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The Community Empowerment, Health Promotion Strategies on Implementation Integrated Management of Childhood Illnes (IMCI) Through Local Wisdom- Matandook

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ABSTRACT

Background: Integrated Management of Childhood Illness (IMCI) is needed to prevent mortality rate under five years old in sub-Saharan African and South Asian countries with occurring 11 million annually, due from diarrhea, pneumonia, measles, malnutrition, and newborn care problems. Timor Leste is a country that experiences many sick toddlers. Cases of sick babies in the city of Madya Aileu from 2022-August 2024 are dominant, namely cough, not pneumonia, and diarrhea. Meanwhile, the number of deaths of toddlers in the Municipality of Liquiça from 2022 to August 2024 was 0.034.

Objective: This study aims to Assess of community empowerment, health promotion strategies on implementation of Integrated Management of Childhood Illness (IMCI) through local wisdom of Matandook.

Methods: The research method used is a quantitative method with an observational study. The research sample was 400 samples. The research was analyzed using SEM with SMART Partial Least Square.

Results: The results of the study show that 1) The effect of Community Empowerment (X1) on Local Wisdom-MatanDook (Y) P-Value is 0.012, which is 12%. 2) The effect of Health Promotion Strategy (X2) on Local Wisdom MatanDook (Y) P-value is 0.049 or 49%. 3) The influence of Local Wisdom MatanDook (Y) on the Implementation of IMCI (Z) P-Value is 0.050, which is 50%. 4) The Effect of Community Empowerment (X1) on the Implementation of IMCI (Z) The P-value is 0.064, which is 64.00%. 5) The Effect of Health Promotion Strategy (X2) on the Implementation of IMCI (Z) P-value of 0.057 is 57%. 6) The Effect of Community Empowerment (X1) on MatanDook (Y) on Implementation of IMCI (Z) The P-value is 0.065, which is 65%. 7) The Effect of Health Promotion Strategy (X2) on Local Wisdom (Y) Implementation of IMCI (Z) P-Value of 0.063 which is 63%.

Conclusion: The findings suggest that Empowerment Model in (IMCI) is effective in Reducing Morbidity and Mortality of Childhood in Aileu and Liquça Municipalities. This community-IMCI helps and supports families in providing good care for their childs.

Keywords: community empowerment, health promotion strategy, Integrated Management of Chilhood, local wisdom, Matandook.

1. INTRODUCTION

Timor Leste is a new country that broke away from the Unitary State of the Republic of Indonesia in 1999 through a referendum guided by the United Nations (UN) on August 30, 1999 and has adopted IMCI as one of the strategies to reduce the morbidity and mortality of children under five since 2001 and implemented by the Minister of Health Timor Leste, but the quality of IMCI implementation is hampered due to lack of resources. increased risk of malnutrition and increased cases of diarrhea in children. Improving the health system through the placement of trained personnel so that they have knowledge and skills in optimal health services (Ministry of Health, 2004)(Pinto, 2020)

Timor Leste through the Ministry of Health has implemented IMCI in all basic health care facilities. The mortality rate of children under 5 years of age has decreased by 108.7 per 1000 LB in 2000 to 60 per 1000 LB in 2011 and has decreased to 49.7 per 1000 LB in 2016. The Ministry of Health also stipulates in the National Health Planning Goals that by 2030 there will be a decrease in the mortality rate under the age of 5 from 61 to 27 per 1000 LB. However, the results of the population census in 2022 show that the mortality rate of young infants before the age of 28 days is 33/1000 live births, which can be seen in full Table 1.1.(Pinto et al., 2020)

The IMCI indicator shows that there are 4 main diseases that are mostly suffered by children under 5 years old, namely pneumonia, malaria, diarrhea and malnutrition. The number of cases handled by the IMCI program is only in the municipalities of Aileu, Baucau, Bobonaro, Covalima, Manatuto, Oecusse and Viqueque. 10.1% of children aged 5 years were treated with IMCI, 4.7% from Madya Lautem, 21.2% in Oecusse (Pinto, 2020)

