

Campaign To Increase The Knowledge Of Health Cadres In Efforts To Prevent Hearing Loss Risks In Commemoration Of World Hearing Day

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Abstract

Hearing loss is a threat to society and is age agnostic, including in the elderly. WHO commemorates World Hearing Day to raise awareness about the importance of ear care. This activity aims to educate health cadres and the community about hearing loss prevention. Socialisation activities were carried out in Wonokromo Village using lecture and question and answer methods. Before and after the socialisation, participants were asked questions to measure their knowledge about ear health. The counselling programme was attended by 74 participants. The pre-test and post-test results showed an increase in knowledge related to ear health and prevention of hearing loss. The mean value of the pre-test was 634, while the post-test increased to 861, showing a significant change ($p < 0.05$). This socialisation was effective in increasing participants' understanding and knowledge on how to maintain ear health. This is expected to increase public awareness and concern for the importance of hearing health and apply the results of counselling in everyday life. For the sustainability of this programme, it is recommended that education related to ear health be carried out regularly and involve various community groups. In addition, health cadres can be given further training to become agents of education in their neighbourhoods. Collaborative efforts between health, community and government are also needed to ensure equitable access to hearing health information and services.

Keywords: Hearing Day, Deafness, Elderly, Health Cadre

1. Introduction

The World Health Organization (WHO) organises World Hearing Day as an effort to prevent deafness (1). According to the WHO website, World Hearing Day 2024 carries the theme 'Changing mindsets: Let's make ear and hearing care a reality for all!' or 'Changing mindsets (2): Let's make ear and hearing care a reality for all. World

Hearing Day 2024 will focus on addressing the challenges posed by societal misperceptions and stigmatising mindsets through awareness raising and information sharing, targeted at communities and healthcare providers (3). Here are the key messages and objectives of World Hearing Day 2024. Globally, more than 80% of ear and hearing care needs remain unmet (4).

Entrenched societal misconceptions and stigmatising mindsets are major factors limiting hearing loss prevention and treatment efforts. Changing mindsets around ear and hearing care is critical to improving access and reducing the impact of untreated hearing loss (5).

The objectives of World Hearing Day 2024 are to (1) Address common misperceptions related to ear and hearing problems in the community and healthcare providers. (2) Provide accurate and evidence-based information to change public perceptions of ear and hearing problems. (3) Call on countries and civil society to address misperceptions and stigmatising mindsets related to hearing loss, as an important step towards ensuring equitable access to ear and hearing care (6).

Hearing loss is a threat to society and does not recognise age so it is a topic chosen for education related to its prevention (7). Maintaining ear health is one of the efforts to prevent hearing loss (1). Hearing loss consists of conductive deafness, sensorineural deafness and mixed deafness. This type of deafness depends on the location of the infection or the part of the ear that is disturbed. Currently, many people do not understand and understand what to do to maintain ear health (8).

People still often pick their ears with hard objects or cotton buds which can cause infections in the ear canal and can even injure the tympanic membrane (3)(9). In addition, the widespread use of digital music players that are used for a long time with loud volume can also cause hearing loss so it is recommended that the safe key to listening to music is 60-60, which means limiting the volume to 60% of the maximum volume and limit exposure for 60 minutes only (10).

In old age, there is a decrease in function in terms of physical and sensory systems which greatly affects the quality of life and limitations in doing many things. Hearing loss is one of them. This condition is prevalent in the elderly (2)(11). Apart from physiological decline, several factors can also affect hearing function, namely ear hygiene factors such as cerumen or dirt blockage in the ear canal, infections in the

middle ear that lead to rupture of the eardrum or tympanic membrane and consumption of ototoxic drugs (8). Ringing in the ears (tinnitus) is also often a disturbing complaint, a sound with an unknown source that will sound louder in a quiet atmosphere (12).

Based on data from the World Health Organization (WHO), it is currently estimated that around 360 million people (5.3%) worldwide have hearing loss, of which 328 million (91%) are adults and 32 million (9%) are children (6). The prevalence of hearing loss in Indonesia according to Rikesdas 2013 data is 2.6%. According to the elderly population in the age range of 65-85 years who experience impaired hearing function is one of the problems that must be faced by the elderly, where this condition will cause obstacles and limitations in carrying out daily activities, mobility and also dependence on medical assistance (3). The existence of these limitations makes the elderly tend to withdraw from the social environment because of obstacles, especially in terms of communication both with friends and family members (13).

The RW 07 Wonokromo Village Elderly Community held an activity to educate the elderly regarding hearing loss to commemorate the hearing day in March. It is hoped that this activity can provide an increase in knowledge related to the importance of caring for the ears and hearing quality in the event of the Cadre Knowledge Improvement Campaign in Hearing Risk Prevention Efforts.

2. METHODS

This socialisation activity was conducted on 07 March 2023 at RW Wonokromo Village. The socialisation method was chosen to convey the importance of maintaining ear health to prevent hearing loss. Before the socialisation, participants were given questions related to how to maintain ear health to measure the extent of their knowledge of the material to be delivered. Next, the socialisation was conducted using the lecture method on the right way to maintain ear health. After the socialisation, it was followed by a question and answer session which consisted of 2 sessions: questions from the resource person to the participants and the next session questions from the participants to the resource person.

