

THE EFFECT OF BEHAVIOR CHANGE COMMUNICATION TRAINING ON THE PERFORMANCE OF HEALTH PROMOTION OFFICERS IN SAMARINDA

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Abstract

This study aims to analyze the effect of behavior change communication training on the performance of Health Promotion (Promkes) officers in Samarinda. This study uses one independent variable, namely the effect of KPP training on the performance of health promotion officers. After conducting literature and field reviews and formulating hypotheses, the data in this study were collected by distributing questionnaires to 30 people who had attended behavioral change communication training as research samples. The sampling technique used is Simple Random Sampling. The data analysis method used is quantitative analysis, namely validation and reliability tests, simple linear regression analysis, t-test and coefficient of determination. From the results of the discussion that has been done by the author that there is an effect of behavior change communication training on Health Promotion Officers (Promkes) in Samarinda. This is evidenced by the results of the t count statistic of 8.806 with a significant (sig) of 0.000. Because the significant value is less than 0.05 ($0.000 < 0.05$), this study succeeded in proving the hypothesis which states that "it is suspected that there is an effect of behavioral change communication training on the performance of health promotion officers". The data analysis shows that the indicators in this study are valid and reliable. In testing the hypothesis, the effect of behavioral change communication training has a positive effect on the performance of health promotion officers (promkes).

Keywords: *KPP Training, Officer Performance*

Introduction

The implementation of public health programs is managed with good management which in principle starts from planning to the evaluation stage. Management is an art or process carried out in designing a program to obtain maximum results to achieve a goal in which several people or groups work together to achieve predetermined goals that provide welfare for both leaders and officers, as well as provide good service to the community (Hkoontz in Suarli, 2014).

Health is one of the main problems faced by many countries in the world. Based on the 2015 World Health Organization (WHO) data in the Health SDG Profile 2016 it was noted that the Indonesian population reached 257,564 M, with a life expectancy from 2016, at the age of 66.3 years to 2030, at the age of 69.1 years. Health service coverage is central to

monitoring progress towards Universal Health Coverage (UHC), while the target for achieving the Sustainable Development Goals (SDGs) in Indonesia is to measure the current level of service coverage for indicators in reproductive, maternal, newborn, and child health using data from an international household health survey is 17.18% per 1000 population with a national average value of 100. With the issuance of the Regulation of the Minister of Health of the Republic of Indonesia No. 39 of 2016 concerning "Guidelines for the Implementation of a Healthy Indonesia Program with a Family Approach", the government has determined that the implementer of this program is a community health center Public health center. The Puskesmas is the spearhead and determinant of the success of this program.

In-Law Number 36 of 2009 concerning Health, it is stated that health is an investment for the development of productive human resources both socially and economically. Health is a basic human right and need. Health is one of the determinants of the Human Development Index (HDI). Thus, health is the main prerequisite in efforts to improve the quality of human resources in Indonesia.

The Strategic Plan of the Ministry of Health for 2015-2019, which is contained in the Decree of the Minister of Health of the Republic of Indonesia, Number HK.02.02/MENKES/52/2015, has set the goal of health development is to improve the health status of the community with five main indicators that must be achieved and two indicators of which are: increasing efforts to increase health promotion and community empowerment as well as financing promotive and preventive activities and increasing efforts to improve clean and healthy living behavior.

Health Promotion is a process to empower the community through activities to inform, influence, and assist the community to play an active role in supporting behavioral and environmental changes as well as maintaining and improving health towards optimal health status (Permenkes No. 74 of 2015, article 1 point 3).

One of the family health behavior interventions is through the Behavior Change Communication approach in empowering Healthy Families. In principle, behavior change communication in empowering healthy families is an effort to empower individuals, families, and communities to know, want, and be able to implement clean and healthy living behavior (PHBS) including preventing disease and other health problems, tackling disease and other health problems in the community. to improve health status, utilize health services, and play an active role in realizing the health of the community through the development of community-based health efforts.

Behavioral change communication training is an agency effort to hone and improve the skills of the participants in academic and technical skills which is then also used as a forum for developing and improving employee performance. This is what the agency does to maintain and even improve the performance of officers so that it remains stable and then can be increased from time to time. In addition to the training factor, communication within the organization also has an important role in improving the performance of officers. Good communication will create good cooperation as well so that with good cooperation the work of officers will increase.

Health promotion (promos) is an essential health effort that must be carried out in Public health centers. The role of health promotions in achieving health development goals in Public health centers is very large. Therefore, the implementation of health promotions in

health centers should be an integral part of integrated with public health efforts and individual health efforts at health centers. Health promotions at Public health centers important role in empowering people to be able to live healthy lives.

