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PROCEEDINGS OF THE 2ND INTERNATIONAL SYMPOSIUM OF PUBLIC HEALTH

Achieving SDGs in South East Asia: Challenging and Tackling of Tropical Health Problems

Editors:
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Yulis Setiya Dewi
Nikmatur Rohmah and
Darrimiya Hidayati

Editor on Board: Febi Dwirahmadi

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FOREWORD

The point of Sustainable Development Goals (SDGs) has been determined in the consistent meeting in all countries. The health sector position is one of the key components in achieving the indicators. Special attention to the health sector focuses on community nutrition, national health systems, access to reproductive health and family planning and sanitation and clean water.

Based on that, Southeast Asian countries are seen as important part in formulating strategic and policy efforts to improve the effectiveness and efficiency of achieving the various goals of the SDGs. Therefore, the Doctoral Program of Health Science, Faculty of Public Health, Universitas Airlangga held The 2nd International Symposium of Public Health. This remarkable event is in collaboration with Faculty of Medicine, Widya Mandala Catholic University Surabaya and Magister Program of Public Health, Jember University. It's an honour to present **"Achieving SDGs in South East Asia: Challenging and Tackling of Tropical Health Problems"**.

We have tried to give our best contributing of our knowledge in the field of public health especially our contribution to help the problems on tropical health, health equity and quality of health care, clinical and community relationship to enhance public health, emerging and re-emerging diseases, nutrition-enhancing as strategic investment, global strategy framework for food security and nutrition, environmental and occupational health and mental health for achieving SDGs in South East Asia.

The aim of this symposium is to disseminate knowledge and share it to the public, especially in the scientific community, such as academics and practitioners in the field of health. The symposium focusing on formulation of policy recommendations for related parties to accelerate the achievement of the target of SDGs in the field of health. The results of this symposium are also expected to be an input for policy makers, from various levels in formulating programs to accelerate the SDGs goals' achievement. This international symposium will help us, to grasp and share more knowledge especially in public health science.

At last, we would like to ackowledge for all parties which are provide the valuable materials as well as financial support for the successful symposium. As chair of organizing committee, I would also like to say deep thank you for all committees; my colleagues, and also students in faculty of Public Health Universitas Airlangga, who have been working to be part of a solid team and amazing committee.

I am looking forward to seeing you at ISoPH in the near future.

Rachmad Suhanda
Chairman of the Committee

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PAPERS

FULL PAPERS

The Effectiveness of Little Doctor Training to Improve Knowledge, Attitude and Skills at Early Age

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Keywords: Health promotion, training, little doctor, early childhood, Bina Sehat hospital

Abstract: Little doctor training is a means of health promotion to improve knowledge, attitude, and skills of the cadre. Bina Sehat Hospital (RSBS) has consistently conducted this training since 2011. RSBS uses health promotion strategy through social marketing approach with children as the target. The objective of this study was to figure out the effectivity of the training to improve knowledge, attitude and skills at early childhood. This was a quantitative study with analitic observasional design using cross sectional approach and utilised simple random sampling. By slovin formula, it was obtained 82 samples from 102 cadres aging from 4-6,5 years old attended the training in August 2017. Pre and post questionares were filled in by the children with their parents' help. Data were analized using wilcoxon sign rank test. Obtained results, p value of knowledge = 0,000, attitude = 0,001 and skill = 0,000. The study has found discrepancy among knowledge, attitude and skills of the cadre between pre training with post training. As conclusion, the effectiveness of training was achieved by the increasing of knowledge, attitude, and cadre's skills. Early childhood has excellent learning ability. They learn from what they see, hear, and from experience about an event.

1 INTRODUCTION

Child is the next generation of a nation. A healthy child reflects the healthy culture of a nation. Article 8 of Law No. 23 of 2002 on child protection states that every child is entitled to health services and social security in accordance with physical, mental, spiritual and social needs. The child's right to the highest standard of health dictates that children are entitled to quality health services, ranging from prevention, counseling, treatment, rehabilitation, and palliative care services (Yustina, 2015). The result of the national dental survey conducted in 2015-2016 by the Executive Board of the Indonesian Dentists Association (PDGI), the Society of Dentistry Association (IPKESGIMI), and PT Unilever Indonesia showed that the level of dental health of Indonesian children is still at an alarming level where 73.9% of children aged 6 years and 12 years old still have untreated caries. The results of the survey also found only 25.6% of children aged 6 years and 42.3% children aged 12 years in Indonesia are free from caries (cavities). Based on the data of dental patient visit at Bina Sehat Hospital Jember from January to May 2017, data obtained from child pediatric visit was equal to 4% from total dental patient visit. With a case diagnosis of 54% Caries, 38% Persistence and 8% others, based on data obtained from 54% of caries cases leading to more severe disease was 38% abscess. Dental Fear and Anxiety (DFA) is a big problem for some individuals, especially children and adolescents (Setiawan, 2014).

