REVIEW ARTICLE

Swot Analysis of Village Food Safety Cadres in The Safe Food Village Program in Gorontalo, Indonesia

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ABSTRACT

Village Food Safety Cadres must possess a high level of proficiency in the field of food safety. The purpose of this study was to assess the efficacy of Village Food Safety Cadres in the Safe Food Village Program in Gorontalo, with the aim of promoting the engagement of these cadres. This was done to facilitate the formulation of recommendations aimed at optimizing the performance of cadres in future endeavors.

This study uses qualitative descriptive methods. The study findings indicate that there are multiple barriers to establishing active village food safety cadres in Gorontalo. These obstacles include a lack of experience, skills, and knowledge among local food safety cadres, as well as their own self-concept. Additionally, the appointment of cadres is not voluntary but rather done by the Village Head, which hinders the formation of a strong self-concept as a cadre. Furthermore, socio-cultural characteristics, particularly language issues, pose challenges as some cadres are highly proficient in local languages, making it difficult to comprehend materials in Indonesian. The communities that needed to be supported were composed of individuals with varied educational backgrounds, thus requiring the adaptation of counselling methods to cater to their specific needs.

To effectively train and meet the necessary qualifications of active cadres, it is essential to create media platforms for spreading food safety information that incorporate local knowledge. This can be achieved by utilizing local languages that cater to the different demographic characteristics of the communities being nurtured. Furthermore, it is imperative to make dedicated endeavors to enhance the knowledge of cadres on food safety, thereby fostering a positive self-perception.

Key-words: Cadre, Food Safety, Gorontalo, Language, Self-concept

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Introduction

Health plays a crucial function and is an essential part of human existence. The Joko Widodo-Ma'ruf Amin administration in Indonesia, in charge from 2019 to 2024, is aware of how important health is for achieving sustainable development. Consequently, the five-year development plan has consistently prioritized health. The government is dedicated to enhancing the availability and standard of healthcare services, broadening health insurance coverage, upgrading health infrastructure, enhancing the health workforce, and advocating for preventive and promotional initiatives to raise public consciousness about the significance of maintaining good health. The objective of these endeavors is to establish circumstances in which each person can experience an ideal state of well-being and actively contribute to the societal, economic, and environmentally conscious progress of the nation.

In a legalistic society, the law assumes a significant role in governing all legal interactions that occur between individuals as well as between individuals and society throughout diverse aspects of life, including health. 1 The law is crucial in guaranteeing the realization of human rights and the satisfaction of their necessities. The practice of socializing legislation is crucial in utilizing the law as a means of social engineering, ensuring that the rule of law is properly implemented. Socialization seeks to raise community awareness regarding the existence of a law or regulation, ensuring that the community is knowledgeable about the specific provisions of the law or regulation. This knowledge enables the community to align their thinking and conduct with the intended objectives of the law or regulation.2

The regulations pertaining to the entitlements of individuals to healthcare are outlined in Article 4 of Law Number 17 of 2023, often known as the Health Act (Law 17/2023). Citizens have the right to access health services that are safe, of high quality, and reasonably priced, with the aim of attaining optimal health. Therefore, it is imperative that the government take on the role of organizing health initiatives in a manner that is of high quality, safe, efficient, fair, and cheap for the community. According to Article 1, point 2, of Law 17/2023, health initiatives encompass any coordinated and enduring actions undertaken to uphold and enhance the overall state of public health. These endeavors encompass promotive, preventative, curative, rehabilitative, and/or palliative actions conducted by both the government and the community. Food and beverage safety is a type of health initiative. This endeavor is also an essential determinant in achieving the utmost level of wellbeing for society.

The National Safe Food Village Program was started by the Food and Drug Supervisory Agency (BPOM) in accordance with Presidential Instruction of the Republic of Indonesia Number 1 of 2017 on Healthy Living Community Movement. This program focuses on community-based food safety and involves many programs and activities. The objective of this initiative is to enhance the knowledge and comprehension of rural communities regarding food safety, enabling them to autonomously establish safe food villages.3 One strategy to accomplish the program's goals is to enhance the village's human resources capability, which involves training cadres to serve as food safety agents. The initiative generates 15 food safety cadres in every intervention village. The cadres in the village represent many community groups, such as family cadres (PKK mothers, Posyandu administrators, and household moms), school cadres (teachers, scout leaders, and UKS leaders), and community cadres (youth organizations, young men, women, and human development leaders). These officials are responsible for aiding their rural areas in implementing food safety guidelines.3

