Competence of Public Health Center Health Extension Officers in the Tual City Health Service Work Area

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ABSTRACT
This research aims to determine health promotion competency through the abilities, attitudes, and skills of Community Health Center extension officers in the work area of the Tual City Health Service. This research is qualitative research with a case study approach. There were 13 informants with the criteria as holders of the Promkes Program at the Community Health Center. Data collection techniques use in-depth interviews and activity documentation. The research results show that the officers' abilities regarding health promotion, competence, strategies, methods, and media use are still based on experience because the professionalism of extension officers has not been standardized. Officers' efforts still need to meet national standard health promotion coverage. The attitude of officers needs to be improved because it is hampered by the lack of supporting facilities and infrastructure for counseling and the monotonous creativity of officers due to lack of training. Officers' skills in using media are adequate, although still limited to print media and cross-sector collaboration. Difficulty accessing transportation and lighting equipment (electricity), especially at community health centers located on islands, is the cause of hampered health education.

KATA KUNCI
Competence; Health Extension Officer

INTRODUCTION
Health promotion aims to bring about positive changes regarding the knowledge, attitudes, and practices of individuals or community groups from unhealthy behavior to healthy behavior so that their health level increases. Increasing health status through communication, information, and education efforts using health education methods, public health education, KIE (Communication, Information, and Education), social marketing, social mobilization, and health promotion disciplines (1).

Puskesmas is a functional health organization, a center for community health development that fosters community participation in addition to providing comprehensive and integrated services to the community in its working area in the form of main activities (2). One of the health efforts that is the main program that must be implemented in every Community Health Center is the Health Promotion Program, which carries out various activities to promote clean and healthy living, with the indicator of success being the improvement of people's healthy behavior (3).

Health workers at Community Health Centers are listed in the Indonesian Minister of Health Regulation. No. 75 of 2014 explains that every person who dedicates themselves to the health sector and has knowledge and skills through education in the health sector for a specific type requires the authority to carry out health efforts, which is a form of dedication of a health worker at the Community Health Center.

Competency is knowledge, attitudes and skills, personal characteristics, or relevant behavior, which must meet the requirements to achieve the best performance on a job. These competencies include personality, knowledge and skills, work, and social life (3).

According to research conducted by Melliyani (2012) regarding the health promotion competence of health extension officers at Community Health Centers in the work area of the Samarinda City Health Service using qualitative methods, it shows that health promotion officers at Community Health Centers already understand a lot about the media used in health promotion, especially for counseling, even Some Community Health Centers
have collaborated with the media for health promotion (4). Health promotion competency of Community Health Centers researched by Attiyah (2004) regarding analysis of officer performance based on PKM competency in Muna Regency using a quantitative approach found research results that internal and external factors did not show any significant impact on the performance of public health officers in Muna Regency (5). Meanwhile, research conducted by Garmin (2012) on the ability of public health instructors to cover health promotion in the Maros district using qualitative methods showed that the capacity of public health instructors needed to improve due to low knowledge, experience, and skills (6).

The results of Yuniarti’s (2012) research on the performance of public health extension officers in health promotion practices at the Pati District Health Service using a quantitative approach showed that the performance of public health extension officers in health promotion practices at the Pati District Health office was poor (7). The research results of Yuniarti (2012) are in line with research conducted by Afril (2012) regarding health promotion competence in improving the quality of health services at RSU Salewangan, Maros Regency, in 2010. This research indicates that the management competence of health promotion officers is not yet optimal, and communication competence is running smoothly. While media use is still lacking, counseling competency is good but does not yet support hospital service facilities (8).

Based on this, it is necessary to carry out research that aims to determine the competency of health promotion through the abilities, attitudes, and skills of health instructors at the Community Health Center in the working area of the Tual City Health Service.

**METHOD**

This research is qualitative research with a case study design approach. The research was conducted at the Community Health Center in the Tual City Health Service Work Area in 2019. Data was collected using in-depth interview techniques and activity documentation. Data was analyzed using Content Analysis, namely data reduction, processing, and interpretation. Presentation of data in the form of narratives, schemes, charts, tables, and images.

**RESULTS**

The results of the research explain the competence of Community Health Center health instructors in the work area of the Tual City Health Service. The informants in this study were 13 health workers, and the health workers were health promotion program holders at the Community Health Center in the working area of the Tual City Health Service.

