

# NOWLEDGE\_REGARDING\_ACTIVE\_ALERT\_VILLAGE\_IN\_OGAN\_ILIR\_REGENCY.

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**QUALITATIVE STUDY OF STAKEHOLDERS' KNOWLEDGE  
REGARDING ALERT VILLAGE PROGRAM IN OGAN ILIR REGENCY**

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The implementation of community empowerment through alert village program in Ogan Ilir regency was not optimal. Morbidity rates of some aspects of public health such as maternal and child health as well as environmental health were still high. Stakeholders' knowledge are very essential to be analyzed as a step in order to implement effective alert village program. This study aimed to analyze the stakeholders' knowledge regarding alert village program in Ogan Ilir regency. This was qualitative study. The research location is Ogan Ilir regency. Informants were determined referring to the guidelines of active alert villages from MoH of Republic Indonesia. Informants consist of 29 people involved in the alert village program at level regency/district, sub-districts and villages. The data were primary data from in-depth interviews, direct observation and secondary data were collected through documents review. Basic health services in alert villages held in community health sub-center, village health post and integrated health post including health services for pregnant women, breastfeeding mothers, children, elderly and patients. Stakeholders obtained information concerning alert village program from several sources. Most of the information was obtained through dissemination activities organized by the provincial health department and district health offices. In general, stakeholders' knowledge was good and it must be also expanded through facilitating information exchange among stakeholders.

**Keywords :** *Knowledge; Stakeholders; Alert village*

### **Introduction**

Alert Village program is one of health promotion programs with the concept of community independence in the form of community empowerment. Independent communities will gradually be able to overcome their health problems in order to improve their health status. The main concept of community empowerment is joint efforts among communities continuously. Community empowerment strategies in dealing with health issues in the Alert Village program are conducted through expanding function of community-based health efforts / UKBM<sup>[1]</sup>.

Alert Village policy has been initiated in 2006 stipulated by the Decree of the Minister of Health Republic Indonesia number 564/Menkes/SK/VIII/2006<sup>[2]</sup> regarding guidelines for implementation of alert village development. In accordance with the vision of Healthy Indonesia, one of the most important objectives to be achieved in the end of year 2008 the whole villages in Indonesia had become Alert Village. Until year 2009, it has recorded only 42,295 (56,1%) villages and villages in urban area (in Indonesia called Kelurahan) have begun efforts to realize the alert village. The number has not reached the target of 100% by the end of 2008 (MoH RI, 2010)<sup>[3]</sup>.

Alert village policy has been accelerated into Active Alert Village policy stipulated by the Decree of the Minister of Health of the Republic of Indonesia number 1529 /Menkes /SK /X /2010<sup>[3]</sup> regarding General Guidelines for Development of Active Alert Villages. Based on the Regulation of the Minister of Health number 741 /Menkes /Per /VII / 2008<sup>[4]</sup>, coverage target of active alert villages is 80% in 2015.

Based on data from the Health Profile of Ogan Ilir 2014<sup>[5]</sup>, there were 76,34% Alert Villages (184 villages out of 241 total villages) with the proportion of Pratama alert village 149 villages, Madya alert villages 35 villages and no villages are categorized as Purnama and Mandiri. It means that the alert village program in Ogan Ilir need to be further developed. It is required comprehensive understanding about alert village program from stakeholders in order to implement the program effectively. This study aimed to analyze qualitatively the knowledge of stakeholders alert village program in Ogan Ilir.

## Method

This research was conducted in Ogan Ilir with a qualitative approach. The informants were stakeholders of alert village program at level district /sub-district /village. Districts and villages were chosen based on recommendations from the District Health Office. Primary data were collected directly from the informants through interviews and direct observation while secondary data such as documents /reports on the alert village that gathered from various relevant agencies. Informants were selected using purposive method in which respondents were selected based on a specific purpose refer to the regulation of Ministry of Health on guidelines for active alert village program. Total informants were 29 people.