3. Results And Discussion

The implementation of the counselling programme went well and smoothly. The participants were residents of RW 07 Wonokromo Village, totalling around 74 people. The socialization method was chosen to convey the importance of maintaining ear health to prevent hearing loss. Before the socialization, participants were given questions related to how to maintain ear health to measure the extent of their knowledge of the material to be presented. Next, the socialization was conducted using the lecture method on the right way to maintain ear health. In this session, the resource person explained how important ear health is, then also explained how hearing loss can occur and how affects it.

After the socialisation, it was followed by a question and answer session which consisted of 2 sessions: questions from the resource person to the participants and the next session questions from the participants to the resource person. In the question and answer session, participants played an active role in asking questions to the resource person because the topics chosen were things that were often done daily such as picking ears with hard objects and taking drugs for a long time without consulting a doctor. participants began to understand the importance of ear health and how to maintain it.



Figure 1. Participants of the Campaign to Increase Cadres' Knowledge in Preventing Hearing Risks



Figure 2. Discussion and Q&A Participants Seem Enthusiastic in the Knowledge Improvement Campaign for Hearing Risk Prevention Cadres

Table 1. Characteristics of Participants in the Campaign to Increase Cadre Knowledge in Hearing Risk Prevention Efforts

No	Gender	Frequency	Percentage
1	Male	14	18,9%
2	Female	60	81,1%
No	Age Range	Frequency	Percentage
1	< 45 Years	5	6,8%
2	> 65 Years	20	27,0%
3	45 - 55 Years	25	33,8%
4	56 - 65 Years	24	32,4%
No	Profession	Frequency	Percentage
1	Housewife	15	20,3%
2	Private	23	31,1%
3	Retired	36	48,6%
	Total	74	100,0%

The following is the data from the initial point test before the Workshop and the final test. This data consists of 10 questions that are normally distributed among 74 participants, here are the pretest and post-test data.

Table 2 Pre-Test and Post Test Results of Participants of the Campaign to Increase Cadre Knowledge in Hearing Risk Prevention Efforts

No	Knowledge	Pre-Test	Post Test
1	Hearing Loss in the Elderly	60	82
2	Causes of Hearing Loss	65	90
3	Risk Factors for Hearing Loss	67	92

4	Symptoms of Hearing Loss	66	87
5	Complications of Hearing Loss	69	84
6	Prevention of Hearing Loss	72	84
7	Treatment of Hearing Loss	56	82
8	Degenerative Diseases in the Elderly	60	91
9	Productivity management in the elderly	65	84
10	Healthy and balanced food management	54	85
		63,4	86,1

Table 3. *Paired Samples Statistics Pre-Test and Post-Test Participants*

No	Paired Samples Statistics	Mean	n	Std. Deviation
1	Pre_test	63,4	10	5,738757
2	Post_test	86,1	10	3,695342

Table 3 *Paired Samples Statistics* shows the descriptive value of each variable in paired samples. Pre-Test has a mean value of 63.4 out of 10 data. The data distribution (Std. Deviation) obtained is 5.73 while the Post Test has a mean value of 86.1 out of 10 data. The data distribution (Std. Deviation) obtained is 3.69. This shows that the final test data is higher than the initial test. However, the range of the final test data distribution is also getting smaller, this indicates an increase in knowledge related to the Cadre Knowledge Improvement Campaign in Hearing Risk Prevention Efforts following are the results of *Paired Samples Correlations*.

Table 4 Paired Samples Correlations Pre-Test and Post-Test Improvement Campaign to Increase Cadre Knowledge in Hearing Risk Prevention Efforts

Paired Samples Correlations	N	Correlation	Sig.	Sig 2 tailed
Pre-test & Post-test	10	0,181	0,61	0,000

In addition, the warm welcome from partners is also one of the factors for the smooth running of this service activity. There has been an increase in the knowledge of the participants after being given education The significance value (2-tailed) of this case example is 0.000 ($p < 0.05$). So that the results of the pre-test and the final post-test experienced significant changes (meaningful). Based on the descriptive statistics of the initial test and the final test, it is proven that the final test is higher. It can be concluded that Capacity Building Health Cadres RW 07 Wonokromo Village in Degenerative Disease Prevention increases the knowledge of participants

4. Conclusions

Socialisation activities on how to maintain ear health in patients of RW 07 Wonokromo Village can increase understanding and knowledge about how to maintain ear health in an effort to prevent hearing loss. Participants know what diseases can be infected if they do not maintain ear health. The socialisation participants are expected to increase awareness and concern for ear health and be able to apply the results of counselling in their daily lives. In addition, the warm welcome from the partners was also one of the factors for the smooth running of this service activity. There has been an increase in the knowledge of the participants after being given education. The significance value (2-tailed) of this case example is 0.000 ($p < 0.05$). So that the results of the pre-test and the final post-test experienced significant changes (meaningful). Based on the descriptive statistics of the initial test and the final test, it is proven that the final test is higher. It can be concluded that the Cadre Knowledge Improvement Campaign in Efforts to Prevent Hearing Risk increases the knowledge of participants.

For the sustainability of this programme, it is recommended that education related to ear health be carried out regularly and involve various community groups. In addition, health cadres can be given further training to become agents of education in their neighbourhoods. Collaborative efforts between health, community and government are also needed to ensure equitable access to hearing health information and services.

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