Analysis of Knowledge and The Ability to Use Poedji Rochjati Score Cards in Pregnant Women Among Cadres

Catur Wulandari¹, Lailatul Khusnul Rizki², Rizki Amalia³

- ¹ Departement of Nutritions, Faculty of Health. Universitas Nahdlatul Ulama Surabaya, Surabaya, Indonesia
- ^{2,3} Departement of Midwifery, Faculty of Nursing and Midwifery. Universitas Nahdlatul Ulama Surabaya, Surabaya, Indonesia

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CORRESPONDENCE

E-mail: cawulan@unusa.ac.id
lailarizki91@unusa.ac.id

ABSTRACT

Cadres and health workers can collaborate in the early detection of pregnant women by using the Poedji Rochjati Score Card (PRSC) to reduce maternal and infant mortality rates. This study aims to analyze the correlation between knowledge and the ability to use Poedji Rochjati Score Card in pregnant women among cadres. This study used a quantitative design with an analytical survey method, and the approach was a crosssectional study. The population was 33 cadres, while the sample was 33 respondents with a total sampling technique. The independent variable was the cadre's knowledge regarding PRSC, and the dependent variable was the cadre's ability to use PRSC in pregnant women. An instrument to measure the cadre's knowledge was a questionnaire. In addition, the assessment of the cadre's ability to use PRSC used an observation sheet. After the data were collected, there was a bivariate analysis using the chi-square statistical test with a value of 0.05. Results showed that most cadres had less knowledge regarding PRSC (78.8%) and could not use PRSC in pregnant women (84.8%). Most cadres with less knowledge regarding Poedji Rochjati Score Card could not use PRSC in pregnant women (78.8%). The statistical tests obtained p=0.000 (p<0.05). Thus, there was a correlation between knowledge and the ability to use PRSC in cadres. In conclusion, cadres' knowledge correlates with their ability to use PRSC. Cadres with less knowledge cannot use PRSC. So, it is necessary to increase cadres' understanding by providing education and training by health workers

INTRODUCTION

Cadres and health workers can collaborate in the early detection of pregnant women by using the Poedji Rochjati Score Card (PRSC) to reduce maternal and infant mortality rates. Cadres are the front liners in screening high-risk pregnant women. However, their lack of knowledge regarding PRSC is an obstacle to cooperating with midwives, especially in conducting early detection among pregnant women in the community (Rizki, Masruroh and Bhayusakti, 2022).

A study revealed that before cadre class, knowledge of PRSC in cadres was less (Retnaningtyas, 2022). So, it is necessary to provide audiovisual media counseling to improve cadres' skills in the early detection of pregnant women (Miswanti, Pratamaningtyas and Yanuarini, 2019). Thus, giving education to cadres could enhance their knowledge and skills in using PRSC.

Evaluation of the cadre's understanding and ability to use the Poedji Rochjati Score Card is crucial. When cadres can properly detect high-risk pregnant women early, health workers can more quickly provide health care. Thus, it can prevent pregnancy complications (Anggraini *et al.*, 2020).

Given that early detection of pregnant women by cadres has a vital role in maternal and infant health, the authors investigated the cadres' ability to use the Poedji Rochjati Score Card. This study aims to analyze

the correlation between knowledge and the ability to use Poedji Rochjati Score Card in pregnant women among cadres (Simanungkalit, Handayani and Akbar, 2021).

METHOD

This study used a quantitative design with an analytical survey method, and the approach was a cross-sectional study. The population was 33 cadres, while the sample was 33 respondents with a total sampling technique. The independent variable was the cadre's knowledge regarding PRSC, and the dependent variable was the cadre's ability to use PRSC in pregnant women. An instrument to measure the cadre's knowledge was a questionnaire. The questionnaire contained fifteen multiple-choice questions about the meaning, function, and assessment steps of the Poedji Rochjati scorecard. It had been validated with the product-moment Pearson correlation. In addition, the assessment of the cadre's ability to use PRSC used an observation sheet. After the data were collected, there was a bivariate analysis using the chi-square statistical test with a value of 0.05. The hypothesis was accepted if the p<0.05.

