

Training Of Disaster Response Cadres (Tagana) Reproductive Health Of Penyengat Olak Village Muaro Jambi Regency

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ABSTRACT

BNPB recorded more than 1,200 disasters occurred from the beginning of the year to early May 2020. Disaster events were still dominated by hydrometeorological disasters, such as floods, landslides and tornadoes. BNPB data states that 172 people died as a result of the disaster. BNPB identified that more than 99% of disaster events were hydrometeorological disasters. The most dominant disasters are floods with 457 occurrences, 359 tornadoes, 275 landslides and tidal waves or abrasion 2. In addition, another category of hydrometeorological disasters with a high number is forest and land fires (karhutla), 119 times. The total number of disasters is 1,221. In addition to these disasters, BNPB also recorded other disasters such as 3 volcanic eruptions and 5 earthquakes. Community service activities will be carried out in Penyengat Olak Village, Muaro Jambi Regency. This community service aims to increase the capacity of youth as cadres and have the ability to manage disasters in villages, especially health crises, youth cadres are able to provide efforts to overcome reproductive health problems, especially for adolescents in the village of Penyengat Olak, Muaro Jambi Regency. The activity starting with conducting initial surveys and advocating to puskesmas and the community in training for youth health care disaster response cadres. Conducting data collection on target youth as active cadres in the area of the Penyengat Olak Health Center, Conducting capacity building for youth posyandu cadres (increasing knowledge and skills) especially regarding disaster/health crisis management in Penyengat Olak village in collaboration with resource persons from BNPB Jambi Province and BASARNAS and TAGANA NGO, Muaro Jambi district. In collaboration with the Head of the Penyengat Olak Health Center to conduct a post-training evaluation in the form of filling out questionnaires and FGD Collaborating with the Health Center Health Center coordinator in including youth health care MISP activities in the Puskesmas program, monitoring activities during the implementation phase. Evaluating Youth Capacity Building activities as youth cadres who respond to disasters in Penyengat Olak Village, Muaro Jambi Regency.

Keywords: Training, Disaster Respons Cadres

INTRODUCTION

Indonesia is an archipelago that has a high and varied disaster potential. From January to June 2016 it was recorded that there were 1,092 disaster events with 267 dead & missing 1,709,158 victims suffered minor and serious injuries, and became refugees and 16,595 damage to settlements were reported by the National Disaster Management Agency.

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Indonesia is a country that is very vulnerable to disasters, both natural and non-natural. Starting from earthquakes, tsunamis, volcanic eruptions, floods, landslides. Likewise with non-natural disasters such as social conflicts, inter-tribal conflicts, etc. The impact of disasters that arise can be in the form of various health problems, so health workers in the field as the frontline service implementers in all situations, including during a health crisis, must be ready to anticipate it. Related to this, the Ministry of Health seeks to equip the ranks of health workers

with various guidelines and procedures to continue to be able to provide optimal services during disasters and after disasters, namely when dealing with the impact of the disaster, including health problems in youth groups.

Efforts to overcome health crises due to disasters are activities that are in the disaster management cycle. The cycle starts before a disaster occurs (planning, mitigation and preparedness), during a disaster (emergency response) and after a disaster (rehabilitation and reconstruction). health crises, emergency response to health crises and post-health crises, with an emphasis on preventing the occurrence of more severe or bad health crises and paying attention to aspects of disaster risk reduction.

The need for health services is always there and will continue to increase during a health crisis situation. Health is a human right that must be fulfilled in any situation, including in a disaster situation. Likewise with reproductive health which is part of health. Reproduction health Adolescents in Indonesia are a population group with a large proportion as well as vulnerable to being affected in the event of a health crisis/disaster. Along with the health problems that arise in this situation, specifically related to the fulfillment of sexual and reproductive health needs of adolescents are neglected such as the risk of experiencing sexual and gender-based violence, child marriage, and the risk of contracting Sexually Transmitted Infections (STIs) and HIV. Therefore, efforts are needed to prepare services in health crisis/disaster situations that can be implemented through the preparation of preparedness plans in the field of adolescent reproductive health at every level starting from the Regency/City, Provincial and National levels.

The Ministry of Health has issued the MISP for Reproductive Health in 2015, but the guidelines do not yet contain specific reproductive health components for adolescents, especially for mental health and psychosocial support. This is very necessary because a special approach is needed to intervene through the Youth Care Health Service (PKPR) approach and the use of assessment tools that are different from MISP in general. Adolescent reproductive health needs during crisis situations have not been met.

This community service activity can be the basis for health workers in implementing the implementation of adolescent reproductive health services in the field. In the disaster management program, there are three stages of disaster management, namely:

DISASTER MANAGEMENT CYCLE

SIKLUS PENANGGULANGAN BENCANA



Reproductive health is a part of human rights that applies to every individual, both in general situations and in emergency/disaster situations. Therefore, everyone who is in a health crisis situation must have access to health information and services, especially reproductive health information and services in a health crisis situation. So far, reproductive health has not been considered as a priority need in disaster management programs, even though the need for reproductive health is no less important in this situation. Therefore, the MISP Package for Reproductive Health is needed to fulfill the need for information and reproductive health services in a health crisis situation.