From reports of various sources, the quality of Indonesian children's health still needs serious attention. This data is seen from various indicators of child's health, such as infant mortality rate, nutritional status of children, and immunization visits in the prevention of disease. (Yustina, 2015). Related to the nutritional status of children, the results of *Riskesdas* in 2013 by the Health Research and Development Agency of the Ministry of Health of the Republic of Indonesia, showed that a national average of underweight (according to the Age-Based Age Index) at 5-12 years old was 11.2%, consisting of very thin 4.0% and lean 7.2%. While, the obese

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prevalence was also high among children aged 5-12 years. Those considered obese or very obese were 8.8% and 10.8% grease. Access for children to obtain information about health is still limited. Therefore, promotion of health both through school and community is still needed. (Indonesian Child Protection Commission, 2017).

According to the WHO definition, Health Promotion is a process or effort of community empowerment to be able to maintain and improve health. The formulation of health promotion strategy; according to Otawa Charter, is grouped into five agreements, namely: health public policy, supportive environment, reorient health service, personal skills and community's action. The purpose of health promotion based on the purpose of behavior is education or learning that must be achieved (the desired behavior). Therefore, the purpose of behavior is related to knowledge and attitude (Notoatmodjo, 2007). One of the health promotion efforts is through training activities. Kamil (2012), training is a learning process to gain knowledge and skills in order to improve the attitude and behavior of individuals as members of the community in work and daily life.

Bina Sehat Hospital is one of six private hospitals in Jember Regency, located on Jayanegara Street 7 Jember. Through the approach of Hospital Integrated Marketing Communication (IMC), Bina Sehat Hospital uses public relations marketing communication strategy through training activities of little doctor cadres. This program has been implemented since 2011 and has been participated by more than 13,500 participants. The general purpose of one day training to become a little doctor is as a form of participation of Bina Sehat Hospital in the world of education, especially health education for children. While the specific purpose is to improve children's understanding of healthy living, introducing the world of health early to children and introducing health professions to children. In its development, Bina Sehat Training Center (BSTC) provides not only training for nurses but also opportunities for children from an early age to know about the profession in the world of health. "As a form of social concern, especially health education for children, I want the existence of BSTC to be a mini hospital. Through this mini hospital, all kindergarten to elementary school students will know the world of hospital earlier" (Faida, 2011). The program's targets are children at their early childhood, that is, children at the age range of 0-6 years according to the national education system legislation year 2003 and 0-8 years according to the experts of children's education. This period is called the golden age period. Early childhood characteristics that are prominent in relation to learning activities include being active and energetic, having high curiosity, explorative, passionate to learn and much to learn from experience (Solehudin, 2007). Focusing health promotion and disease prevention efforts on children in the first 5 years of life can provide important strategies for reducing the population level burden of disease (Mistry et al, 2012).

In the previous research conducted by Ulfah (2013), the influence of marketing mix (promotion mix), namely the promotion of the Hospital which includes free operative social activities, the existence of complete information sources and "one day training to become a little doctor" activity, influence the patient's decision to use outpatient services in Bina Sehat Hospital. Researchers want to explore the effectiveness of social marketing in the form of training program of this little doctor cadre to improve knowledge, attitude and skill of early child as one form of health promotion by health service facility in an effort to improve healthy life behavior of children in Jember Regency.

2 METHODS

The study was conducted at Mini Hospital of Bina Sehat Hospital Jember on Jayanegara street 81 as the training place for little doctor cadres training. Trainers who provided training were employees of Bina Sehat Hospital consisting of various professions such as doctor, dentist, nurse, midwife, nutritionist, laboratory analyst, security guard and employee of hospital education and training units. The training methods used were lecture, demonstration and role play. Training was done in one day. Participants were divided into several groups, then alternately studied at a station that had been determined such as doctor station, dentist, midwife and others. Overview of the activity can be seen in table 1.

Table 1: Little Doctor activities materials.