The implementation of health promotions at the Puskesmas must be carried out more optimally, especially in supporting the achievement of Service Standards. Promos should be more directed at efforts to mobilize community participation, in developing and improving the quality of Community-Based Health Efforts (UKBM) in the working area of the Public health center.

Therefore, in increasing program coverage and overcoming existing health problems in Public health centers, health promotion efforts have an important role as behavioral improvement interventions to improve clean and healthy living behavior. In addition, it can certainly have an impact on improving the performance of the Public health center and will mean that the Public health center has supported the district/city in achieving service standards.

Communication training in behavior change was attended by health promotion officers who later intervened on healthy family indicators. This communication training, it will improve the ability of this health promotion officer from the aspect of expertise or competence by the training objectives. It can be concluded that this communication training has the aim of increasing the competence of health promotion officers which can then be measured by organizational performance in the form of achieving the Healthy Family Index (IKS).

Method

Data collection techniques in this study used:

1. Observation

As Sugiyono (2012), that observation is a data collection technique to observe human behavior, work processes, and natural phenomena, and respondents. In this study, researchers conducted direct observations to find facts in the field.

2. Documentation

Then Arikunto (2006) explains that the documentation method is looking for data about things or variables in the form of notes, transcripts, books, meeting minutes, and so on.

3. Questionnaire

Furthermore, Sugiyono (2006: 135), that the questionnaire is a data collection technique that is done by giving a set of questions or a written statement to the respondent to answer. This method contains some written questions that are used to obtain information about the dimensions of communication training and the number of respondents is small.

4. Literature study

Literature research is a method of collecting data based on books related to research to assist in completing the final project.

Results/Hasil

A. Analysis

1. Test Validity and Reliability

a. Validity Test

1. Testing the Validity of Variables of behavioral change communication training

Table 1. KPP training variable test

Variable	Pernyataan	r- hitung	r-tabel	Keterangan
Pelatihan KPP	1	0.881	0.361	VALID
	2	0.874	0.361	VALID
	3	0.947	0.361	VALID
	4	0.867	0.361	VALID
	5	0.887	0.361	VALID

Data Source: author

Based on the table above, it can be stated that all statements on the Service Quality variable are valid.

2. Testing the Validity of Health Promotion Officer Performance Variables

Table 2 Test the validity of officer performance variables

Variabel	Pernyataan	r- hitung	r-tabel	Keterangan
Officer Performance	1	0.878	0.361	VALID
	2	0.91	0.361	VALID
	3	0.895	0.361	VALID
	4	0.866	0.361	VALID
	5	0.905	0.361	VALID

Data Source: author

Based on the table above, it can be stated that all statements on the officer's Performance variable are valid.

b. Reliability Test

The item of the statement that has been declared valid in the validity test will be determined by its reliability with the criteria:

- If $r_{\alpha} > r_{table}$, then the reliable question
- If $r_{\alpha} < r_{table}$, then the question is not reliable

1) Reliability Test variable KPP Training

Table 3. KPP Training variable reality test

Cronbach's Alpha	N of Items
.934	5

Data Source: author

In this item a significant level of 5% of the alpha coefficient is 934 (read 0.934), then the value is compared to the r_{table} value with the value $n = 30$. And obtained an r_{table} value of 0.361, this means $r_{\alpha} > r_{table}$, so that from these results it can be concluded that the questioner tested is reliable because Cronbach's $\alpha = 0.934$.

2) Reliability Test Performance performance health promotion officer (Promkes)

Table 4. Variable reliability test of promos officer performance

Cronbach's Alpha	N of Items
.934	5

Data Source: author

In this item, a significant rate of 5% of the Alpha coefficient,934 (read 0.934), then the value is compared to the R_{table} value with the value $N = 30$. And obtained a table value of 0.361, this means $R_{\alpha} > R_{table}$, so that from these results it can be concluded that the questioner tested is reliable because Cronbach's $\alpha = 0.934$.

Comprehensively the variables studied at a significant level of 95% are valid and reliable. Thus, the items in the study could be applied to all respondents and there was no improvement in the questionnaire.

2. Simple Linear Regression Test

The forms of the equation are:

$$y = a + bx$$

So based on the results of the analysis can be presented a simple linear regression equation:

Table 5. Simple linear regression analysis

Coefficients					
Unstandardized Coefficients			Standardized Coefficients	t	Sig.
Model	B	Std. Error	Beta		
(Constant)	1.339	2.113		.634	.532
KPP Training	.883	.100	.857	8.806	.000

a. Dependent Variable: OFFICER PERFORMANCE

Data source: author

$$Y = 1,339 + 0,883x$$

Based on this equation, it can be explained:

- The constant coefficient of 1,339 means that if there is no KPP training variable then the performance of health promotion officers will be 1,339 Points.
- The regression coefficient of the behavior change communication training variable KPP is 0.883 positive, meaning that with KPP each increase at 1 point then the performance of health promotion workers will increase by 0.883 points.