Data from the Ministry of Health of Timor Leste shows that less than 10% of children under the age of 5 years in the municipalities of Aileu, Baucau, Bobonaro, Covalima, Manatuto, Oecussi and Viqueque have seen an increase in cases, but there has been a decrease in the mortality rate of under 5 from 115/1000 in 2003 to 64/1000 in 2010 and also an increase in the infant mortality rate of 83/1000 in 2003 to 45/1000 in the same year (Ministry of Health, 2011)

The results of the study Pinto, J., et al (2020) showed that only 61.70% of health workers used the IMCI guidelines correctly to carry out assessment, classification, treatment, counseling and follow-up in Liquiça municipality and the rest did not follow the guidelines provided by the Timor Leste health ministry and subsequent research in Aileu municipality showed that 70.64% had followed the IMCI guidelines(Boschi-Pinto et al., 2018).

Data from the World Health Organization (WHO) in Timor Leste shows that 47.1% of children under five in Timor Leste experience malnutrition problems caused by unsafe food (WHO EMRO, 2020). Other serious consequences of congenital diseases include kidney and liver failure, brain and nerve disorders, reactive arthritis, cancer, and death. Furthermore, the research report Amachree & Eleke , (2022)shows that the highest problems of malnutrition and child mortality are listed in the municipalities of Ermera and RAEOA. Data shows that 57% of newborns are not given exclusive breast milk (breast milk), causing children to experience malnutrition (Izhar et al., 2020)

The problems that occur in the community are the lack of compliance of health workers and the lack of community cooperation towards the community. Therefore, community-based IMCI activities seek a relationship between health workers and the community. The goal is to support and improve family and community practices in home care for toddlers to ensure the survival of children, reduce pain levels and promote practices to improve child growth and development (Rosales & Weinhauer , 2003)(WHO & UNICEF, 1999)

The importance of family and community practices in the implementation of IMCI To obtain the maximum impact of the IMCI implementation strategy, it is necessary to require that the three components above run in a properly balanced manner (Rahman et al., 2016). When one of the components does not run properly, then disappointing results will be obtained by the country that implements IMCI (Yulianti et al., 2011). IMCI in health centers, it is necessary to further improve facilitative supervision by the health office and health center leaders, reflect on increasing compliance or attitude from IMCI implementers and special budgets to complete IMCI equipment (Pinto et al., 2019)

Traditional medicine systems and modern medicine systems are different and never meet, but they are equally needed by the community, both in urban and rural areas, even though they are different in color. Rural people who are sick generally ask for help from traditional medicine (Geberselassie et al., 2018). If the traditional healer can't cure it, then they will go to the modern healer (Abebe et al., 2019). Meanwhile, urban people who are sick will generally go to modern medicine. If the person cannot cure it or according to the doctor it is not sick, even though the person concerned feels pain, then the person will go to a traditional medicine doctor (Gusman et al., 2024)Click or tap here to enter text.

One of the local wisdom in Timor Leste is matan-dook which is one of the methods or tools of healing because the process and purpose in the practice of matan-dook have goals and functions that are appropriate or in line with the functions and objectives in pastoral counseling. Pastoral counseling has an (Juningsi Benu, 2022)important role in times of crisis or misfortune in human life, whether it is a crisis experienced by an individual in the community or a crisis of social change that occurs in society in general. Pastoral counseling is a healing and growth method that helps to recover from problems.(Tamelab et al., 2024)

Matan dook by asking questions to sick people. Meanwhile, in the direction of community empowerment, the topic of these questions is directed to questions about the health of toddlers, especially the handling of sick toddlers in Timot Leste. Community empowerment through the Matan-Dook model as local wisdom is expected to increase the knowledge and ability of health workers related to social support needed in health promotion and increase community compliance in public health empowerment programs, because the community's trust in tradition is still stronger than that of health workers.

2. LITERATURE REVIEW

This research started from one of the programs that is part of the health system needed to overcome the death of toddlers, namely IMCI, which is studied based on a health promotion strategy that is divided into advocacy, *social support*, and community empowerment (Seid et al., 2019).

