ABSTRACT


Sanitation Clinic activities in Community Health Center is an environment-based government effort to reduce disease incidence. However, the activities are not running as expected due to the lack of socialization and coordination among health center personnel. In addition, the level of knowledge and skill of those personnel regarding Sanitation Clinic. One alternative to overcome such problems is to conduct multi-method participative training by using group dynamics, brainstorming, discussion, and demonstration.

This study was a quasi-experimental study, using non-randomized control group pretest-posttest design with participative training approach. Total samples consisted of 30 individuals, divided into 15 individuals as treatment group and 15 individuals as control group. Data were taken by asking the respondents to fill a questionnaire for knowledge aspect, and by conducting observation on the aspect of skill. Variable of knowledge was evaluated based on the results of pretest and posttest, while variable of skill was evaluated by direct observation using checklist. Computer processed data. Homogeneity test was first done to samples and t-test paired samples and t-test independent samples. Analysis on knowledge and skill of health center personnel revealed $p = 0.008$ ($p < \alpha = 0.050$) respondent’s knowledge in treatment group was different to that of control group before participative training, ($p < \alpha = 0.05$) health center personnel’s knowledge in control group was different before and after treatment. Regarding the skill of health center personnel, it revealed $p = 0.010$ ($p < \alpha = 0.05$), indicated significant difference in health center personnel’s skill before participative training treatment and control group, $p = 0.000$ ($p < \alpha = 0.05$) there was significant difference in health center personnel’s skill in treatment group before and after participative training, $p = 0.001$ ($p < \alpha = 0.05$), there was significant difference in health center personnel’s skill in control group before and after participative training, $p = 0.000$ ($p < \alpha = 0.05$) there was significant difference in skill improvement among health center personnel in treatment and control groups before and after participative training.

In conclusion, participative training using multi-methods has influence on the improvement of the personnel’s knowledge and skill, and also improving cooperation between individuals and programs in the health center. Distrust Health office should supervise to observe the development of Sanitation Clinic periodically.

Keywords: Sanitary clinic, personnel’s performance, knowledge and skill improvement, participative training