Activities	Description	Material
Pre Mini Hospital Activities	Participants line up in front of the class	- Participant registration - Children get text names, group pins and little doctor suit
	Participants gathered in class and	- Photo session for the participant's personal documentation

Activities	Description	Material
	got introductory material	- Introducing little doctor instructors to the participants and grouping children based on Pin with fruit name
Core Activity at Lab Mini Hospital	Doctor Station	- Demonstrating the anatomy of the human body and organs with the media of anatomical pictorial book, - Introducing general practitioner's tools and practice using (stethoscope, tension meter), - Practicing listening to heartbeat sound with stethoscope, - Practicing height and weight measurement in the right way and what it does, - Demonstrating the process of fetal growth with picture book media
	Dentist Station	- Educating time and how to brush your teeth properly, - Indicating the anatomy of human teeth with dental phantom media - How to patch a tooth with a hole, - Introducing dentistry tools, - Practicing hand washing, - Practicing how to brush your teeth properly
	Outpatient Station	- Teaching how to treat minor injuries, - Introducing tools and materials used for minor wound care, - How to treat wounds properly
	Compressing Fever Station	- Teaching you how to apply Compress Fever to Patients, - Introducing thermometer tool to detect febrile patients and how to use them, - Teaching you the tools to compress the patient and how to properly compress
	Nebulisation Station	- Teaching how to do Nebulization (Evaporation on the airway) - Fixing the nebulizer tool for airway evaporation measures, how they work, how to operate it, their indications - Describing the function of nebulization action
	First Aid Station	- Teaching you how to communicate with accident patients - Teaching you how to put a splint on a traumatic wound - Teaching you how to move patients to stretchers and ambulance
	Pharmacist Station	- Introducing pharmacist assignments - Introducing the forms of drugs and their functions - Introducing pharmaceutical tools for making drugs (mortar, paper powder, capsule shell, etc.) and giving medicine etiquette
	Midwife Station	- Introducing the duties of the midwife - Teaching you how to bathe the baby properly
	Nutritionist Station	- Teaching nutritional functions 4 healthy 5 perfect with the image media and miniature food, - Teaching the nutritional content in each food as well as its usefulness
	Lab Analyst Station	- Introducing microscope tools and their functions and how to use them, - Practicing to look at samples of microorganisms (animals and plants) with a microscope
Game & Movie Time	Gymnastic	- Gymnastic barney and hand-washing gymnastics
	Watching videos with parents and Games	- Watching the video of knowledge related to the fetal growth process and the birth of a baby through a widescreen video display, - Children who can

Activities	Description	Material
		answer questions about small doctors' activities at the Lab are rewarded

2.1 Research Design

The type of research was quantitative research using observational analytic research design with cross sectional approach. The study was conducted in May-August 2017. A preliminary study was conducted in May 2017, validity test and instrument reliability were implemented in June 2017 and the research on the respondents was conducted in August 2017.

2.2 Population and Sample

The population was all little doctor training participants in August 2017. There were 2 classes, namely 50 participants from Sholihin Mumbulsari Kindergarten (implementation of activities on August 30, 2017) and 52 participants from An Nur Kindergarten Kaliwates (implementation of activities on August 31, 2017), bringing the total population to 102. Total Population was 102 children, with error rate of 5%, then the number of samples used is: n = 102/102 (0,05) 2 + 1 = 81,274 in round to 82 Child. The sampling technique used was Simple Random Sampling as the simplest random sampling method.

2.3 Variables and Operational Definitions

The variables of the study were knowledge, attitude and skills of little doctor cadres. The knowledge of little doctor cadres is the ability of respondents in knowing everything about health (e.g. remembering, understanding, applying). The attitude of little doctor cadre is response or reaction of respondents to health. In addition, skills of little doctor cadre is psychomotor ability of the respondents in the health field (e.g. ability to imitate, perform a motion, manipulate motion, assemble movements, and demonstrate)

2.4 Data Collection Techniques and Data Analysis

In this research, some data collection techniques were used such as interviews, observation and documentation. During the interview, respondents were accompanied by parents when filling out and/ or parents helped fill by asking the contents of the question to the child who could not write and read. Observations were also conducted to determine children's skills using observation sheets which were filled by parents. Types of Data analysis used were non-parametric statistics using *wilcoxon* sign rank test. The variables to be tested were: 1. Knowledge of cadre before and after the training, 2. Attitude of cadre before and after the training, 3. Skill of cadre before and after the training. Test of the validity and reliability of the instrument were done to 30 children aged 4 to 6.5 years old, the grade of kindergarten A and kindergarten B on June 16, 2017.