Research on the implementation of IMCI is influenced by the following factors; health facilities, drug provision, health worker training, health worker compliance. In this study, local wisdom empowerment has not been found (Abdullah Alfannah , 2017)(Grace Wiendyasari et al., 2018)(Nurmawati et al., 2018b)(Florence & Dorothy, 2022)(Haryanti et al., 2022)(Hayati et al., n.d.)(Lastianingsih , 2021)(Morikawa, 2021)(Rahmah &

Astuti, 2021)(Reñosa et al., 2020)(Slagboom et al., 2021)(Sumaiyah et al., 2020)(Temitope D Afolalu , 2020) **,** therefore in this study, the study of IMCI so that it can be added to "local *wisdom empowerment* in this case "matan dook" as an element of novelty.

Research on health promotion shows that several factors that affect health promotion strategies based on WHO decisions in 1994, health promotion strategies have three parts, namely: 1) Advocacy is an effort to convince people who can help or support something they want; 2) Social Support (social support) Namely the social support strategy is an effort to seek social support through several figures who already exist in the community; 3) Empowerment is a health promotion effort that focuses on the community directly.(Abdo et al., 2016)(Armyttha & Ramadhani, 2021)(Candice Fick, 2017)(Carai et al., 2019)(Christina et al., 2019)(Detjen et al., 2019)(Fernandes dos Santos & Gaiva , 2015)(Hamad et al., 2011)(Izhar et al., 2020)(Jeffree et al., 2020)(Khatun et al., 2021)(Mrisho & Mafwiri , 2014)

In this study, health promotion Advocacy (Advocacy) is developed based on the dimension of knowledge and ability of health workers, while public health empowerment requires social support carried out through the local wisdom approach, namely Matan dook. IMCI activities are community-based, so there needs to be a relationship between health workers and the community. The goal is to support and improve family and community practices in the care of toddlers at home to ensure the survival of children, reduce the level of pain and promote practices in order to improve the growth and development of children (Wahyudi et al., 2021)

Matan Dook is the best way to help the community get out of the problems they are facing. Matan-dook consists of four forms, namely: matan-dook due to illness, having no offspring, not succeeding in studies and matan-dook caused by conflict. The community realizes that the role of matan-dook is as a suggestion to build social solidarity (social togetherness), a means to build social integrity (social harmony), and as a means to be able to rebuild social relations among the community.

Based on the formulation of the problem and the objectives to be achieved in this study, the conceptual framework designed in this study can be seen in Figure 1.

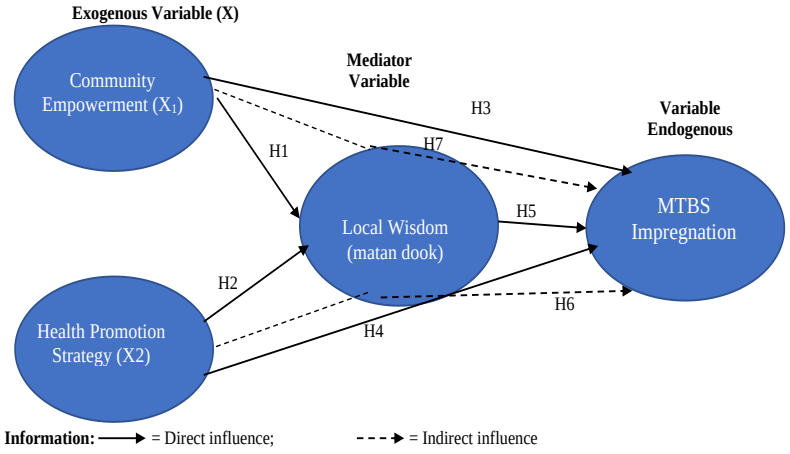

Figure 1: Conceptual Framework

This research originated from one of the policies to reduce illness and death in developing countries called IMCI which was studied based on the perspective of public health empowerment in Timor Leste with the support of health promotion strategies.

Community Empowerment (X1) in this study has several indicators that are researched, namely Promotive, Curative, and Preventive While the indicators that are not studied are rehabilitative indicators, considering that this research is a research conducted as a form of implementation of IMCI in basic service facilities (Carai et al., 2019).