## Results and Discussion

### A. Characteristics of Research Area

Ogan Ilir district has an area of 2,666.07 km<sup>2</sup>. It is geographically located between 20 55 'to 30 15' south latitude and between 1040 20 'to 1040 48' east longitude. Ogan Ilir administrative borders as follows:

North : Banyuasin district and Palembang city  
 South : Ogan Komering Ulu district  
 East : Ogan Komering Ilir and East Ogn Komering Ulu district  
 West : Muara Enim district and Prabumulih city

### B. Characteristics of Research Informant

The total informants were 29 people. The informants are stakeholders of active alert village program in the area of Ogan Ilir district. They were chosen in accordance with the guidelines for active alert village program. The following table is characteristics of the informants.

Table 1. Characteristics of Informants

No	Stakeholders	Inisial	Sex
1	Facilitator of alert village at district level	SA	Man
2	District health office	WP	Woman
3	Operational working group at district level	BR	Man
4	Government of Tanjung Raja subdistrict	MC	Man
5	Government of Indralaya Utara subdistrict	YA	Woman
6	Head of subdistrict forum of Indralaya Utara	HA	Woman
7	Community health center of Tanjung Raja	RK	Woman
8	Community health center of Sungai Pinang	FB	Man

9	Community health center of Payakabung	DR	Woman
10	Alert village forum of Tanjung Raja	EY	Woman
11	Alert village forum of Sungai Pinang	PA	Woman
12	Government of Tanjung Raja village	SY	Man
13	Government of Sungai Pinang village	LS	Woman
14	Government of Payakabung village	FR	Man
15	Village consultative body of Tanjung Raja	MA	Man
16	Village consultative body of Sungai Pinang	HK	Man
17	Village consultative body of Payakabung	JH	Man
18	Cadre of Tanjung Raja village	SM	Woman
19	Cadre of Tanjung Raja village	NM	Woman
20	Cadre of Sungai Pinang village	LI	Woman
21	Cadre of Sungai Pinang village	ZA	Woman
22	Cadre of Payakabung village	RH	Woman
23	Cadre of Payakabung village	YT	Woman
24	Residence of Tanjung Raja village	SR	Woman
25	Residence of Tanjung Raja village	SO	Woman
26	Residence of Sungai Pinang village	NU	Woman
27	Residence of Sungai Pinang village	SB	Man
28	Residence of Payakabung village	SL	Woman
29	Residence of Payakabung village	SD	Woman

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Source: Research primary data (2016)

#### C. Analysis of Stakeholder knowledge regarding Alert Village Program

Basic health services in alert villages held in community health sub-center, village health post and integrated health post including health services for pregnant women, breastfeeding mothers, children, elderly and patients<sup>[6]</sup>. Stakeholders obtained information concerning alert village program from several sources. Most of the information was obtained through dissemination activities organized by the provincial health department and district health offices.

Implementation of effective Alert Village program requires a good level of knowledge from the stakeholders. Based on the results of in-depth interviews that the level of knowledge of stakeholders in Ogan Ilir regarding Alert Village program was quite good. These were in-depth interviews quotes with stakeholders:

*"... Villages where people have the readiness of resources, ability and willingness to prevent and overcome health problems, disasters and emergencies independently ..."*  
(DR)

*"... The government's efforts in addressing a variety of health problems in the community such as maternal and infant mortality, poor nutrition and others ... (WP)*

*"... It has a lot of community-based health efforts (UKBM) like posyandu, posbindu, elderly posyandu, gymnastics for chronic diseases..." (RK)*

*"mainly, it is about empowerment of rural communities ...." (NU)*

Stakeholders understood that the concept of Alert Village is village where people have the readiness of resources, willingness and ability to prevent and handle the existing health problems in their villages independently in which one of its goals is to reduce Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), and malnutrition cases. Good level of stakeholders' knowledge is needed in order to facilitate the stakeholders in implementing Alert Village program. But there were also some stakeholders who lack an understanding of Alert Village program. It can be seen from several in-depth interviews quotes as follows:

"... A new program, I also still confused ... (BR)  
 "... Alert village is for mothers in giving birth ... (HA)  
 "... clearly, we must understand concerning our village condition... (SY)  
 "... alert village program? I do not know much, but I ever heard about it ..." (HK)

Some stakeholders have limited knowledge of the Alert Village program. Based on the interview quotes above are known that the informants cannot give comprehensive information about the concept of Alert Village. Some informants stated that their only just heard about the Alert Village program.