MISP for Reproductive Health is a series of priority reproductive health activities, which must be implemented immediately in the early stages of a disaster/during an emergency health crisis response, which focuses on preventing death, illness and disability in the population affected by the disaster. The MISP contains guidelines for coordinated reproductive health services during the earliest stages of an emergency situation (natural or non-natural disasters), and provides guidelines for planning comprehensive reproductive health services once the situation has stabilized.

The MISP has five objectives, namely identifying the MISP Coordinator for Reproductive Health, preventing and dealing with sexual violence, reducing HIV transmission, preventing increased maternal and neonatal morbidity and mortality, planning comprehensive reproductive health services and integrating them into basic health services when the situation is stable. Reproductive health problems in health crisis situations are often overlooked. MISP for Reproductive Health should be implemented as soon as possible at the beginning of a disaster, namely during the health crisis emergency response to prevent further impacts of the health crisis. Meanwhile, in the pre-health crisis and post-health crisis stages, reproductive health services are carried out through comprehensive reproductive health services in normal situations.

In a health crisis situation, adolescents are vulnerable to violence, poverty, separation from family, sexual violence, exploitation and other risks that can affect adolescent reproductive health. But on the other hand, not a few teenagers are adaptable, full of ideas and energetic. In a health crisis situation, adolescents can support each other through various activities such as counseling, education and coaching of peer counselors and take an active role in community activities, such as volunteering to help health service providers, providing care to those in need and expanding access to health services. reproduction for peers in the surrounding environment.

Muaro Jambi Regency is an area that surrounds the city of Jambi, close to the Batanghari river. Based on BNPB data, flood-prone areas in Jambi Province are 363 villages and 77 sub-districts in 68 sub-districts in 11 regencies/cities in Jambi Province. One of the villages in Muaro Jambi Regency is Penyengat Olak Village which is located in Jambi Outer City District. This village is located along a watershed, which experiences floods every year. This village is also affected by forest and land fires (Karhutla).

In 2019, the village of Penyengat Olak began to socialize the first youth posyandu in Muaro Jambi district, after several pilot posyandu were formed, in 2020 training for youth posyandu cadres was carried out in each village within the work area of the Penyengat Olak Health Center. In 2021, it is planned that the youth cadres will be provided with disaster management, especially related to reproductive health.

METHOD

The implementation of community service activities in the form of youth capacity building activities through training as TAGANA cadres in the Penyengat Olak Health Center, Kab. Muaro Jambi. During the Covid-19 pandemic, training activities were carried out by following the health protocols, namely:

1. Checking the body temperature of the trainees
2. Participants are required to wash their hands, wear a mask/faceshield
3. Keep your distance from other participants

The activity was carried out in coordination with the Puskesmas Penyengat Olak, especially the person in charge of youth health services. The stages are:

1. PLANNING AND PREPARATION STAGE

- a. Conduct initial survey and Advocacy for Community Leaders and Head of Puskesmas
- b. Collecting data on target youth 10-18 years in the area of the Penyengat Olak Health Center
- c. Recruit cadres aged 10-18 years who meet the requirements to be trained as TAGANA cadres
- d. Stages of planning and preparation: this is done by contacting the head of the

puskesmas and the person in charge of health care to discuss preparations for youth cadre training activities.

2. IMPLEMENTATION STAGE

- a. Conducting capacity building for youth cadres (increasing knowledge and skills) in Penyengat Olak village in collaboration with resource persons from the disaster team
- b. In collaboration with the village head and the head of the Penyengat Olak Health Center
- c. Collaborating with the Health Center Coordinator of Healthcare Center in including PKPR activities with the PHBS and Germas programs
- d. Due to the COVID-19 conditions, the training was carried out 3 times with 40 participants, however it was divided into training sessions divided into 2 group.

3. MONITORING AND EVALUATION STAGE

- a. Conducting periodic monitoring of activities in Youth
- b. Carry out an evaluation of Youth Capacity Building activities as TAGANA Cadres in Penyengat Olak Village, Muaro Jambi Regency.
- c. At this stage, monitoring of trained cadres is carried out by forming a WA Group, and the evaluation stage is by providing training questionnaires by filling out a google form filled out by trained cadres.

