

Research Article

An Overview of the Knowledge and Motivation of IMCI Staff Regarding the Implementation of IMCI at the Lubuk Buaya Public Health Center, Padang

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ABSTRACT

Introduction: Indonesia is one of the developing countries with a high under-five mortality rate due to the rough handling of Integrated Management of Childhood Illness (IMCI). Diseases that cause death can generally be treated at the hospital level, but it is still difficult at the public health center level. Public Health Centers have implemented (IMCI). Suppose they meet the criteria for implementing/implementing the IMCI approach at least 60% of the number of visits by sick toddlers. This study aimed to describe the knowledge and motivation of IMCI implementers regarding the implementation of IMCI at Lubuk Buaya Public Health Center, Padang, in 2014. **Method:** This research is descriptive. This research was conducted at the Lubuk Buaya Health Center Padang in May 2014. The population in this study were all IMCI implementers who were actively working at the Lubuk Buaya Public Health Center, Padang, with 37 people. Sampling with total sampling technique and analyzed univariately. **Results:** From 37 staff implementing IMCI, it was found that 31 (83.8%) staff had implemented IMCI well, 36 (97.3%) staff had high knowledge, and 23 (62.2%) staff had high motivation. **Conclusions:** This study shows that the knowledge and motivation of IMCI implementers are good in implementing IMCI. It is hoped that every IMCI implementer will further increase knowledge about IMCI and its performance so that all sick toddlers get the best IMCI services to prevent death in these toddlers.

Keywords: Knowledge, Motivation, IMCI Implementation

Introduction

Integrated Management of Childhood Illness (IMCI) is an approach to sick toddlers carried out integrated by combining promotion, prevention, and treatment services for the five leading causes of death in infants and toddlers in developing countries. IMCI is used as a

service standard for sick infants and toddlers and a guideline for health workers, especially nurses and midwives in primary health care facilities. IMCI contributes significantly to reducing the mortality rate of neonates, infants, and toddlers if implemented widely, properly, and correctly [1, 2].

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Judging from the results of the 2007 Indonesian Health Demographic Survey (IDHS), the neonatal mortality rate (AKN), infant mortality rate (IMR), and under-five mortality rate (AKB) are 19/1000 live births (KH), 34/1000 KH, and 44/1000 live births. 1000KH. Toddler mortality (0-59 months) is still high [3].

According to the 2010 Basic Health Research (Riskesdas) data, several primary diseases cause infant and toddler mortality [4]. Every year more than 12 million children in developing countries die before their fifth birthday, and 70% of these deaths are caused by pneumonia, diarrhea, malaria, measles, and malnutrition. In the group of infants (0-11 months), the two most common causes of infant mortality were diarrheal disease at 31.4% and pneumonia 24%, while for toddlers, mortality from diarrhea was 25.2%, pneumonia 15.5%, fever Dengue Hemorrhagic Fever (DHF) 6.8% and measles 5.8% [5, 6].

Diseases that cause death can generally be treated at the hospital level, but it is still difficult at the Public Health Center level. Due to the lack of diagnostic facilities or equipment and medicines at the Public Health Center level, especially Public Health Center in remote areas with no treatment facilities. In comparison, the Public Health Center is the spearhead of the most reliable health facility for the general public in Indonesia, especially in first aid for sick toddlers [2]. The Public Health Center has implemented IMCI to meet the criteria for implementing/conducting the IMCI approach at least 60% of the number of visits by sick toddlers at the health center [7, 8].

In Indonesia, currently, the implementation of IMCI has covered 33 provinces. However, not all Public Health Center has implemented it due to various obstacles, including no health workers trained in IMCI. There are already trained health workers, but the facilities and infrastructure are not ready. There is no commitment or policy from the government. The head of the health center, and others. According to routine report data compiled from Provincial Health Offices throughout Indonesia through the 2010 national meeting of child health programs, the number of Public Health Centers implementing IMCI until 2009 was 51.55% [9].

While the achievement of the Padang City Health Office in IMCI was recorded at 32.6% for 2012, and from 22 Public Health Centers, Lubuk Buaya Health Center has implemented IMCI for 1877 children under five (16.04%) [10].

Implementing IMCI in Public Health Center is a system so that the interrelationship of roles and responsibilities between officers is very close. The smoothness activity is also supported by the facilities and infrastructure available in the clinic and management support from the Public Health Office. The motivation of IMCI implementers in implementing IMCI has not yet reached the maximum value. In addition, there are also problems faced, namely the IMCI chart that has been made is disobeyed, IMCI examines not all sick children. The sustainability of the IMCI program becomes essential because there are so many obstacles in implementing the IMCI. However, it turned out that the implementation of this IMCI did not work as expected [11].

The success of the implementation of IMCI cannot be separated from the role of health workers who actively provide services to children/IMCI at the Public Health Center. Promotive and preventive services are more optimized than curative, so knowledgeable officers and have good skills in implementing the program are needed. IMCI implementers must have high knowledge so that they can carry out IMCI properly [11].

Several factors influence a person's work performance, both from within (*internal*) and outside (*external*). Internal factors such as knowledge, attitudes, education, experience/length of work, motivation. Meanwhile, external factors include incentives and training.

From observations using questionnaires in the initial survey, it was found that out of 5 staff implementing IMCI at Lubuk Buaya Health Center, only one person implemented IMCI correctly, one person carried out carelessly, and three people did not implement it due to a lack of knowledge about IMCI.