3 RESULTS

Results of research conducted on 82 candidates who attended the little doctor training in mini hospital Hospital Bina Sehat Jember in August 2017 are presented in tabular form and analyzed using *wilcoxon* sign test.

3.1 Characteristics of Respondents

The results of respondents' characteristics are illustrated in table 2 below:

Table 2: Characteristics of respondents.

Sex	Total	% total
Male	42	51%
Female	40	49%
Class	Total	% total
Class A kindergarten	28	34%
Class B kindergarten	54	66%
Age Range (years)	Total	% total
4,0-4,5	7	9%
4,6-5,0	6	7%
5,1-5,5	17	21%
5,6-6,0	26	32%
6,1-6,5	24	29%
6,6-7,0	2	2%
Total	82	100%

Table 2 shows the number of male and female respondents namely 51% male and 49% female. Respondents of kindergarten class B were more than class A namely 66% kindergarten B and 34% kindergarten A. Range Most respondent age at age 5,1 - 6,0 year equal to 53%, age 6,1-7,0 year 31 % and in children aged 4-5 years by 16%. Assessment of the respondents included the value of knowledge, value attitudes and value of skills.

3.2 Respondents Value

The following table shows the value obtained by respondents before and after the training, the value consists of value of knowledge, attitude and skill.

Table 3: Value of knowledge.

	Pre			Post	
	Less	Fair	Good	Fair	Good
	∑ (%)	∑ (%)	∑ (%)	∑ (%)	∑ (%)
Sex					
Male	7 (17)	16 (38)	19 (45)	7 (17)	35 (83)
Female	2 (5)	11 (28)	27 (68)	1 (3)	39 (98)
Total	9 (11)	27 (33)	46 (56)	8 (10)	74 (90)
Kindergarten Class					
A	5 (18)	7 (25)	16 (57)	4 (14)	24 (86)
B	4 (7)	20 (37)	30 (56)	4 (7)	50 (93)
Total	9 (11)	27 (33)	46 (56)	8 (10)	74 (90)
Age Range (years)					
4,0-4,5	0 (0)	2 (29)	5 (71)	1 (14)	6 (86)
4,6-5,0	2 (33)	2 (33)	2 (33)	1 (17)	5 (83)
5,1-5,5	2 (12)	4 (24)	11 (65)	1 (6)	16 (94)
5,6-6,0	1 (4)	10 (38)	15 (58)	2 (8)	24 (92)
6,1-6,5	3 (13)	8 (33)	13 (54)	3 (13)	21 (88)
6,6-7,0	1 (50)	1 (50)	0 (0)	0 (0)	2 (100)
Total	9 (11)	27 (33)	46 (56)	8 (10)	74 (90)

Table 3 shows the value of knowledge before training is 11% less, 33% enough and 56% good. The value of knowledge after training was 10% enough and good by 90%, there was no less value.

Table 4: Value of Attitude.

	Pre		Post	
	Fair	Good	Fair	Good
	∑ (%)	∑ (%)	∑ (%)	∑ (%)
Sex				
Male	17 (40)	25 (60)	10 (24)	32 (76)
Female	13 (33)	27 (68)	4 (10)	36 (90)
Total	30 (37)	52 (63)	14 (17)	68 (83)
Kindergarten Class				
A	13 (46)	15 (54)	7 (25)	21 (75)
B	17 (31)	37 (69)	7 (13)	47 (87)
Total	30 (37)	52 (63)	14 (17)	68 (83)
Age Range (years)				
4,0-4,5	4 (57)	3 (43)	3 (43)	4 (57)
4,6-5,0	3 (50)	3 (50)	1 (17)	5 (83)
5,1-5,5	6 (35)	11 (65)	3 (18)	14 (82)
5,6-6,0	8 (31)	18 (69)	3 (12)	23 (88)
6,1-6,5	7 (32)	15 (68)	3 (14)	19 (86)
6,6-7,0	2 (50)	2 (50)	1 (25)	3 (75)
Total	30 (37)	52 (63)	14 (17)	68 (83)

Table 4 shows that the value attitude before the training is 37% enough and good at 63%, there was no less value in the respondents. The value of respondent attitude after training obtained from the results of this study was 17% enough and good at 83%, there was no less value in the respondents.

Table 5: Value of skills.

