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ANALYSIS OF STAKEHOLDER BEHAVIOR ON THE SUCCESSFUL DEVELOPMENT OF ACTIVE ALERT VILLAGES IN GROBOGAN DISTRICT

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ABSTRACT

Alert villages are a strategic effort to accelerate the Millennium Development Goals (MDGs) . An alert village is also a village whose residents have the resources who are ready and willing to prevent and overcome health problems, emergencies and disasters in the village independently. This research aims to analyze stakeholder behavior towards the successful development of active alert villages in Grobogan Regency. This type of research is an observational survey with a cross sectional approach. The population of this research is all village head stakeholders in Grobogan Regency, totaling 277 people with the research sample determined purposively . and proportional sampling of 164 people. Data was collected using a questionnaire containing 15 knowledge questions, and 12 questions each for attitudes, infrastructure, support from health workers, support from community leaders, organizational commitment and stakeholder behavior. Frequency distribution analysis is descriptive, while the chi square statistical test and multiple logistic regression use a computer program. The research results show that stakeholder behavior is significantly related to the success of developing active alert villages in Grobogan Regency (p value 0.003). It is necessary to increase the commitment of stakeholder organizations (village heads) through various capacity increases such as training and guidance in the context of developing active alert villages in Grobogan Regency.

Keywords: stakeholders; village on active alert; village head

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INTRODUCTION

Alert villages are a strategic effort to accelerate the Millennium Development Goals (MDGs) . An alert village is also a village whose residents have the resources who are ready and willing to prevent and overcome health problems, emergencies and disasters in the village independently. Basic health services in the village itself can be easily utilized and accessed by the community every day. In addition, existing Community-Based Health Efforts (UKBM) can carry out community-based surveillance, and implement PHBS (Clean and Healthy Living Behavior) (Ministry of Health , 2010).

The follow-up and accelerated program of the standby village program is the development of active standby villages and sub-districts. The development of active alert villages is an effort to facilitate the learning process of village communities in order to solve problems in the village in a planned manner. The target for achieving alert villages starts with active alert village status, namely in 2010 it was 15%, in 2011 25%, in 2012 40%, in 2015 50.73 %, in 2017 72.94. Every year, the development of villages and sub-districts on active alert based on reports from the Central Java Provincial Health Service is still within the established plans.

Central Java Province, through the strategic plan of the Central Java Provincial Health Service for 2018-2023 in the public health program, aims to increase the percentage of districts/cities that have achieved independent active alert villages by 11%. The achievements of active alert villages with various strata in 2018-2019, namely, in 2018 the pratama strata were 17.66%, Madya 45.31%, Purnama 24.63%, Mandiri 12.50%. In 2019, the achievement of pratama active alert villages was 8.67 %, intermediate 38.03%, full 31.86%, independent 21.24%. In 2020, 25 districts/cities (71.42 %) have met the target of 11% independent active alert villages.

From districts/cities in Central Java, the strata of independent active alert villages in Grobogan Regency has only reached 5%, in 2020 it was 8.3 % . This achievement illustrates that the target for independent active alert villages of 11% has not been achieved. 2 This achievement has increased considering that up to 2015, the number of Alert Villages was still 0%, meaning that Grobogan Regency did not yet have an independent alert village. Then in 2016 there began to be 3 independent alert villages and in 2017 there was an increase of one more village to become 4 independent alert villages. The amount obtained from the Alert Village strata in Grobogan Regency is always changing. In 2018, it was noted that not many villages and sub-districts had reached the independent status alert village. Siaga pratama villages were 120 villages (40.7 %), Siaga intermediate villages were 145 (49.1%), Siaga Purma villages were 26 (8.8%) and Siaga Mandiri villages were 4 (1.4%). In 2019 5% in 2020 8.3 % . From this data, it can be analyzed that there has been no significant increase in the achievement of independent active alert villages.

The village head as one of the stakeholders has an important duty and role in developing standby villages. The village head's role includes making policies, providing infrastructure and allocating funds for organizing an alert village, mobilizing the community to play an active role in implementing health efforts based on existing community resources, providing guidance for the implementation of routine and orderly village activities. (Farida, 2014) The success of developing alert villages is influenced by the behavior of the village head in administering village government. This research aims to analyze stakeholder behavior towards the successful development of active alert villages in Grobogan Regency.

