

The Effect of KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game) Education on The Self-Efficacy of Health Cadres

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ABSTRAK

The low self-efficacy of health cadres can impact the effectiveness of community education on postpartum family planning (KBPP). Previous studies indicate that with appropriate educational methods, the number of KBPP users can increase significantly. The Simulation Game known as the Family Planning Postpartum Bouquet Ribbon Game, or KOURIBGA, presents a promising approach to health education by offering an engaging and interactive simulation format. This study aimed to analyze the influence of KOURIBGA education on the self-efficacy of health cadres in Kedungwinong Village, Nguter District, Sukoharjo Regency. Employing a pre-experimental, pretest-posttest design, the research used a total sample of 35 health cadres. In this study, the KOURIBGA education served as the independent variable, while the dependent variable was the self-efficacy of the cadres. The results, analyzed using the Wilcoxon test, indicated a significant effect (p -value < 0.05), demonstrating that KOURIBGA education positively influenced health cadres' self-efficacy in Kedung Winong Village. Thus, KOURIBGA education can be effectively utilized to enhance self-efficacy, contributing to better reproductive health services.

Keywords: Planning; Self-Efficacy; Postpartum Famil; Self-Efficacy

INTRODUCTION

The Sustainable Development Goal's (SDGs) target to achieve a global maternal mortality rate of less than 70 per 100,000 live births by 2023 (Hutcheon et al., 2019). However, Indonesia itself was once ranked 112th out of 179 countries in the world with a maternal mortality rate of 189 deaths per 100,000 live births (Badan Pusat Statistik, 2023).

Meanwhile, the number of maternal mortality rate (MMR) in Central Java in 2023 was reported as 84.6 per 100,000 live births with the highest causes consecutively due to hypertension, bleeding, infection, and heart disease (BKKBN, 2023). Risk factors for this condition are related to short pregnancy intervals due to lack of healthy planning (Bauserman et al., 2020). This can happen because there are still many couples of childbearing age who do not understand that the return of a mother's fertility after childbirth can occur before the arrival of menstruation (Indrawati et al, 2022; Sober and Courtney, 2014).



According to the World Health Organization (WHO), family planning contributes 30-40% to reducing maternal mortality, including postpartum family planning (KBPP) which is very strategic in its application. However, postpartum family planning participants in Indonesia are only around 45.02%, while the achievement of postpartum family planning in Central Java in 2022 was 26.21%, and in Sukoharjo Regency was 32.47%. Where the lowest postpartum family planning achievement in the Sukoharjo Regency area itself is held by the Nguter district, which is only 1.05% in 2021.

Efforts to increase the achievement of postpartum family planning itself is the authority of midwives in providing reproductive health services, midwives in their performance often collaborate with health cadres who act as the spearhead of community mobilization. Nevertheless, in practice, the majority of health cadres lack the confidence to provide counseling on postpartum family planning, as they perceive a lack of sufficient knowledge in this area (Supiana et al, 2020; Arfianisa et al, 2022). The preliminary study conducted by researchers through interviews showed that 5 out of 35 cadres did not feel confident in their ability to provide family planning education to couples of childbearing age and even the community.

Cadre self-efficacy can be obtained from a variety of methods, including through health messaging training that is delivered in a fun way, so that it is more easily accepted and understood (Haruna et al., 2021). In previous studies, it was mentioned that simulation games can effectively increase self-efficacy (Yanuwardani & Haryati, 2023).

One of the simulation game techniques is KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game) adapted from the Emotional Demonstration (EmoDemo) method of the 8th module in the form of a game "Pulled in All Directions". This method is based on Behavior-Centered Design (BCD) theory. The purpose of this study was to analyze the effect of KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game) education on the self-efficacy of health cadres.

RESEARCH METHODS

This study used a pre-experimental design with pre-test post-test one group design. The population in this study were all health cadres in Kedungwinong Village, Nguter District, Sukoharjo. By using total sampling technique based on inclusion and exclusion criteria, the sample size was 35 health cadres. The study was conducted on February 29, 2024.

The independent variable in this study is KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game), the dependent variable is self-efficacy. The instrument used for data collection in this study using a valid and reliable questionnaire was adopted and modified from the General Self Efficacy Scale (GSES) instrument from Matthias Jerusalem and Ralf Schwazer in 1995. The questionnaire consisted of 16 questions with the options "strongly disagree", "disagree", "agree", and "strongly agree", if the total score < mean then low self-efficacy and if the total score > mean then high self-efficacy. The data obtained

were analyzed using Wilcoxon statistical techniques to determine the effect of KOURIBGA on the self-efficacy of health cadres.