Based on the above, the authors are interested in seeing an overview of knowledge and motivation IMCI executive power on implementing IMCI at the Lubuk Buaya Public Health Center, Padang.

Materials and Methods

This type of research is descriptive with a quantitative approach and cross-sectional design. This research was conducted at the Lubuk Buaya Health Center, which was carried out during May 2014. The sample in this study were all IMCI implementers who were actively working at the Lubuk Buaya Health Center, namely 20 midwives, 14 nurses, and three doctors with 37 people.

Primary data were collected directly through a questionnaire to the IMCI staff at the Lubuk Buaya Health Center for the variables of knowledge and motivation. Data on the implementation of IMCI variables were collected from observations using a checklist. Secondary data were obtained from the Health Office, Lubuk Buaya Public Health Center, Padang on IMCI Achievement and Personnel Data at Lubuk Buaya Public Health Center, Padang. The data were analyzed univariately using the SPSS for Windows program.

Results and Discussion

Table 1. Frequency Distribution of IMCI Implementation

No.	Implementation of IMCI	F	%
1.	Not enough	6	16.2
2.	Well	31	83.8
	Amount	37	100

Of the 37 workers implementing IMCI, as many as 31 people (83.8 %) implement IMCI well in the Lubuk Buaya Public Health Center, Padang, field (Table 1).

In line with the research conducted by Nurhidayati (2011), which entitled the effect of the characteristics of midwives on the implementation of IMCI at Kendal Public Health Center in 2011, it was found that 61 people (78.2%) performed IMCI well [12]. In line with the research of Hari Pratono et al. at the Tanah Laut Public Health Center, South Kalimantan, 67% of officers comply with IMCI [13].

In contrast to the results of Agus Zainuri's research, in Jayapura, there were 16.7% of officers carried out the IMCI approach. Due to the availability of human resources, facilities, and

funds that have not been prioritized by the Public Health Center [14].

The success of the implementation of IMCI cannot be separated from the role of health workers who actively provide services to children / IMCI at the Public Health Center. Promotive and preventive services are more optimized than curative, so knowledgeable officers and have good skills in implementing the program are needed. IMCI implementers must have high knowledge so that they can carry out IMCI properly [15].

Workers were implementing IMCI performing well due to the high knowledge that an IMCI can be implemented and appropriately applied. According to the theory that action (implementation) will last if it is based on high knowledge. While the IMCI implementers who carry out IMCI are lacking due to their low education, the young age factor has little work experience, and the old age factor but is not exposed to the IMCI. Following the theory, if one of the Public Health Center representatives conducting training on IMCI, it should be informed to all the IMCI implementing staff to implement IMCI at the health center well.

Table 2. Frequency Distribution of IMCI Implementing Staff's Knowledge of IMCI

No.	Knowledge	F	%
1.	Low	1	2.7
2.	High	36	97.3
	Amount	37	100

Of the 37 staff implementing IMCI, 36 people (97.3 %) had high knowledge of IMCI at the Lubuk Buaya Public Health Center, Padang (Table 2).

The results of this study are comparable to the research conducted by Sri Hastuti (2010), which entitled the factors that influence the implementation of IMCI at the Banjar Public Health Center in 2010, it was found that (60%) IMCI implementers were highly knowledgeable about IMCI [16].

Similar to Notoatmodjo opinion (2003), knowledge results from "know" the human senses to a particular object. The sensing process occurs through the five human senses, namely the senses of sight, hearing, smell,

touch through the skin, knowledge, or cognitive, which is a significant domain for forming one's actions (over behavior). Knowledge is an essential factor for forming one's behavior because, from experience and research, it is proven that knowledge-based behavior will be more flexible than behavior that is not based on knowledge [17].

Executive workers who have a high knowledge due to executive power have often done IMCI at any sick children who visit. Meanwhile, implementing staff who have insufficient knowledge about IMCI are caused by not being exposed to IMCI. Based on the questionnaire, it can be seen that of the 12 question items, knowledge about general danger signs of seizures is still low, where only 23 people know that seizures are one of the general danger signs in IMCI. Meanwhile, the highest question item is about the definition of IMCI and the objectives of the IMCI approach.

Table 3. Frequency distribution Motivation Executive Power IMCI Against the Implementation of IMCI

No.	Motivation	F	%
1.	Low	14	37.8
2.	Well	23	62.2
	Amount	37	100

Of the 37 staff implementing IMCI, 23 people (62.2 %) had high motivation to implement IMCI at the Lubuk Buaya Public Health Center, Padang (Table 3).

The results of this study are comparable to the research conducted by Sri Hastuti (2010), which entitled the factors that influence the implementation of IMCI at the Banjar Public Health Center in 2010, obtained 44 people (73%) who have high motivation in implementing IMCI [16, 18].

Implementing staff highly motivated to IMCI services can reduce mortality among children under five who had been sick, and executive personnel is motivated to implement IMCI. Meanwhile, implementing staff with low motivation is caused by an unsupportive work atmosphere, such as limited-time implementing IMCI and unsupportive co-workers. Mean-

while, according to the theory of work atmosphere and co-workers' support is very influential on one's motivation.

Conclusion

From 37 staff implementing IMCI, it was found that 31 people (83.8%) had implemented IMCI well, 36 people (97.3%) had high knowledge, and 23 people (62.2%) had high motivation. This study shows that the knowledge and motivation of IMCI implementers are good in implementing IMCI. It is hoped that every IMCI implementer will further increase knowledge about IMCI and its performance so that all sick toddlers get the best IMCI services to prevent death in these toddlers.

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