RESULTS

The results of community service activities are the implementation of youth cadre training activities in disaster management, especially in the field of reproductive health. Training activities were measured by giving questionnaires before and after giving the material. The results of community service can be seen in the following table:

Table 1. Characteristics of Youth Cadre in Penyengat Olak Village, District Muaro Jambi

NO	VARIABEL	n	%
1	Gender		
	Man	17	42,5
	Girl	23	57,5
2	Ages		
	10-12 Years	4	10
	13-15 Years	20	50
	16-19 Years	16	40
3	Education		
	No School	0	0
	Elementary School	4	10
	Junior High School	19	47,5
	Senior High School	17	42,5
	Akademy/University	0	0
4	Disaster Training		
	Never	0	0
	Once	40	100

Table 2. Knowledge Distribution of Youth Cadre Based on Number of Correct Answers Before and After Disaster Response Training in Penyengat Olak Village Muaro Jambi Regency

NO	STATEMENT	Pre	%	Post	%
1	Definition of Natural Disaster	24	60	40	100
2	Natural Disaster Phenomena	20	50	39	97,5
3	Phenomenon of disaster statement	18	45	39	97,5
4	What to do during a disaster in a building	17	42,5	38	95
5	What to do during a disaster in an elevator	16	40	37	92,5
6	What to do during a disaster outside the building	18	45	38	95

NO	STATEMENT	Pre	%	Post	%
7	Phenomenon to declare a condition is a building fire	21	52,5	39	97,5
8	One of the materials that easily ignites a large fire	13	32,5	36	90
9	Potential risks in the campus environment during an earthquake	11	27,5	37	92,5
10	potential risks in the campus environment when a building fire occurs	10	25	35	87,5
11	Efforts to carry out activities after the disaster incident by helping the community restore the condition of their houses and public facilities	12	30	37	92,5
12	Efforts to reduce disaster risk, both through physical development and capacity building to face disaster threats	14	35	39	97,5
13	The following phenomena are classified as emergency conditions during a disaster	15	37,5	38	95
14	Disaster preparedness	16	40	37	92,5
15	A place that can be used as a shelter after the earthquake disaster evacuation process is carried out	11	27,5	35	87,5
16	Help services that can be contacted in the event of a building fire	10	25	34	85
17	Which of the following is classified as a moderate emergency	9	22,5	35	87,5
18	Proper self-protection techniques during an indoor earthquake	11	27,5	36	90
19	Community groups most vulnerable to natural disasters	14	35	33	82,5
20	The role of adolescents during a disaster	13	32,5	33	82,5

Table 3. Knowledge Distribution of Youth Cadres Before and After Disaster Response Training in Penyengat Olak Village, Muaro Jambi Regency

Metode	Mean	N	Std Deviasi	Std Error Mean	Correlation	Sig
Before	39,37	40	11,21	1.773	.012	0.000
After	75,37	40	6,54	1.034		

DISCUSSION

Setyaningrum's research (2020) shows that the implications of DRR training for SMA/SMK students show an increase in knowledge about the definition of an earthquake, earthquake potential, and DRR efforts by 55 points. The average knowledge of students before training was 42, after attending the training increased to 97. Adolescent awareness of DRR also increased by 64%. Awareness of students before training is 18%, after training awareness is 63%. Adolescent preparedness in the event of a disaster will also increase from 18% to 89%. Based on the results of the study, it can be concluded that DRR training is able to increase the knowledge, awareness and preparedness of SMK/SMK youth in Malang in dealing with earthquake disasters.

Solikha's research, et al, (2020) Research with a quasi-experimental pre and posttest design without a control group. A total of 30 cadres were given training for disaster response cadres and disaster preparedness was measured before and after the training. The research instrument used a disaster preparedness questionnaire and a flood response module. Data analysis used a nonparametric test, namely the Wilcoxon test. there is an effect of disaster

response training on disaster preparedness with the Wilcoxon Signed Rank Test resulting in a p-value of 0.000 ($p < 0.05$)

Buston (2021) The results of statistical tests using a paired t test showed that the p value in the intervention group was 0.000 ($p \text{ value } 0.000 < 0.05$) which means that there is a difference in the average skills before and after the intervention. increase the average value of the skills of household heads on preparedness in disaster management.

Siregar (2020) based on the evaluation carried out, it was found that the knowledge of participants before the training had an average value of 7.5 with the lowest value of 5.0 and the highest 9.0. Meanwhile, after being given training, the average value increased to 9.3 with the lowest value of 6.0 and the highest is 10.0. Based on the statistical test, it was found that $p < 0.001$ which means that there is a significant difference between the knowledge of the students before and after the training. This change has a positive impact (increasing knowledge), which means that emergency handling training activities for Islamic boarding school students are beneficial for participants

CONCLUSIONS ANDRECOMMENDATIONS

The conclusions of the results of community service activities are:

1. Knowledge of adolescent cadres prior to training on Disaster Response (TAGANA) Reproductive health in Penyengat Olak village, Kab. Muaro Jambi average 39.37
2. Knowledge of adolescent cadres after training on Disaster Response (TAGANA) Reproductive health in Penyengat Olak village, Kab. Muaro Jambi an average of 75.37
3. There is an effect of TAGANA training on the knowledge of youth cadres in Penyengat Olak Village, Muaro Jambi Regency

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APPENDIX



Figure 1. Training with BASARNAS



Figure 2. Training Reproductive Health with PHC



Figure 3. Training with TAGANA