The Health Promotion Strategy (X2) in this study has several indicators that are researched, namely Advocacy, Social Support, and Community Empowermen (Christina et al., 2019)t. Advocacy is studied based on the knowledge and ability of health workers, while Social Support is studied based on community compliance with Health Procedures, then Community Empowerment is studied based on community empowerment carried out based on the Matan-Dook model.

Local Wisdom (Z) in this study is focused on Matan-Dook with several indicators researched, namely Values and Beliefs in Matan-Dook. Meanwhile, the indicators that were not studied were History, Attributes, and Implementation of Matan-Dook.

The implementation of IMCI (Y) in this study has several indicators that are studied, namely; Health workers who are focused

on knowledge and ability, and compliance with IMCI Procedures, IMCI implementation procedures , and community compliance with Health Workers and Health Procedures (Florence & Dorothy, 2022).

3. MATERIALS AND METHODS

Study Design:The type of research used is quantitative descriptive with an observational study method.

The type of research used is quantitative descriptive with an observational study method. Samples were taken from 6 health centers spread across the cities of Aileu and Liquiça with a total of 400 samples, through a questionnaire.

Population is a generalization area consisting of objects/subjects that have certain qualities and characteristics that are determined by the researcher to be studied and then drawn conclusions. (Sugiyono, 2016)

The population of this study is related parties, namely families who bring toddlers to the Health Center for treatment and those who bring toddlers to matan dook for treatment and families who do not bring their children for follow-up services (Ali, 2021)

According to Ramdhan, (2021) Sample is a part of the population that has certain characteristics or circumstances to be studied The sampling technique used in this study uses the Non probability sampling is also referred to as a sampling technique that provides different opportunities for each member of the population to be selected as a sample (Yusup, M., 2019). The approach used is by Convinience sampling Because sampling is carried out by selecting samples freely at the discretion of the researcher. (Burhan et al., 2022)In accordance with the focus of the research, namely the influence of matan-dook to mothers or family members to bring their toddlers and those who do not bring sick toddlers to health facilities for treatment

In the first phase of the study, the number of samples needed was 400 people as listed below: Aileu City 70, Lau-Lara 70, Remexio 60, Liquica City 70, Bazartete 70, Maubara 60.

The location of the study was carried out in 6 sub-districts in the municipalities of Aileu and Liquiça. The research was conducted from July 2024 to November 2024. Data analysis was conducted using SMART PLS to determine the degree or strength of the relationship between all variables X to variable Z and variable Y. Analysis was used to determine how much influence the variables of community empowerment (X1) and health promotion (x2) had on the variables of local wisdom (Y) in the implementation of the Integrated Management of Toddlers (IMCI) policy (Z).

Description of the tool:

It has two sections

Section A: Sociodemographic Data

Demographic variables such as Age, Gender, Marital Status, Last Education Level, Occupation, Distance from Home to Health Center, and People Who Bring Childhood to Health Center.

Section B: CELI-25 scale (Community Empowerment, Health Promotion Strategy, Local Wisdom Matan Dook, Implementation IMCI)

Inclusive Criteria:

Foster parents who are willing to treat sick babies at health centers in pre-test.

Exclusive Criteria:

Foster parents who are not willing to take care of sick babies at health centers.

Ethical Consideration:

Permission was taken from the Ethics Committee of the Ministry of Health of Timor Leste and the Health Office of Aileu and Liquica City.

Informed consent:

Before the data collection consent was taken from all the participants

Data collection procedure:

Data collection was conducted at two Health Office City: Health Office of Aileu and Health Office of Liquica City.

1 Health Office of Aileu: Aileu City 70, Lau-Lara 70, Remexio 60

- Time Frame: Data collection occurred from July 2024 to November 2024.
- Pre-Test: Conducted on 5 July using the CELI-25 Scale.
- Demographic Data: Collected through a structured interview schedule during the initial assessment.

- Ethical Considerations: Informed written consent was obtained from all participants. Ethical aspects were adhered to throughout the study.

2 Health Office of Liquica City: Liquica City 70, Bazartete 70, Maubara 60

- Time Frame: Data collection occurred from July 2024 to November 2024.
- Pre-Test: Conducted on 5 July using the CELI-25 Scale.