	Pre			Post		
	Less	Fair	Good	Less	Fair	Good
	∑ (%)	∑ (%)	∑ (%)	∑ (%)	∑ (%)	∑ (%)
Sex						
Male	19 (45)	10 (24)	13 (31)	6 (14)	13 (31)	23 (55)
Female	19 (48)	5 (13)	16 (40)	9 (23)	6 (15)	25 (63)
Total	38 (46)	15 (18)	29 (35)	15 (18)	19 (23)	48 (59)
Kindergarten Class						
A	14 (50)	5 (18)	9 (32)	6 (21)	10 (36)	12 (43)
B	24 (44)	10 (19)	20 (37)	9 (17)	9 (17)	36 (67)
Total	38 (46)	15 (18)	29 (35)	15 (18)	19 (23)	48 (59)
Age Range (years)						
4,0-4,5	5 (71)	0 (0)	2 (29)	2 (29)	3 (43)	2 (29)
4,6-5,0	4 (67)	2 (33)	0 (0)	2 (33)	2 (33)	2 (33)
5,1-5,5	5 (29)	3 (18)	9 (53)	3 (18)	4 (24)	10 (59)
5,6-6,0	14 (54)	3 (12)	9 (35)	6 (23)	7 (27)	13 (50)
6,1-6,5	9 (41)	5 (23)	8 (36)	2 (9)	3 (14)	17 (77)
6,6-7,0	1 (25)	2 (50)	1 (25)	0 (0)	0 (0)	4 (10)
Total	38 (46)	15 (18)	29 (35)	15 (18)	19 (23)	48 (59)

Table 5 shows skill value obtained before the training is 46% less, 18% enough, and good only 35%, while skill value obtained by respondent after training was 18% less, 23% enough and 59% good.

3.3 Statistical Test Results

In this study, the value of knowledge before and after training obtained by respondents in statistical tests used Wilcoxon sign test. The test results are shown in Table 6.

Table 6: Result of Wilcoxon test analysis before and after knowledge value.

	Value p
Knowledge Before (n=82)	0,000
Knowledge After (n=82)	

Comparison of knowledge before and after training with p = 0,000 is presented in Table 6. The results shows that children's knowledge after training was no lower than before the training, 50 children remained, and 32 children had better knowledge than before the training. Because of the p value <0.05, there was a statistically significant difference in knowledge before training and after training.

Differences in attitudes before and after training obtained by respondents in statistical tests used Wilcoxon sign test. The test results are shown in Table 7.

Table 7: Result of Wilcoxon test analysis before and after attitude value.

	Value p
Attitude Before (n=82)	0,001
Attitude After (n=82)	

Table 7 shows the attitude comparison before and after training with p = 0.001. The analysis showed that there were 3 children with post training attitudes lower than before the training, 60 children remain, and 19 children had better attitude than before the training. Because of the p value <0.05, there were statistically significant differences in attitudes before training and after training.

Differences in skill values before and after training obtained by respondents in statistical tests used Wilcoxon sign test. The test results are shown in table 8.

Table 8: Result of Wilcoxon test analysis before and after skill value.

	Value p
Skills Before (n=82)	0,000
Skills After (n=82)	

Comparison of skills before and after training with p = 0,000 is presented in table 8. There were 2 children with skill score after training lower than before training, 49 children remained, and 31 children had better skills than before the training. Because of the p value <0.05, there were statistically significant differences in skills before training and after training.

4 DISCUSSION

Components that may affect the success of the training include curriculum, lecturer or trainer, organizers, means used, methods and characteristics of trainees such as age, occupation, education, and experience (Lubis and Syahri, 2015). According to Notoatmodjo, a person who has received training, his or her knowledge and skills are increased and can be measured by interviews or questionnaires that ask about the content of the measured material from the research subject or the respondent in the knowledge to be known or adjusted (Notoadmojo, 2013).

Knowledge of respondents after attending the training was good in 90% of respondents, fair in 10% of respondents and there was no less value. The value of knowledge referred to in this study is the ability of respondents in knowing everything about health, for example remembering, understanding and applying. Assessment of knowledge aspect aims at knowing the concept level of understanding of the participants about the concepts in the training materials (Kamil, 2012). The results of the knowledge obtained by the cadres showed that the training objectives were achieved by obtaining good value on 90% of respondents, it shows that the candidates' understanding of the health concepts given during the training are well received. These results are supported by the researcher Astuti, early childhood has a very fast learning ability. Early childhood also learns from what they see, hear, and experience an event (Astuti, 2016).