RESULT

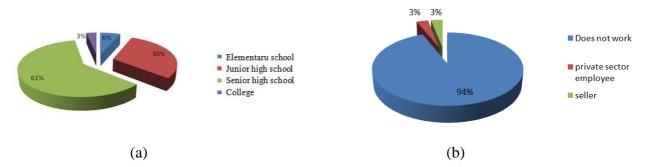


Figure.1 The characteristics of respondents based on education (a) and occupation (b)

Figure.1 shows that most of the respondents graduate from Senior High School (61%), and almost all of the respondents do not work or are housewives (94%).

Table 1. Cadre's knowledge regarding PRSC

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Knowledge	Frequency	Percentage (%)
Less	26	78.8
Moderate	6	18.2
Good	1	3.0
Total	33	100

Table.1 reveals that most cadres have less knowledge regarding Poedji Rochjati Score Card (78.8%).

Table 2. Cadre's ability to use PRSC

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Ability	Frequency	Percentage (%)
Incapable	28	84.8
Capable	5	15.2
Total	33	100

Table.2 demonstrates that most cadres cannot use Poedji Rochjati Score Card in pregnant women (84.8%).

Table 3. Cross-tabulation between variables and statistical test results

			Ability			p
			Incapable	Capable	Total	
Knowledge	Less	Count	26	0	26	0.000
		% Of Total	78.8%	.0%	78.8%	
	Moderate	Count	2	4	6	
		% Of Total	6.1%	12.1%	18.2%	
	Good	Count	0	1	1	
		% Of Total	.0%	3.0%	3.0%	
Total		Count	28	5	33	
		% Of Total	84.8%	15.2%	100.0%	

Most cadres with less knowledge regarding Poedji Rochjati Score Card could not use PRSC in pregnant women (78.8%). In addition, five of the 33 cadres could use PRSC (1 cadre had good knowledge, and four had moderate knowledge). The statistical tests obtained p=0.000 (p<0.05). Thus, there was a correlation between knowledge and the ability to use Poedji Rochjati Score Card in cadres (Table 3).

DISCUSSION

Knowledge becomes the basis for a person to act. People who act without knowledge tend to forget what they are doing quickly. The finding in this paper found that most cadres had less knowledge. It might be due to cadres' education. It is in line with a previous study that found a significant association between cadres' education and their knowledge about the importance of Maternal and Child Health book data (Dharmawan, 2015).

Occupation causes a person to interact with other people, making it possible to exchange information. Most respondents in this paper did not work in the public area or were housewives. As housewives, cadres will rarely exchange information, especially about the Poedji Rochjati Score Card, with other people. However, prior research revealed no correlation between occupation and knowledge regarding stunting among cadres in Boyolali Regency (Wulansih and KM, 2021).

The knowledge that a person has will affect a person's ability to take action. This study found a correlation between knowledge and the ability to use the Poedji Rochjati Score Card in cadres. The cadres' ability to use Poedji Rochjati Score Card was related to their understanding. It is in line with a study conducted by Syamsianah and Winaryati (2013). The study showed an association between cadres' knowledge level and skills, with the Spearman rank test obtained p=0.001. Thus, increasing education, training, and providing information through print and electronic media is essential to enhance the cadre's

knowledge. Furthermore, cadres' skills in using the Poedji Rochjati Score Card can increase. As a result, cadres can potentially contribute to reducing maternal and infant mortality rates.

CONCLUSION

In conclusion, cadres' knowledge correlates with their ability to use the Poedji Rochjati Score Card. Cadres with less knowledge cannot use Poedji Rochjati Score Card. So, it is necessary to increase cadres' understanding by providing education and training by health workers.

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