The Standard Operating Procedure for the KOURIBGA simulation game is to divide all participants into groups (9-10 people each), direct 1 cadre to become a bouquet holder and another cadre to hold the end of the ribbon, ask questions in the form of “what type of family planning whose contraceptives are used immediately postpartum is called?”, respondents answer questions, Then simultaneously participants are asked to pull the ribbon and there will be one ribbon that is still connected to the bouquet, ask the cadre holding one ribbon to open the contents of the bouquet and conduct Communication, Information and Education (IEC) with the media in the bouquet, and conduct discussions among participants about methods of providing education to the community.

Research involving human respondents was tested by the Research Ethics Committee. Ethical Clearance has been obtained from Dr. Moewardi Hospital with number 323/II/HREC/2024.

RESULTS AND DISCUSSION

This study was conducted in Kedungwinong village, which is part of Nguter district, Sukoharjo regency. Kedungwinong Village has 35 health cadres who have the right to collaborate with midwives as health workers in the Integrated Service Center, counseling or training

Table 1. Characteristics of health cadres in Kedungwinong village, Nguter district, Sukoharjo regency

Variable	Frequency (n)	Percentage (%)
Age		
≤35 years old	8	22.9 %
≥36 years old	27	77.1 %
Education		
Elementary School	1	2.9 %
Junior High School	7	20 %
Senior High School	16	45.7 %
College	11	31.4 %
Job		
Not working / Housewife	19	54.3 %
Working	16	45.7 %
Duration of being a cadre		
1-3 years	7	20 %
4-6 years	19	54.3 %
>6 years		

Sources of information on postpartum family planning		
Health Officer	13	37.1 %
Seminar or training	3	8.6 %
Television	0	0 %
Internet / Social Media	1	2.9 %
Newspaper/magazine	0	0 %
Never received/mendapatkan	18	51.4 %

The characteristics of health cadres as research respondents were 77.1% >36 years old, 45.7% of the last education level was high school, 54.3% of cadres as housewives, experience as health cadres 54.3% have been more than 6 years, and 51.4% have never received more information about postpartum family planning (Table 1).

Table 1 Self-efficacy level of health cadres before being given KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game)

Category	Frequency	Percentage
Low	21	60 %
High	14	40 %
Total	35	100 %

Table 3 Analysis of the Results of the Self-efficacy Questionnaire Answers of Health Cadres Before being Given KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game)

Number of Question	SD	D	A	SA	Total
1. Favor	0%	14 %	40 %	46 %	100 %
2. Favor	0%	20 %	46 %	34 %	100 %
3. Favor	0%	23 %	63 %	14 %	100 %
4. Favor	0%	26 %	60 %	14 %	100 %
5. Unfav	9%	20 %	51 %	20 %	100 %
6. Favor	0%	23 %	49 %	29 %	100 %

7.	0%	29	43	29	100 %
Favor		%	%	%	
8.	0%	40	46	14	100 %
Favor		%	%	%	
9.	0%	40	57	3%	100 %
Favor		%	%		
10.	0%	37	40	23	100 %
Favor		%	%	%	
11.	11	31	37	20	100 %
Unfav	%	%	%	%	
12.	20	43	37	0%	100 %
Unfav	%	%	%		
13.	31	54	14	0%	100 %
Unfav	%	%	%		
14.	37	43	20	0%	100 %
Unfav	%	%	%		
15.	23	49	29	0%	100 %
Unfav	%	%	%		
16.	34	57	9%	0%	100 %
Unfav	%	%			

Table 2 presents data indicating that, prior to the intervention, a significant proportion (60%) of health cadres exhibited low levels of efficacy. This was observed based on the mean value of self-efficacy derived from the total score of all pre-test responses, which was 39. This value was subsequently established as the reference point for the self-efficacy category.