Ensuring Food Safety in Rural Areas It is imperative for cadres to possess proficiency in areas pertaining to food safety. Furthermore, it is imperative for cadres to possess effective communication skills with diverse stakeholders, as well as demonstrate proficiency and ingenuity in disseminating food safety information and materials. This is crucial as they will be responsible for nurturing village communities in the realm of food safety. Additionally, they must exhibit a strong inclination towards independent learning to enhance their understanding and expertise in the domain of food safety.4 Between 2014 and 2023, the safe food village initiative was implemented in 25 out of 729 villages and sub-districts (3.43%) in Gorontalo Province. A total of 375 Village Food Safety Cadres have been established across Gorontalo Province.3,5-7

The findings of Yuliawati et.al.'s study demonstrate a correlation between trader knowledge, attitudes, and the involvement of cadres in promoting safe food practices among Creative Field Traders (PKL) in the realization of a Safe Food Village in Pineung Village, Banda Aceh City.⁸ The primary determinant linked to food safety is the influence of cadres. Moreover, Tasnim et. al.'s study determined that the participation of skilled personnel in overseeing ready-to-eat food had a positive impact on enhancing the food's quality and the seller's adherence to food safety standards.⁹

According to Amalia Rohmah et al.'s study, there was a lack of consistency in the behavioral aspects of food safety measures across village groups that had participated in the Desa Pangan Aman Program. The lack of proactive cadres helping the community and the cadres' short-term approach to food safety education had an impact on this.¹⁰ Moreover, a study conducted by Reskiaddin et. al. revealed that the insufficiency of knowledge, skills, and self-perception among health cadres was a significant hindrance to the long-term viability of health promotion initiatives.¹¹ The POM Agency conducted a nationwide evaluation in 2019, and the results show that there are no differences in the knowledge, attitudes, or be-

havior of food safety personnel in Gorontalo Province before and after the implementation of presentation media intervention.⁵ It is established that 70% of the populations did not exhibit a statistically meaningful improvement in knowledge, attitudes, and behavior. One of the factors is the discrepancy between Gorontalo Province and other provinces in Indonesia in terms of education, which also influences the value of knowledge, attitudes, and behave-

ior towards food safety.

To fulfill the objective of cultivating active cadres, it is imperative to evaluate the performance of Village Food Safety Cadres in the Safe Food Village Program in Gorontalo based on the aforementioned facts. The purpose of this is to enable the formulation of recommendations aimed at enhancing or improving the performance of the cadre in the future.

THE SAFE FOOD VILLAGE PROGRAM **Gorontalo Province Intervened Villages** 2014 2015 2016 2017 2018 2019 **Bone Bolango** Gorontalo Dis-**Boalemo Dis-**Pohuwato Dis-Gorontalo Dis-Kota Barat District trict trict trict Dembe I trict Kayu Bulan Limbato Botubilotahu Dulohupa South Toto Kota Tengah West Poowo Bolihuangga Modelomo Manunggal Kaliyoso Liluwo Padengo Dulomo Molombulahe Karva Kota Timur Tenilo Bulotalangi Taluduvunu Moodu West Bulotalangi North Gorontalo District Molingkanoto Moluo Titidu Pontolo Tolongio Number of food safety cadres and communities receiving food safety interventions 2014 2015 2016 2017 2018 2019 Total 15 Youth organizations 50 15 15 15 15 125 **Teacher** 50 15 15 15 15 15 125 PKK mothers 50 15 15 13 15 15 125 Total 45 45 43 45 45 373 150 PKK mothers/ household moms 200 60 44 37 35 n 376 200 30 27 Teacher / scout 30 30 24 341 0 0 Youth organizations 0 0 0 21 21 Retail 200 30 39 32 371 34 36 **IRTP** 22 n 0 13 21 62 6

Figure 1: Villages, cadres, and communities that have been intervened by the Safe Food Village Program in 2014-2019

30

150

36

150

31

150

200

800

METHODOLOGY

PKL

Total

This study uses qualitative descriptive methods. Descriptive analysis aims to provide a description, explanation, and validation of the phenomena studied. Research data obtained and analyzed based on existing literature. The literature search was re-

stricted to complete papers written in English and Indonesian, reports pertaining to Village Food Safety Cadres and the Safe Food Village Program, and national and international periodicals published during the past decade. This evaluation only included research that specifically focused on cadres and food safety. The authors evaluated the effectiveness of the

34

150

33

150

364

1550

Village Food Safety Cadres by comparing the criteria outlined in the program's technical requirements, findings from prior research, and reports published by the Food and Drug Administration, the governing body responsible for the Safe Food Village Program.