Significant differences between cadres' knowledge before the training and after the training show that the training objectives to improve cadres' health knowledge are achieved. This knowledge increase is due to new information submitted to the cadres through training, in which new information obtained is a substitute for previously acquired knowledge or refinement of previous information. (Lubis and Syahri, 2015). Child's knowledge can be obtained both internally and externally. Internal knowledge is knowledge that comes from itself based on life experience. External knowledge is

knowledge gained from others including family and teachers. Good knowledge gained internally and externally will improve children's knowledge about health.

The attitudes of respondents after attending the training were good on 83% of respondents, fair in 17% of respondents. The value of attitudes referred to in this study is the response or reaction of respondents to health. Assessment of attitude aspect aims at knowing the change of attitude of participant, for example sense of discipline, planned, honesty, and responsibility to result of work (Kamil, 2012). From the results, good respondents' attitude can be seen. This is because the child's knowledge about health is good. Attitude is the second level in behavior. According to Bloom cited by Notoatmodjo, people will change attitudes, if he is able to change the cognitive component first. A person's attitude will affect the knowledge he has. Respondents with positive attitudes are likely to have better health knowledge than those with negative attitudes (Notoadmojo, 2007).

Significant differences between respondents' attitudes before and after training showed that the training objectives were achieved. The results showed that the cadres' attitude toward health had improved. Another relevant result is the research of Lulut. There is a change of attitude before and after the provision of health promotion interventions. The majority of attitudes after health education increases because respondents can capture all the positive things they get from the intervention. Once their knowledge is sufficient, their emotions react with the existing stimulus (Lulut, 2014).

The skill value of respondents after training was 59% good respondents, fair 23% of respondents and 18% less respondents. The value of skills in this study was psychomotor ability of respondents in the health sector (e.g. ability to imitate, perform motion, manipulate motion, assemble movement, and demonstrate). Assessment of skills aspect aims at knowing what skills the participants have, how the participants work in doing the job and knowing the speed and accuracy in doing the job (Kamil, 2012). Apparently, from that result there is still less skill value from result of training. Children usually have a short attention, except for things that are intrinsically interesting and fun. It is still very difficult to sit down and pay attention to something for long periods of time. Besides, in accordance with the development of way of thinking, children usually do not have a sense of consideration (Knowledge Development Team FIP-UPI, 2007). Characteristics of children who are still lacking of consideration in doing something to make children cannot be consistent with the decision. Skills are the result of repetitive exercise, which can be called an increasing or progressive change by the person who studies the skill as a result of a particular activity (Lubis and Syahri, 2015). The above theoretical study can explain why there is still less child's skill value after the training.

The results show a significant difference between skill values before and after the training. A person's skill will help the individual to solve the problems he or she faces. This difference in scores indicates the objectives of the training are achieved that is the aim of improving the skills of the child. The play and learning methods employed in this training can stimulate the child to be more skilled. Availability of facilities for learning give the participants the opportunity to see and hear the skills the instructors of small doctors demonstrate for the next cadres.

The respondents' knowledge, attitude and skill in this research increased because little doctor cadres had already followed training. This training has been in the program several weeks earlier by the school. Some teachers and parents said the children were looking forward to the training. The varied training methods in little doctor training activities such as lectures, demonstrations and role plays match the characteristics of early childhood. One of the content of Dewey's education theory is that children should be really interested in educational activities, experiences and work so that learning processes show good results (Suyadi and Ulfah, 2012).

5 CONCLUSIONS

Based on the results of research on the effectiveness of small cadre training program on early childhood knowledge, attitudes and skills, the conclusions are drawn as follows: Characteristics of respondents include gender of most men with education level that is kindegarten B more than kindergarten A. Age Range of respondents was mostly in age of 5.1-6.0 years. There are variations in value based on respondents' characteristics, gender, education level and age. The increase of cadres' knowledge is caused by new information submitted to the cadres through training, where new information obtained is a substitute for previously acquired knowledge or refinement of previous information. Little doctor training provides a very memorable experience for the children so that the results of the study found an increase in attitude values on the respondents in a good direction. Improved skills due to increased knowledge and attitude of the child. This result is

supported by Astuti, children at their early childhood have a very fast learning ability. Children at their early childhood also learn from what they see, hear, and experience about an event (Astuti, 2016).

Health promotion through health education by Siswanto is a major element in early childhood education. Early childhood health education is influenced by some factors such as: the paradigms development, the health determinant factors, health services and health education (Siswanto, 2012). Health promotion through the training of little doctor initiated by the health service facility that is a Bina Sehat Hospital proves that it can help improve knowledge, attitudes and skills of early childhood in Jember Regency. Further research is required on the structure of the program and the impact of training on early childhood health status.

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