Table 4 Self-efficacy level of health cadres after being given KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game)

Category	Frequency	Percentage
Low	0	0 %
High	35	100 %
Total	35	100 %

Table 5 Analysis of the Results of the Self-efficacy Questionnaire Answers of Health Cadres after being Given KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game)

Number of Question	SD	D	A	SA	Total
1.	0%	0%	51	49	100 %
favor			%	%	
2.	0%	14	46	40	100 %
favor		%	%	%	

3.	0%	0%	71	29	100 %
favor			%	%	
4.	0%	6%	57	37	100 %
favor			%	%	
5.	20	51	29	0%	100 %
unfav	%	%	%		
6.	0%	6%	46	49	100 %
favor			%	%	
7.	0%	3%	54	43	100 %
favor			%	%	
8.	0%	9%	57	34	100 %
favor			%	%	
9.	0%	6%	57	37	100 %
favor			%	%	
10.	0%	17	49	34	100 %
favor		%	%	%	
11.	14	26	40	20	100 %
unfav	%	%	%	%	
12.	34	49	17	0%	100 %
unfav	%	%	%		
13.	60	40	0%	0%	100 %
unfav	%	%			
14.	63	37	0%	0%	100 %
Unfav	%	%			
15.	34	57	9%	0%	100 %
Unfav	%	%			
16.	37	63	0%	0%	100 %
Unfav	%	%			

Table 4 shows that after the intervention, 100% of the respondents had high self-efficacy. However, one of the items assessed did not increase the score in a positive direction. It was found that 37% before the intervention and 40% after the intervention “agreed” with the statement stating that “The many busy schedules that respondents have, make them unsure that they can complete their duties as cadres on time”. The free time of a cadre and the time agreement between health cadres are important aspects in the implementation of education.

Table 6 Effect of KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game) on Self-efficacy of Health Cadres

Category	N	<i>p</i> -value
Self-efficacy before intervention	35	0,000
Self-efficacy after intervention		

The results of the analysis showed a significant effect of KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game) on the self-efficacy of health cadres with the Wilcoxon test obtained a *p*-value (0.000) < 0.05 (table 3).

The results of the analysis of the characteristics of all respondents showed that most respondents were more than equal to 36 years old. The higher the age, the higher the level of maturity of a person in thinking (Budiman dan Riyanto, 2018). Education is also one of the factors that form self-efficacy, the higher a person's education, the more qualified their knowledge and they will provide a rational response compared to those with lower education (Laursen dalam Gipfel & Fitria, 2021).

In the characteristics of length of time as a health cadre, 54.3% (19 people) said that they had been a cadre for >6 years. The length of time as a cadre means that the amount of experience a cadre has affects the knowledge he or she has. Because someone who has experience about something, then he will have knowledge about what he experienced or observed (Tarsikah *et al*, 2022). However, in the analysis, 51.4% (18 people) of respondents had never received information about postpartum family planning. According to the respondents, they rarely received training or sought information related to family planning because there were already PKB (Family Planning Counselor) and PLKB (Family Planning Field Officer) officers who had an agenda to provide education to the community.

The results of the pre-test analysis show that as many as 60% (21 people) of health cadres get a self-efficacy score below the average value, which indicates that the self-efficacy of health cadres in Kedungwinong Village before being given treatment is still relatively low. The self-efficacy of cadres to educate about postpartum family planning (KBPP), which is still below average, needs to be improved considering that Kedungwinong Village is an area that contributes to the lowest postpartum family planning (KBPP) achievement rate in the Sukoharjo Regency area of 1.05% in 2021 (Dinkes Sukoharjo, 2022).

Village midwives who have the authority to provide reproductive health services and succeed in the family planning program aggressively collaborate with health cadres that have been formed in each village (Supiana *et al*, 2020). They are considered very helpful because of their presence in the community and easier communication to share knowledge and motivation regarding the importance of family size planning

with the use of contraceptives immediately after delivery. Therefore, health cadres must have self-efficacy so that their tasks and roles can be maximally achieved (Safrudin and Sariana, 2019).

After all health cadres filled out the pretest sheet, the respondents were given KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game), as an application of the health education method, namely simulation games that use bouquet ribbon games in the game. When doing simulation games, the senses in the human body, especially the sense of hearing and the sense of vision, receive information. So that until the information and learning obtained through the simulation game is digested by the frontal lobe in the brain, where the information is obtained from verbal persuasion or other people's experiences in the form of simulation games about Postpartum Family Planning directed by researchers (Choi and Yu, 2022).

The level of self-efficacy may be enhanced as a result of the respondents' existing familiarity with the subject matter pertaining to postpartum family planning. The process of self-efficacy emergence commences with the cognitive process, namely the individual's capacity to process information. Subsequently, self-motivation is established as a consequence of the capacity to persevere through intrapersonal challenges. This process is a significant predictor of success or failure in achieving personal objectives. This is accompanied by an affective process in the form of an outburst of emotion or ambition, which will affect how high a person's self-efficacy is.