Data Analysis:

- Descriptive Statistics: Basic descriptive statistics were computed for sociodemographic variables and IMCI scores.

Inferential Statistics:

- Regression Analysis: Multiple linear regression analysis was performed to assess the impact of sociodemographic variables on pre-test IMCI scores, adjusting for dominant factors.

4. RESULTS

Table 1: Association of Prosentase sociodemographic variables

No.	Variables	Quantity	Prosentase
1	Age		
	21 – 30	120	30%
	31 – 40	130	32,5%
	41 – 50	50	14,%
	> 51	100	25%
2	Gender		
	Man	232	58%
	Women	168	42%
3	Marital Status		
	Unmarried	48	12%
	Married	332	83%
	Single Parent	20	5%
4	Last Education Level		
	No School	88	22%
	Elementary / Equivalent	76	19%
	Junior High School / Equivalent	48	12%
	High School / Equivalent	168	42%
	S1	20	5%
	S2	0	0
	S3	0	0
5	Occupation / Work		
	Private	40	10%
	Civil Servants	80	20%
	Farmer	60	15%
	Housewives	200	50%
	Others	20	5%
6	Distance from Home to Health Center		
	< 1 km	204	51%
	2 – 4 km	132	33%
	5 – 7 km	64	16%
	> 7 km	0	0
7	People who bring toddlers to the health center		
	Father	48	12%
	Mother	304	76%

	Grandmother	8	2%
	Sister	8	2%
	Mother and Grandmother	20	5%
	Mother and sometimes grandmother Grandma	4	1%
	Father and Mother and sometimes Grandma	4	1%
	Family	4	1%

The table above shows that the age characteristics of the respondents from the calculation of 400 respondents are as follows; Age: The most age is 31 – 40 years old or 32.5%,. Gender: 232 men (58%), while women (168 people) (42%). Marital Status: the most are married as many as 332 people, which is 83%. Last Education Level: the most High School / Equivalent graduates are 168 people, which is 42%. Occupation: the most are housewives at 50%. Distance from Home to Health Center: an average < 1 km of 51%. People who bring toddlers to the health center: the most done by mothers at 76%

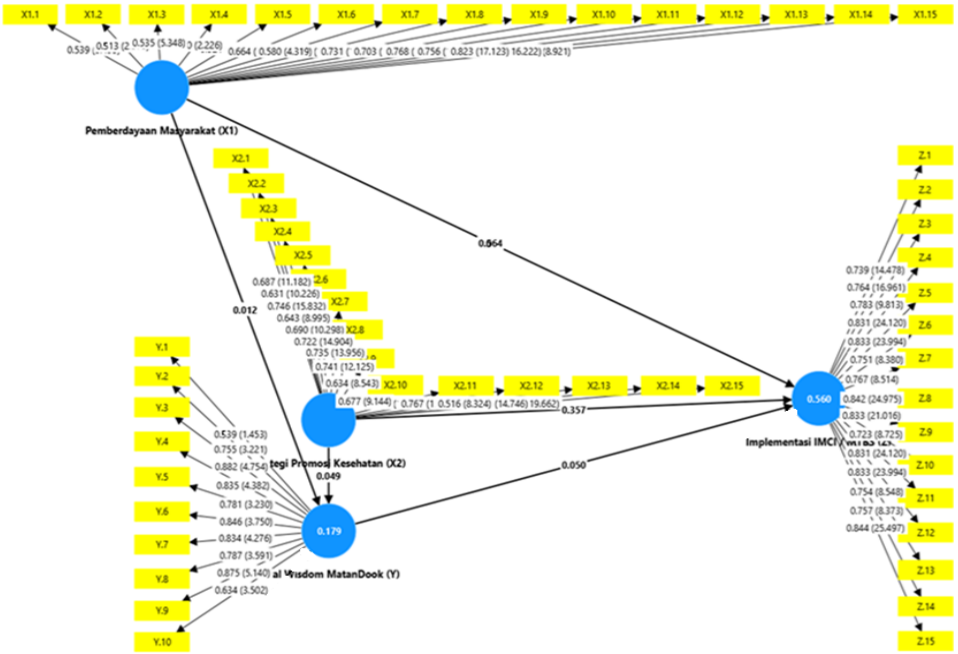

Figure 2: SEM PLS Models

Measurement model evaluation is a stage to evaluate the validity and reliability of a construct, which consists of evaluating the validity of the construct and evaluating the reliability of the construct. Each of them will be described by the following model.

