = 14.710
Not enough	0	0.0	16	40.0	24	60.0	40	100.0	X^2table = 3.841
Amount	13	13.0	25	25.0	62	62.0	100	100.0	phi = 0.384

Discussion

Relationship between Knowledge and Healthy Family Index

Knowledge is the result of knowing that arises when someone uses their senses to explore a particular object or event that has never been seen or felt before. Knowledge is closely related to a person's education, so that a person with extensive knowledge will easily receive information. Increasing education is not only through formal education but can also be done through non-formal education.According to Rogers, in theory, knowledge will be the basis for longer behavior compared to behavior that is not based on knowledge, and a sequential process before adopting new behavior in a person.[6]

Based on the results of the study, it shows that out of 11 respondents who have good knowledge, there are 3 respondents (27.3%) who have a healthy family index with a healthy category, there are 3 respondents (26.3%) who have a healthy family index with a pre-healthy category and there are 5 respondents (45.5%) who have a healthy family index with an unhealthy category. The existence of respondents with good knowledge but in the healthy family index the respondents show an unhealthy category, this is because there are still respondents who smoke, where the smoking indicator is found in the 9th indicator of the Healthy Indonesia Program through the Family Approach. Of the 44 respondents who have sufficient knowledge, there are 10 respondents (22.7%) who have a healthy family index with a healthy category, there are 7 respondents (15.9%) who have a healthy family index with a pre-healthy category and there are 27 respondents (61.4%) who have a healthy family index with an unhealthy category. There are respondents with sufficient knowledge but in the healthy family index the respondents show an unhealthy category, this is because the respondents have not become participants in the National Health Insurance, so that it affects the Family Health Index value. Then from 45 respondents who have insufficient knowledge, there are no respondents who have a healthy family index with a healthy category, there are 15 respondents (33.3%) who have a healthy family index with a pre-healthy category and there are 30 respondents (66.7%) who have a healthy family index with an unhealthy category. The existence of respondents who have insufficient knowledge but have a healthy family index with a pre-healthy category is because the respondents have received health education by officers so that some respondents understand and know the things that are indicators in the Healthy Indonesia Program through the Family Approach.

Good knowledge about something causes someone to have a positive attitude towards it so that it will affect the decision to carry out an action. Community knowledge will greatly influence behavior to implement a behavior, because the higher the knowledge possessed by the community, the higher the awareness or desire to implement a healthy living community movement. Community knowledge will greatly influence behavior to implement a behavior, because the higher the knowledge possessed by the community, the higher the awareness or desire to implement a healthy living community movement.[7]

This research is in line with research conducted byCindy Dwi after health education was conducted to the community, there was a change in knowledge that would influence the community's health behavior, in addition to research conducted by Sidari and Hidayati which stated that there was a meaningful relationship between the level of knowledge and the implementation of Healthy Indonesia Program with a Family Approach in the community.[8]

For this reason, it is hoped that health workers will provide more information to the community about Healthy Indonesia Program with a Family Approach, both regarding the indicators and those related to the implementation of Healthy Indonesia Program with a Family Approach itself, so that the community understands more about things related to Healthy Indonesia Program with a Family Approach.

Relationship between Resources and Healthy Family Index

In the implementation of Healthy Indonesia Program with a Family Approach, the personnel formed through the Technical Instructions are known as supervision, admin and surveyor. The resources as the team responsible or coordinator of Healthy Indonesia Program with a Family Approach are health workers in the Health Center who basically have duties and authorities in the Health Center. This is also a hindering factor in the implementation of the Healthy Indonesia Program with a Family Approach policy. The Technical Instructions for the implementation of Healthy Indonesia Program with a Family Approach consist of doctors, midwives, nutritionists, nurses and environmental health workers. And the five health workers who have attended the training will become the team responsible or coordinator of the program implementation in each Health Center. In addition, in the implementation of Healthy Indonesia Program with a Family Approach, admin personnel are also needed whose job is to receive the results of the intervention from the surveyor, which later the admin will input the results of the intervention into the Healthy Family application.[9]

Based on the results of the study, it shows that out of 60 respondents who have sufficient resources, there are 13 respondents (21.7%) who have a healthy family index with a healthy category, there are 9 respondents (15.0%) who have a healthy family index with a pre-healthy category and there are 38 respondents (63.3%) who have a healthy family index with an unhealthy category. The existence of respondents who have sufficient resources but a healthy family index with an unhealthy category is due to other factors, namely the high workload of officers and the lack of budget owned by the health center, so that it becomes a factor so that the intervention is not implemented. Then from 40 respondents who have insufficient resources, there are no respondents who have a healthy family index with a healthy category, there are 16 respondents (40.0%) who have a healthy family index with a pre-healthy category and there are 24 respondents (60.0%) who have a healthy family index with an unhealthy category. The existence of respondents who have insufficient resources but have a healthy family index with a pre-healthy category is because some respondents have received counseling and socialization about Healthy Indonesia Program with a Family Approach so that they understand what the indicators are in Healthy Indonesia Program with a Family Approach.

In the implementation of the Healthy Indonesia Program with a Family Approach policy, a team is needed as a person in charge or coordinator to carry out the policy process. The Medan City Health Office has a person in charge or coordinator in the Healthy Indonesia Program with a Family Approach policy, namely the health service sector. The head of the Healthy Indonesia Program with a Family Approach coordinator is the head of the health services sector and consists of 2 staff in the Yankes sector.

Human resources who play a role in this policy must also be competent in implementing the program.[10]Therefore, rules are needed in implementing the training that has been set. This is explained in the technical instructions for implementing the Healthy Indonesia Program with a Family Approach policy, namely the family approach training process.

The results of this study are in line with the research conducted by Eva Laela Sari entitled "Evaluation of Readiness for Implementing the Healthy Indonesia Program with a Family Approach". The results of the study show that in all locations that have or have not conducted data collection, they have HR planning, budget,

facilities and infrastructure. In addition, research conducted by[11]which states that there is a meaningful relationship between resources and the implementation of Healthy Indonesia Program with a Family Approach with a p-value of 0.459.

For that reason, it is expected that the Health Office will facilitate matters related to resources for the implementation of Healthy Indonesia Program with a Family Approach by disciplining the Healthy Indonesia Program with a Family Approach structure at the Health Center level so that officers can know their positions, duties and responsibilities in the implementation of Healthy Indonesia Program with a Family Approach. In addition, facilitating officers by planning Healthy Indonesia Program with a Family Approach training for health workers which includes provision for the data collection process, training in data management, problem analysis training and training in the preparation of technical programs in Health Center management.

Conclusion

Based on the results of the study, it was found that there was a moderate relationship between work commitment, communication, knowledge, and attitude and compliance in the implementation of clinical pathways by health workers in the treatment room of Benyamin Guluh Hospital, Kolaka Regency.

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