From these several processes, it comes to the selection process where the individual will choose the actions, he will take to achieve the expected goals (Corsini dalam Patibang dan Zubair, 2020). Self-internalization also occurs during the game and discussions with fellow cadres further open up new mindsets, so that the process can increase cadre self-efficacy.

Following the intervention, health cadres were once more instructed to complete the identical self-efficacy questionnaire that had been administered prior to the pre-test. The results of the post-test, conducted after the simulation game, indicate that all health cadres (100%) exhibited self-efficacy scores above the average value. The increase in the value of self-efficacy can occur because respondents who have never received similar educational techniques before, this is in line with research conducted by Efendi (2023) that if someone is having a pleasant new experience, they tend to be more enthusiastic and serious in carrying out these activities.

In addition, this result may be triggered by the characteristics of respondents, 51.4% (18 people) of health cadres have never received information about postpartum family planning. In fact, information about postpartum family planning (KBPP) can be obtained from anywhere including mass media, television, health workers, or previous experience. If someone gets information, their self-efficacy will increase (Patibang and Zubair, 2020).

Statistical analysis using the Wilcoxon test, obtained a $p\text{-value} < 0,05$ ($p\text{-value} = 0,000$). The results showed an increase in the self-efficacy of health cadres after simulation games with KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game).

This research is in line with research conducted by Efendi (2023) on 106 adolescents with the results of the analysis that fracture handling training with the simulation game method can strengthen self-efficacy. This increase is because in the simulation game there is information provision and learning process in it (Efendi, 2023). Similar research was conducted by Nafilah (2023) on 50 elderly people, with the results of the analysis that there was an increase in self-efficacy for the careful movement program to face hypertension (GEMATI) through the simulation game method. The increase in self-efficacy in the elderly is because respondents can fight doubts and sadness due to their illness because they feel happy and feel more attention along with adding new information when given treatment (Nafilah, 2023).

In addition, the results of previous research also state that Care for Child Development training using the simulation game method can increase self-efficacy in 27 cadres of integrated service centers in Yogyakarta City (Yanuwardani & Haryati, 2023). The self-efficacy of cadres in counseling caregivers can increase because respondents are accompanied by the research team to be motivated, evaluated, and given input. This is a source of motivation and confidence for integrated service center cadres (Yanuwardani & Haryati, 2023).

In this study, the significant effect on respondents showed that simulation games with KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game) were considered effective in receiving health messages because the delivery was carried out in a fun way and increased the activeness of health cadres so that it was more likely to understand a material. Health cadres can also use this method to educate the community, later the community will not be easily bored or bored when given health messages because this game involves a person's cognitive and affective domains (Corsini dalam Patibang & Zubair, 2020).

KOURIBGA (Family Planning Bouquet Ribbon Game) is a novel method that has not previously been given to a health cadre. Simulation games will be easily accepted by the target by their senses and they will feel that the material presented is more interesting so that the educational atmosphere becomes fun (Haruna *et al.*, 2021). This method can also foster good relationships between individuals so that better communication can be established during future education. The transfer of knowledge about health is not only one-way but also two-way from the provider to the individual and between individuals (Andriana *et al.*, 2022).

Therefore, KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game) is effective for increasing the self-efficacy of cadres in educating the community, and can even increase community knowledge of education from cadres. The effectiveness is considered higher because cadres not only listen but also discuss so that there will be strengthening of the concept of the material presented so that it will be more embedded in the target education target.

The addition of knowledge about new methods of providing education will trigger the enthusiasm of health cadres in providing education to the community in a more innovative and interesting way (Sari & Retnowati, 2019). In this case, individuals will be encouraged to engage in more meticulous family planning, which will enhance

postpartum family planning outcomes and mitigate the likelihood of an unintended pregnancy in the immediate postpartum period.

A limitation of this study is the brief interval between the intervention and the post-test, which did not allow for sufficient time for direct educational experiments from the community or for self-internalization.

CONCLUSION

The conclusion of the research related to the effect of KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game) on the self-efficacy of health cadres in Kedungwinong Village, Nguter District, Sukoharjo Regency is that the characteristics of the respondents in this study are that most of the health cadres are >36 years old with the latest high school education, and have been cadres for >6 years, and most cadres have never received information related to postpartum family planning. The pre-test value of 60% health cadre self-efficacy is low, while the post-test value of 100% health cadre self-efficacy is high. Also, there is an effect of KOURIBGA (Family Planning Postpartum Bouquet Ribbon Game) on the self-efficacy of health cadres in Kedungwinong Village, Nguter District, Sukoharjo Regency..

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