3. Hypothesis Test

a. Determination Phytophysien Test (R²)

The Determination Keofisien test was conducted to see the magnitude of the influence of KPP training on the performance of health promotion officers in UPTD Bapelkes East Kalimantan Province. The determinants obtained are:

Table 6. R² Test

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.857 _a	.735	.725	1.888

a. Predictors: (Constant), BEHAVIOR CHANGE COMUSNIKATION TRAINING

Data source: author

From the table above can be explained $R^2 = 0.735$ which means explaining the magnitude of the influence of KPP training on the performance of health promotion officers is 73.5% and the remaining 26.5% explained other variables that are not included in this study.

b. Partial Test (t)

This partial test using the t-test. H_0 is rejected if $t_{count} < t_{table}$ at $\alpha = 5\%$ H_a is accepted if $t_{count} > t_{table}$ at $\alpha = 5\%$. The following will describe each test partially.

Table 7. Test t

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.339	2.113		.634	.532
KPP Training	.883	.100	.857	8.806	.000

a. Dependent Variable: OFFICER PERFORMANCE

Data source: author

The formula for finding the table value is:

$$t_{table} = a/2 ; n - k - 1$$

Remarks :

$\alpha = 0.05$ (5%)

k = Number of independent variables

n = number of respondents

So, $t_{table} = 0.05/2 ; 30 - 1 - 1$

$0.025 ; 28$

Then look for the distribution of the t table value, it is found that the t table value is 2.048

The results of partial hypothesis testing through t-test obtained t count based on the coefficient value which can be seen in the picture above shows that: Behavioral change communication training (KPP) has a significant effect on Officer Performance on the implementation of Behavior Change Communication Training (KPP) in Samarinda with $t_{count} > t_{table}$ Coefficientstable of $8,806 > 2,048$, the effect of KPP training on the performance of health promotion officers is 85,7%. The test results in this study stated that behavioral change communication training (KPP) was significant on the performance of health promotion officers, with a positive relationship direction H_a accepted.

Discussion

From the equations that have been stated, it is known that any behavioral change communication training will increase the performance of health promotion officers.

The results showed that there was an effect of behavioral change communication training on the performance of health promotion officers in Samarinda. This is evidenced by the results of the count statistic of 8.806 with a significant (sig) of 0.000. Because the significant value is less than 0.05 ($0.000 < 0.05$), this study succeeded in proving the hypothesis which states that: "it is suspected that there is an effect of behavior change communication training on the performance of health promotion officers (promos)".

The results of the R2 determinant test in this study obtained the R2 determinant value of 0.735, which means that the magnitude of the influence of the behavioral change communication training variable (KPP) on the performance of health promotion officers is 73.5% and the rest is explained by other variables not included in this study.

The results of the above calculations can be concluded that health promotion officers in Samarinda have the perception that behavior change communication training is good training to follow because it is related to education and also triggers the memory of participants/health promotion officers in realizing it in the community. The perception that concludes that behavior change communication training is good to follow is the result of the participants/health promotion officers thinking in an evaluative way because the participants/health promotion officers will consider the merits of the training being held.

In theory, the results obtained from testing these two variables are related to social learning theory. This theory discusses the effect of behavior change communication training on the performance of health promotion officers, the results of testing the two variables were positive, indicating that health promotion officers think that behavior change communication training is very influential on health promotion officers in triggering the community.

Health cannot be separated from health promotion officers because through health promotion officers, the messages conveyed can be more interesting and understood, so that the target can study the message until they understand it so they can decide to adopt it into positive health behavior in the community. The role of officers in health promotion is very important because it can facilitate and clarify communication or information and reduce verbalism. Officers commonly used in health promotion consist of behavioral change communication training participants who attended training at the UPTD Bapelkes East Kalimantan Province, adjusted to the level of target acceptance.

From the results studied, the behavior change communication training held at the UPTD Bapelkes East Kalimantan Province greatly influenced the performance of health promotion officers (promos) in Samarinda.

Conclusion

Based on data analysis, it can be concluded that Behavior Change Communication Training (KPP) has a significant effect on the Performance of Health Promotion Officers (Promkes) in Samarinda. This is evidenced by the statistical results of t-count of 8.806 which is greater than the value of the t-table of 2.048 ($8.806 > 2.048$) and a significant value (Sig.) of 0.000. Therefore, the significance value is less than 0.05 ($0.000 < 0.05$).

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