CONVERGEN VALIDITY TEST

The evaluation of construct validity is carried out by calculating the validity of convergence. The validity of convergence is known through the value of the loading factor and average variance extracted (AVE). An instrument is said to meet the convergent validity test if it has a loading factor and AVE above 0.5. The results of the convergent validity test show that the Results of the Convergent Validity Test of all variables show that all indicators show valid results.

DISCRIMINANT VALIDITY TEST

The Discriminant Validity test is calculated using cross loading with the criterion of cross loading value in a variable that is greater than the correlation value of the indicator in other variables, then the indicator is declared valid in measuring the corresponding variable. Based on the measurement of cross loading, it is known that overall the indicators of all variables produce loading values that are greater than the loading values of other variables, which shows that from the validity test of discrimination,.

Construct Reliability

Construct Reliability, which is a calculation that can be used to test the reliability of a construct in SEM PLS, is composite reliability. The test criteria state that if the composite reliability value is greater than 0.7, the construct is declared reliable.

Table 2 Testing of Constructibility

Variable	Composite Reliability
Community Empowerment (X1)	0.914
Health Promotion Strategy (X2)	0.935
Local Wisdom MatanDook (Y)	0.934
Implementation of IMCI (Z)	0.962

Based on the table above, it can be seen that each variable produces a composite reliability value greater than 0.7. Thus, based on the composite reliability value , all indicators are declared reliable in measuring their variables.

Inner Model

Evaluation of the structural model or inner model is a stage to evaluate goodness of fit which includes the coefficient of determination and predictive relevance as well as hypothesis testing.

Coefficient of Determination (R2)

The coefficient of determination (R2) is used to determine the magnitude of the ability of endogenous variables to explain the diversity of exogenous variables, or in other words to determine the magnitude of the contribution of exogenous variables to endogenous variables. According to Chin (1998), the R square value is 0.67 (strong), 0.33 (moderate) and 0.19 (weak). The results of R2 can be seen in the table.

Table 3 Determination Coefficient (R2)

Variable	R Square	R Square Adjusted	1-R Square	R2 total
Community Empowerment (X1)	0,520	0,521	0,512	0,860
Health Promotion Strategy (X2)	0,670	0,667	0,657	
Local Wisdom MatanDook (Y)	0,179	0,330	0,340	
Implementation of IMCI/IMCI(Z)	0,560	0,545	0,525	

Based on the table above, it can be seen that it shows that the R-square adjusted value in Community Empowerment (X1) is 0.521, the Health Promotion Strategy Value (X2) is 0.667, the Determinant Factor (X3) is 0.481, the Local Wisdom MatanDook (Y) is 0.330 and the Implementation of IMCI / IMCI (Z) is 0.545. The total R-square value is 0.860 or 86.0% (strong). This can show that the diversity of the Local Wisdom MatanDook variable (Y) of 0.330 and the implementation of IMCI / IMCI (Z) can be explained by all independent variables used in this study with a total construct of 86.0%.

5. DISCUSSION

The Influence of Community Empowerment (X1) test on Local Wisdom MatanDook (Y) with a T-statistics result of 2.518 with a p-value of 0.012. The test results showed that the T value of statistics ≥ 1.64 and the p-value > 0.10. This shows that there is a significant influence of Community Empowerment (X1) on Local Wisdom MatanDook

The Influence of Health Promotion Strategy (X2) test on Local Wisdom MatanDook (Y) obtained a T-Statistic result of 1.968 and a P-Value of 0.049. The test results showed that the T value of statistics ≥ 1.64 and the p-value > 0.10. This shows that there is a significant influence of the Health Promotion Strategy Variable (X2) on the MatanDook Local Wisdom Variable (Y).