**Understanding Health Promotion**

Health promotion is an effort made by disseminating information about clean and healthy living behavior to the public to maintain their health. The ability regarding knowledge about health promotion can be seen through the following interview results:

"... What we understand is health promotion, how we try to empower other people about health through various means, whether in writing, for example, posters, or through outreach, personal approaches..." (SER, 30 years old).

"...According to Beta, Promkes is very important for that. It is a priority program at the Puskesmas because most people don't understand about health, so maybe with health promotion, we can increase outreach in the community so they can understand and understand about health..." (AR, 44 years old).

**Competency of Health Workers**

The competencies that a health extension officer must have are knowledge, having attended a lot of training, having sensitivity, and being an officer who is an expert in his field. This is illustrated in the following quote:

"...When we talk about competence, we mean the knowledge that we have, so what is certain is that health instructors must have competence, knowledge, what they have to provide, what they have to promote to
the public regarding health science. For example, when I do outreach, I usually give to the community about PHBS (Clean and Healthy Living Behavior)..." (SP, 25 years old).
"...The main thing is perhaps being sensitive to what is happening in the environment..." (AK, 27 years old).

Strategies Used by Health Workers

The implementation of outreach activities is carried out with strategies such as providing contact materials to gain sympathy from the community, as shown in the excerpt from the interview below:
"...Perhaps a strategy that has been tried is to provide some contact material to gain sympathy from the community so that the community themselves will come to participate in the counseling carried out by officers from the Community Health Center. Yesterday, this procurement of glasses for PMT (supplementary food provision) and continued bath soap, toothbrushes, and baby equipment came from Health Operational Assistance (BOK). If there are remaining funds from BOK, these funds are used to procure contact materials..." (NHN, 31 years).

Officers also use a motivating strategy so people want to come to the counseling center. This can be seen from the following interview excerpt:
"...In terms of strategy...the best thing to do is give information, give understanding, and then give examples...examples from the community are if a pregnant woman doesn't come for a check-up, it will end up like this...so it's just fictitious... convey and continue to provide an example for the community so that they will be motivated to continue coming to the posyandu..." (SK, 30 years old).

The following strategy used by health workers to carry out outreach in the field is cross-sector collaboration. The following are the results of the interview:
"...If the strategy is possible, we will collaborate with local village officials, perhaps the village head, RT, village head, Imam, youth leaders, and youth mosques to work together well to be able to embrace the community so that we can When you get out in the field there can be more cooperation between health workers and the community..." (SR, 33 years old).

Methods used by Health Workers

Many extension activities use lecture methods, demonstrations, personal approaches, direct questions and answers, and group discussions. The results of the interview are as follows:
"...The method may be more...because in society, the level of education is different, so now there is no such thing as pressure on society, so there are classes for pregnant women, meaning examinations of pregnant women. So, the pregnant woman will have a pregnancy check, so a class for pregnant women will be formed so that counseling will be carried out immediately at that time. So any counseling can be included, and if the counseling for the infant-toddler class is the same, at the time of weighing, directly..." (NHN, 31 years old).

Media Used by Health Workers

The media used by health workers can be seen in the excerpt from the researcher's interview with research informants, as shown below:
"...Leaflets and posters..."(W, 24 Years).
"...Leaflet because Infocus doesn't exist yet, so we just use that..." (AK, 27 years old).
"...Banners, leaflets, and PBHS..." (NL, 28 years old).

Efforts of Health Workers

Many efforts were made by informants to implement outreach in the community, namely by providing outreach from house to house, collaborating with cross-sectors, implementing outreach accompanied by treatment, providing souvenirs, providing contact materials, and organizing outreach activities at every critical moment (for example worship ceremonies) and distribution of teaching aids (posters, leaflets, etc.). Efforts to
implement outreach activities in the community can only be carried out with government support. The following are the results of the interview:

"...Usually Katong collaborates with community leaders, village heads, people who have power in the community..." (SER, 30 years).

"...usually we work together with cadres. Usually, when counseling is held, it is when they are praying, where the majority are Christians, or when they are gathering, so at that time, it is usually more effective to do it..." (NL, 28 years).

"... for outreach in the community, we provide a way with these activities along with contact materials such as for physical education and directly providing PMT (Supplemental Feeding) education so if there are green beans, what is their function... this is for what..." (AR, 44 years old).

**Attitude of Health Workers**

The results of interviews conducted regarding the attitudes of health workers can be seen as follows:

"...we as an extension team must be active, cooperative, friendly with the community, more active, more approachable with the community so that when we go out, we can reach out to them to provide counseling, but sometimes we are indifferent, so how can the extension officers approach be persuasive with the community so that short-term counseling can be received well..." (SR, 33 years old).