METHOD

This type of research is an observational survey with a cross sectional approach. The population of this research is all village head stakeholders in Grobogan Regency, totaling 277 people with the research sample determined purposively . and proportional sampling of 164 people. The independent variables in this research are knowledge , attitudes, facilities and infrastructure, support from health workers, support from community leaders , organizational commitment and stakeholder behavior, while the dependent variable is the development of active alert villages. Data was collected using a questionnaire containing 15 knowledge questions, and 12 questions each for attitudes, infrastructure, support from health workers, support from community leaders, organizational commitment and stakeholder behavior. Frequency distribution analysis is descriptive, while the chi square statistical test and multiple logistic regression use a computer program. This research has received approval to pass ethical review from the Health Research Ethics Commission, Faculty of Public Health, Diponegoro University with number 316/EA/KEPK-FKM/2023

RESULTS

Table 1.
Frequency Distribution of Respondent Characteristics

Respondent Characteristics		f	%
Gender	Man	114	69.5
	Woman	50	30.5
Age (years)	< 40 years	106	64.6
	≥ 40 years	58	35.4
Education	SENIOR HIGH SCHOOL	49	29.9
	D3	28	17.1
	S1	78	47.6
	S2	9	5.5
Marital status	Not married	35	21.3
	Marry	114	69.5
	Widower widow	15	9.1
Long served	1 year	4	2,4
	2 years	45	27.4
	3 years	39	23.8
	4 years	35	21.3
	5 year	29	17.7
	6 years	12	7.3
Training/socialization	Never	59	36.0
	Once	105	64.0

According to Table 1, it is known that most of the 164 respondents were men (69.5%), aged <40 years (64.6%), had a bachelor's degree (47.6%), had served as village head for 2 years (27, 4%), and 64.0% had participated in alert village outreach.

Table 2.
Factors related to Stakeholder Behavior

Independent Variable	*Df*	*Sig.*	*Exp (B)*	*95% CIfor EXP(B)*	
				Lower	*Upper*
Knowledge	1	0.010	129,012	3,275	5082,738
Attitude	1	0.009	288,642	4,174	19958,593
Infrastructure	1	0.487	0.347	0.018	6,851
Health worker support	1	0.002	149,519	6,776	3299,047
Support from community leaders	1	0.003	158,586	5,568	4517,192
Organizational commitment	1	0.007	0,000	0,000	0.086
Constant	1	,000	.014		

Table 2 shows that the variables that are jointly related to stakeholder behavior in developing active alert villages in Grobogan Regency are knowledge, attitudes, support from health workers, support from community leaders, and organizational commitment. This can be seen by the $_{\text{calculated } \rho \text{ value}}$ in the multiple logistic regression test which is at a $_{\text{calculated } \rho \text{ value}} < 0.05$, which means that statistically it shows that there is a relationship between the five independent variables and the behavior of stakeholders in the development of active alert villages in Grobogan Regency. The overall relationship between the five variables is 93.8 % (*R Square* value = 0.938), while the remaining 6.2% is influenced by other variables not studied.

Table 3.
Analysis of Stakeholder Behavior with Development Success Active Alert Village

Independent Variable	*Df*	*Sig.*	*Exp (B)*	*95% CIfor EXP(B)*	
				Lower	*Upper*
Stakeholder Behavior (Y1)	1	0.003	21,690	2,846	165,320
Constant	1	0,000	.014		

Table 3 shows that stakeholder behavior variables are significantly related to the success of developing active alert villages in Grobogan Regency. This is known from the *p value* in the logistic regression test with a $_{\text{calculated } \rho \text{ value of}}$ $0.003 < 0.05$, which means that statistically it shows that there is a significant relationship between stakeholder behavior and the success of developing active alert villages in Grobogan Regency. This variable has a relationship or influence on the success of developing active alert villages in Grobogan Regency where the *exp (B) value* is 2 1.699 . This value means that when stakeholder behavioral variables are increased or increased, the chances of successful development of an independent active alert village increase by 21,699 times greater.

DISCUSSION

Measurements after the intervention reported that the average INVR score in the control group was much higher than the aromatherapy group, which was 7.38 for the control group and 5.44 for the aromatherapy group. The intervention group also had a much lower maximum value than the control group of 8 while the control group still had a maximum value of 13. These results are in line with research conducted by (Marvia 2020) who reported that in the treatment group before doing the pretest who experienced mild morning sickness 15, moderate 4, severe 1 and after posttest to normal 20 respondents (100%). While in the control group before doing the pretest who experienced mild morning sickness 8, moderate 7, severe 5 and after the posttest became normal 14 respondents (70%), mild 6 respondents (30%).