The test of the influence of local wisdom matan dook (Y) on the implementation of IMCI (Z) obtained a T-Static score of 1.960 and a P-Value of 0.050. The test results showed that the T-statistics value ≥ 1.64 and the p-value > 0.10. This shows that there is a significant influence of the influence of MatanDook (Y) Local Wisdom on the Implementation of IMCI (Z).

The Influence of Community Empowerment (X1) Test on the Implementation of IMCI / IMCI (Z) obtained a T-Statistic value of 1.578 and a P-Value of 0.064. The test results showed that the T-Statistics value ≥ 1.64 and the P-Value > 0.10. This shows that there is a significant influence of the Influence of Community Empowerment (X1) on the Implementation of IMCI (Z).

The Influence of Health Promotion Strategy (X2) test on the Implementation of IMCI (Z) obtained a T-Statistic Value of 1.921 and a P-Value of 0.057. The test results showed that the T-Statistics value ≥ 1.64 and the P-Value > 0.10. This shows that there is a significant influence of the Influence of Health Promotion Strategy (X2) on the Implementation of IMCI (Z)

The Test of the Influence of Community Empowerment (X1) on MatanDook (Y) on the Implementation of IMCI (Z) obtained

a T-Statistic Value of 1.620 and a P-Value of 0.065. The test results showed that the T-Statistics value ≥ 1.64 and the P-Value > 0.10. This shows that there is a significant influence of the Influence of Community Empowerment (X1) on MatanDook (Y) on the Implementation of IMCI (Z).

The Test of the Influence of Health Promotion Strategy (X2) on Local Wisdom (Y) The implementation of IMCI (Z) obtained a T-Statistic Value of 1.396 and a P-Value of 0.063. The test results showed that the T-Statistics value ≥ 1.64 and the P-Value > 0.10. This shows that there is a significant influence of the Influence of Health Promotion Strategy (X2) on Local Wisdom (Y) Implementation of IMCI (Z).

6. CONCLUSION

Some of the conclusions resulting from the results of the research and discussion include the following;

1) The Effect of Community Empowerment (X1) on Local Wisdom MatanDook (Y) with a p-value of 0.012, which means that if Community Empowerment (X1) increases by one unit, Local Wisdom MatanDook (Y) can increase by 12%. This influence is positive.

2) The effect of Health Promotion Strategy (X2) on Local Wisdom MatanDook (Y) obtained a P-Value of 0.049. which means that if the Health Promotion Strategy (X2) increases by one unit, then the Local Wisdom MatanDook (Y) can increase by 49%. This influence is positive.

3) The influence of Local Wisdom MatanDook (Y) on the Implementation of IMCI / IMCI (Z) obtained a P-Value of 0.050. The results show that if the Local Wisdom MatanDook (Y) increases by one unit, the Implementation of IMCI / IMCI (Z) can increase by 50%. This influence is positive.

4) The Effect of Community Empowerment (X1) on the Implementation of IMCI / IMCI (Z) obtained a P-Value of 0.064. The results show that if Community Empowerment (X1) increases by one unit, the Implementation of IMCI / IMCI (Z) can increase by 64.00%. This influence is positive.

5) The effect of the Health Promotion Strategy (X2) on the implementation of IMCI (Z) obtained a P-Value of 0.057. The results show that if the Health Promotion Strategy (X2) increases by one unit, then the Implementation of IMCI / IMCI (Z) can increase by 57%. This influence is positive.

6) The Effect of Community Empowerment (X1) on MatanDook (Y) on the Implementation of IMCI (Z) obtained a P-Value of 0.065. The results show that the implementation of IMCI / IMCI (Z) can increase based on the influence of Community Empowerment (X1) through MatanDook (Y) by 65%. This influence is positive.

7) The Effect of Health Promotion Strategy (X2) on Local Wisdom (Y) The implementation of IMCI (Z) obtained a P-Value of 0.063. The results show that the implementation of IMCI / IMCI (Z) can increase based on the influence of the Health Promotion Strategy (X2) through MatanDook (Y) by 63%.

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