"... indeed, this is not easy, based on experience with quite recalcitrant communities. Usually, I also work together with community figures, and I take approaches with religious figures, community figures so that the community can provide warning..." (AK, 27 years old).

**Health Worker Skills**

Informant skills related to outreach in the field focus more on the activeness of health workers in reaching out to the community to want to take part in outreach activities by continuing to work together involving related sectors to make outreach a success in the community despite the many obstacles they face, of course by carrying out activity evaluations to see the level of success, practice Health or health actions for healthy living are all activities or activities of people to maintain Health. The results of the research interview can be seen in the following excerpt:

"... katong who are active, if katong are just indifferent, they are even more indifferent, that's why before the activity in katong there was an MMD (Village Mufakat Deliberation) activity, and there katong talked about it. Sometimes, there are a lot of obstacles. The community is like, can you get help? Then you want it if zinc is also new, and most are ignorant. What's even more difficult now is that it's hard for educated people to be told to change like this. If you're in school, like someone who graduated from elementary school or junior high school in Katong, you can change like this: you can join in, but if you have a degree, you can go to the office like this, please. It's like immunizations ("Mum, children have to be immunized like this"). It's difficult even though you’re educated, even if you're a graduate because you feel like you’re smart, so it's hard for you to change. That's the truth. Even if the people in quotation marks are laymen like that, it's easy for Katong to invite them, it's easy...it's easy to get into Katong and hang out with Dong..." (R, 29 years old).

**DISCUSSION**

This research shows that the informants already know about health promotion. Many of them answered that health promotion is the ability of officers to provide information to the public about health, efforts to maintain health, change behavior from unhealthy to healthy, and carry out outreach activities tailored to their targets. However, this is only based on the informants' experience because their abilities do not meet the standards. One factor is the educational background of the informants, most of whom are nurses, and the lack of training in health promotion, both on a local and national scale. Sometimes, the training they take is training that is not relevant to their primary duties as public health educators.
Community Health Extension Workers at Community Health Centers with an educational background of DIII / S.1 nursing, DIII nutrition, S.1 Kesling and have never attended health promotion training such as on Clean and Healthy Living Behavior (PHBS) community-based health businesses, village health posts, posyandu, alert villages and empowerment on a national scale and standardized so that not everyone understands the health promotion program in its application to the community. In Bloom's theory, it is stated that there are three (3) domains of behavioral levels, one of which is about knowledge, namely the result of human sensing or the development of a person's understanding of objects through their senses (eyes, nose, ears, and so on). Most of a person's knowledge is obtained through the sense of sight (eyes) (9).

From the research results, it was found that the competency of a health extension officer is based on the informant's experience, so research informants must be provided with a lot of training on public health education (PKM), up-to-date information about health, and exciting teaching aids that support the implementation of education activities. In the community in the working area of each Puskesmas agency. Although the competency of being a health extension officer is only based on the informant's experience, this is different. This is in line with the competency of health extension officers, according to Notoatmodjo (2005), namely having expertise in their field, especially regarding counseling, being able to influence the community to adopt Clean and Healthy Living Behavior (PHBS) based on training that has been attended previously and being able to empower the community by optimizing once existing organizations (9).

The results of in-depth interviews regarding the strategies used by health extension officers to provide counseling are that many use Advocacy approach strategies, namely establishing communication and collaboration with organizations operating in the social world (PKH, PNPM Mandiri, etc.), religious leaders, and traditional leaders/figures. Community and youth leaders, as well as village cadres, to make outreach activities successful. The Social Support/Partnership approach strategy is also used by carrying out a personal approach or individual, mass, and group health promotion programs and procuring contact materials, also carried out in collaboration with village cadres to improve/improve community health.

The strategy for health workers in providing education in the community is known as carrying out advocacy and social Support. The Advocacy approach strategy used is establishing communication and cooperation with organizations operating in the social world (PKH, PNPM Mandiri, etc.), religious leaders, traditional leaders/community leaders, and youth leaders, as well as village cadres to make outreach activities in the field a success, while the Social Support/Partnership approach strategy is also used, namely by carrying out a personal approach or individual, mass and group health promotion programs as well as providing contact materials. Social Support is a strategic approach that creates a social atmosphere conducive to implementing public health efforts/programs or, in other words, obtaining full community support (1). Based on the research results, the strategy is aimed at increasing the community's awareness, willingness, and ability to practice PHBS.