The following table describes in detail on the grouping of the level of stakeholders' knowledge .of on the program prepared village in Ogan Ilir.

Table 2. Analysis of stakeholders' knowledge about Alert Village Program in Ogan Ilir District

Group 1 : Low	Group 2 : Medium	Group 3 : High
1. Operational working group at district level	6. Facilitator of alert village at district level	29. Government of Tanjung Raja subdistrict
2. Residence of Tanjung Raja (1)	7. District health officer	
3. Residence of Payakabung (1)	8. Community health center of Tanjung Raja	
4. Village consultative body of Payakabung	9. Alert village forum of Tanjung Raja	
5. Residence of Sungai Pinang (2)	10. Government of Tanjung Raja village	
	11. Cadre of Tanjung Raja (1)	
	12. Cadre of Tanjung Raja (2)	
	13. Residence of Tanjung Raja (2)	
	14. Village consultative body of Tanjung Raja	
	15. Government of Indralaya Utara subdistrict	
	16. Head of subdistrict forum of Indralaya Utara	
	17. Community health center Payakabung	
	18. Government of Payakabung village	
	19. Cadre of Payakabung (1)	
	20. Cadre of Payakabung (2)	
	21. Village consultative body of	



- Payakabung
22. Residence of Payakabung (2)
  23. Community health center of Sungai Pinang
  24. Village consultative body of Sungai Pinang
  25. Government of Sungai Pinang village
  26. Cadre of Sungai Pinang (1)
  27. Cadre of Sungai Pinang (2)
  28. Residence of Sungai Pinang (1)
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*Source: Research primary data (2016)*

In the Alert Village program implementation, stakeholder requires a good knowledge for implementing the program. Knowledge is a necessary thing in order to change patterns of thinking and the behaviour of an individual, group, or community (Jakir in Surjaningsih, 2014)<sup>[7]</sup>. Based on the research results, it has been showed that stakeholders' knowledge about Alert Village program is quite good. But there are some stakeholders who have less knowledge of the Alert Village program so that the stakeholders cannot explain fully and comprehensively about the concept of Alert Village. The basic science of stakeholders about Alert Village program will affect the implementation of the program. It therefore requires enough knowledge for stakeholders to be able to implement the program properly prepared village.

Farida (2014)<sup>[8]</sup> explained that there is a significant association between knowledge of alert village and behaviour in the development of Alert Village program. This indicates that the stakeholders' knowledge will affect the implementation of Alert Village program. Surjaningsih (2014)<sup>[7]</sup> described that a person who has a good knowledge about Alert Village program will decide to get involved directly in all activities of alert village program because he/she knows and understands the purpose of the alert village is to improve community health.

According to Palutturi (2007)<sup>[9]</sup> knowledge is the result of knowing due to sensing a particular object through the human senses, such as sight, hearing, smell, taste and touch. The knowledge is such things about a particular field that have been learned previously. Asrini in Sudiharti et al (2012)<sup>[10]</sup> stated that there were several factors that affect knowledge, ie: socioeconomic factors, cultural factors, educational factors, and the experience factor. Behaviour based on knowledge will be lasting. With good knowledge, hopefully a person can behave well in preventing diseases as expected. Before showing a new behaviour, a person must know in advance what the meaning or benefit of the behaviour for himself or family (Notoatmodjo, 2007)<sup>[11]</sup>.

## **Conclusion**

In general, stakeholders' knowledge was good and it must be also expanded through facilitating information exchange among stakeholders.

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