Morning sickness Nausea or vomiting occurs when systemic vascular resistance increases and afterload, and cardiac output and intravascular volume decrease. Various factors contribute to these changes such as decreased arterial ability, activation of the renin-angiotensin-aldosterone system (Renin angiotensin aldosterone system /RAAS), levels renin, angiotensin II (Ang II), and aldosterone lower compared to normal pregnancy (although still higher than in non-pregnant individuals), and sensitivity to Ang II and norepinephrine is increased .(Ives, 2020) The cause of nausea and vomiting is considered a multi-factoral problem. Related theories are hormonal factors, vestibular system, digestive, psychological, hyperolfacation, genetic and evolutionary factors . Based on a prospective study in 9000 pregnant women who experienced nausea vomiting, the risk of nausea vomiting increased in primigravida, women who were poorly educated, smoked, overweight or obese, had a history of nausea vomiting in previous pregnancies. Emesis gravidarum (morning sickness) is associated with hCG levels. hCG stimulates estrogen production in the ovaries. Esterogen is known to increase nausea and vomiting. An increase in estrogen can provoke an increase in stomach acidity that makes the mother feel nauseous.(Nurmi, 2018)(Austin, 2019)(Hariadini, 2022)

Another theory says that placental cells (Villi kariolis) attached to the uterine wall is initially rejected by the body because it is considered a foreign body. This immunological reaction is what triggers the nausea reaction. Changes in liver glycogen metabolism due to pregnancy are also thought to be a cause of nausea and vomiting. There are some researchers who say the cause of nausea vomiting is caused by psychological factors, such as unplanned, uncomfortable or unwanted pregnancy, workload will cause inner suffering and conflict. Feelings of guilt, anger, fear, and anxiety can add to the severity of nausea and vomiting.(Abriyani, 2020) The use of a

combination of spices to overcome nausea and vomiting in pregnant women who say that the combination of ginger extract with pyridoxine can relieve nausea and vomiting better than just using pyridoxine alone consumption of lemongrass ginger is most effective in overcoming morning sickness in pregnant women. The compounds that make up lemongrass essential oil are known to have anti-fungal, anti-insect, antiseptic, and anti-inflammatory properties. Lemongrass ((Sari, 2022)lemongrass) Able to prevent the growth of some bacteria and fungi and has antioxidant properties.(Vieira, 2018)

Based on bivariate analysis that shows the results of the Independent sample t-test obtained Sig.2-tailed values of 0.021 < 0.05, it can be concluded that there is an effect of Lemongrass Aromatherapy on reducing nausea vomiting in first trimester pregnant women. This result is in line with research conducted by which states that the results of the average difference are obtained (Nasution, 2023)Morning Sickness before and after the intervention of lemongrass and ginger leaf consumption tested by test T Paired sample's Test P value or Sig (2-tailed) of 0.000. In theory, lemongrass has many uses for health, with lemongrass content, which is the essential oil used to treat nausea and vomiting. Lemongrass or lemongrass, which is traditionally also easily found in Indonesia. The essential oil content in lemongrass can cause competitive antagonists in ileus 5-HT receptors that cause anti-emetic effects.(Anggraini, 2022)(Paramita, 2018)

Lemongrass or Lemongrass (Cymbopogon citratus) that contains a lot of oil is the leaves. Kitchen lemongrass leaf essential oil has the main constituent components, namely geranial (citral α) by 42.11%, neral (citral β) by 34.78%, and mirsen by 13.71%. The presence of geranial (citral α), neral (citral β) and mirsen constituent components, the essential oil of citronella leaves has the potential as an anti-amoeba, anti-bacterial, anti-diarrheal, and anti-fungal. Kitchen lemongrass essential oil is sterilized by filtering using a sterile 0.22 μm (Millex-Gv) filter. The results of lemongrass oil filtration are accommodated in a 4 ml sterile dark bottle, which is then stored in a refrigerator at 4ºC until used in experiments.(Rufaidah, 2023)(Rihiantoro, 2018)(Paramita, 2018) Lemongrass has many uses for health, with the content of lemongrass is essential oil, the use of lemongrass combined with ginger to overcome nausea and vomiting has never been done before, but has researched about giving ginger and vitamin B6 against vomiting maul in pregnant women with the results of ginger more effective to reduce nausea and vomiting during pregnancy. (Yulviana, 2019).

CONCLUSION

Stakeholder behavior is significantly related to the success of developing active alert villages in Grobogan Regency with an α value of 0.003; Together knowledge, attitudes, support from health workers and support from community leaders have a significant relationship to stakeholder behavior in developing active alert villages in Grobogan Regency at 93.8%.

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