The methods used by health workers are the methods of Health Promotion, according to Wijono (2010). Approaches to health promotion are adapted to the Health Promotion strategy to support health programs and the objectives of the health promotion program at the Community Health Center (1). The methods used by informants to make outreach successful in the community are lectures, demonstrations, personal approaches, direct questions and answers, and group discussions. However, implementing this activity is still minimal because the community's capacity to carry out extension activities is limited. There needs to be more educational facilities, such as loudspeakers, and they are not available. On average, counseling is only done using the lecture method without loudspeakers.

The research found that media use in implementing outreach in the field was carried out using print media such as posters, leaflets, and X-banners, whereas almost no one used electronic media. This is due to the limited capacity to use electronic media such as in-focus, especially in Community Health Centers whose areas are located on islands without electricity. The distance between villages in one sub-district is quite far, which is further complicated by the lack of extension facilities and the availability of supporting facilities such as transportation, which causes the implementation of extension activities to be hampered.

Media or teaching aids in health promotion are essential and cannot be separated from their use in providing health education in the community. This is because the use of media is a tool for disseminating health
information to the public either through print media such as posters, leaflets, flipcharts, banners, banners, X-banners, gimmicks, mass media branding (newspapers, magazines, tabloids, etc.) and electronic media such as: TV, Radio, Film, Advertising and Internet Media (Social Networks, Websites, Blocks, WordPress, etc.).

Informants made many efforts to implement outreach in the community successfully, namely by providing outreach from house to house, collaborating with cross-sectors, implementing outreach accompanied by treatment, providing souvenirs, providing contact materials, and organizing outreach activities at every critical moment, and distribution of teaching aids (posters, leaflets, etc.). Efforts to implement outreach activities in the community cannot be carried out without government support. Based on the results of this research, it is known that there are two aspects of health efforts, namely: the curative aspect (counseling accompanied by the provision of treatment) and the preventive–promotive aspect; counseling accompanied by direct practice (demonstrations, distribution of teaching aids, collaboration with cross-sectors, and provision of contact materials).

Based on the research results regarding the attitude of officers in conducting outreach regarding how to make outreach successful in the field, it is carried out through mediation, advocacy, and social support. The form of cross-sector collaboration, the provision of contact materials which are the result of budget funds (BOK) for counseling, the use and availability of teaching aids, and the ability of officers to respond to community interest in healthy behavior or PBHS are the officers' attitudes in making policies to implement activities successfully. Counseling in the field.

The attitude of health workers towards the community's response in making decisions related to the media used, namely, media use, adjusted to the community's interests regarding the material provided. This is because there are factors that influence it. For example, community socio-economic, culture, education, experience, information obtained, and the community's ability to accept and respond or give feedback to the community after being given counseling so that decision-making regarding media use is very influential for the smooth running of health education (10).

The research results also show that health workers' skills focus more on officers' activeness to encourage the community to have healthy behavior or PBHS. The form problem with human resources (HR) or health workers in the work area of the Tual City Health Service in implementing health promotion is the lack of skilled health workers in community health instructors (PKM) as a result of a lack of training regarding health instructors so that there needs to be a joint commitment between the Department Health and Community Health Centers to provide professional and standardized training to carry out activity on health promotion. Providing extension facilities and infrastructure such as printed and electronic teaching aids, the government's commitment to endeavor to provide supporting facilities such as lighting equipment to support the implementation of extension activities in the field, and the provision of special allocation funds for the performance of public health promotion, as well as the government's exceptional attention to Health, especially in remote areas/islands.

Informant skills related to outreach in the field focus more on the activeness of health workers in reaching out to the community to want to take part in outreach activities by continuing to work together involving related sectors to make outreach a success in the community despite the many obstacles they face, of course by carrying out activity evaluations to see the level of success, practice Health or health actions for healthy living are all activities or activities of people to maintain Health.

CONCLUSION

Officers' ability regarding health promotion, officer competence, strategies, methods, and media use is still lacking because it is still limited to experience, and standardization of professionalism for health extension officers does not exist. Capabilities regarding health efforts still need to meet the scope of national standard health promotion. The attitude of the officers needs to be improved because it is constrained by facilities and infrastructure as well as support for outreach such as electricity, especially community health centers on the islands. The creativity of health workers could be more varied due to the lack of training in health education. Meanwhile, the officers' skills are adequate. This can be seen from the officers' ability to use media and collaborate with cross-sectors. The use of media is still limited to print media due to limited lighting equipment.
(electricity), especially community health centers on the islands, and difficult access to transportation, which is one of the reasons why health education still needs to be improved.

REFERENSI