RESULTS AND DISCUSSION

The Technical Guidelines for Safe Food Villages, released in 2020 by the Deputy for Processed Food Supervision of the National Agency of Drug and Food Control, specify that Village Food Safety Cadres (KKPD) are individuals from the village community who have undergone training and certification in the area of food safety. These individuals are appointed by the Village Head (Lurah) to serve as Village Food Safety Cadres. The requirements for Village Food Safety Cadres include: Proficient in effectively communicating and collaborating with diverse stakeholders; Proficient and innovative in disseminating food safety materials and information to rural people; Possess a proactive attitude towards selfdirected learning in order to enhance understanding and expertise in the field of food safety; Possess a strong inclination to enhance the village's food safety initiatives.

Currently, the appointed cadres are still unable to fulfill the expectations of being proactive in nurturing their communities both during and after the program interventions conducted by BPOM (supervision and post-supervision).

According to a report released by the BPOM^{5,6} and research conducted by Nahumarury, 13 the empowering activity faces various barriers, specifically: Insufficient expertise, competencies, and understanding, as well as a limited self-perception, exist among local food safety personnel; The Village Head appointed the cadres rather than allowing them to volunteer, resulting in a less developed self-concept as a cadre; Socio-cultural features, particularly language barriers, arise when certain individuals possess a strong command of local languages, posing challenges in gathering information in Indonesian. This principle also extends to the communities that need to be fostered, comprising individuals with varied educational backgrounds, necessitating the adaptation of counseling mediums accordingly.

BPOM has supplied all the necessary resources for the implementation of technical guidance on safe food in villages to cadres and communities. In the same way, all the facilities and infrastructure that cadres need to feel better about themselves have been provided. For example, they can get a Decree of Appointment as a Cadre, a Certificate as a Cadre, and personal identification that includes their dress and qualities. Nevertheless, further endeavors are required to enhance the self-perception and literacy of cadres as a fundamental groundwork for cultivating a dynamic cadre persona, both during the program

and in the future. An examination of the strategic direction for enhancing the Safe Food Village Program can be conducted using the SWOT analysis framework.

Table 1: SWOT analysis

Strength

The Pangan Village Program has been in operation since 2014 to ensure an adequate number of communities are included as pilot sites.

The current quantity of cadres and communities established is already substantial.

Possible assistance from many sectors through the establishment of the regional Food and Drug Monitoring Team by decree.

The BPOM Non-Physical DAK program is designed specifically for the health Office.

Weakness

The self-perception of cadres is now insufficient, resulting in suboptimal performance and effectiveness.

Insufficient provision of counseling and Knowledge, Information, and Education (KIE) media incorporating concepts in the local language.

Opportunity

The current budgets can be optimized to develop local language extension and KIE media that are both accessible and comprehensible. This can include local language safety booklets, videographic content in local languages, local wisdom content on various media platforms, and easily obtainable infographic content.

The current budget can be improved for the village food safety cadre competition program in order to enhance the motivation and self-perception of the cadres.

Threat

Reductions in financial allocations

Cadres that have been trained in previous years may no longer reside in the previous village.

A commonly employed communication paradigm in the field of health communication is SMCR, which stands for Source, Message, Channel, and Receiver. The SMCR model posits that communication occurs considering the source's skills, attitudes, knowledge, and cultural background. In order for the message to be successfully received, it is important to consider many factors, such as the content, presentation components (such as images or other media), packaging, structure, and the use of distinctive codes, which may include images or symbols. Auditory, visual, tactile, olfactory, and gustatory modalities all contribute to the message's transmission. Subsequently, the recipient of the message will analyze and comprehend the message in accordance with their proficiency, disposition, expertise, and socio-cultural context.¹⁴ Utilizing health promotion media that is rooted in local wisdom might facilitate

the effective dissemination of health messages, thereby enhancing community acceptance. To get empirical data that can serve as a foundation for creating health promotion media for educational purposes, it is necessary to construct health promotion media. The purpose of product research and development is to authenticate and enhance health promotion through media goods. The health promotion material created in this instance is a brochure on food safety, specifically designed in the local language. Booklets are rectangular media designed in the shape of books and utilized to communicate information about food safety. Booklets offer several advantages, including cost-effectiveness, appealing designs, comprehensive content, user-friendly structure, and portability. Additionally, they can be read multiple times.¹⁵

Tiara's research indicates that in order to effectively communicate counselling messages to people who strongly identify with their culture, a special strategy is necessary. One such way is by utilizing language. ¹⁶ Utilizing a localized linguistic strategy renders therapy suitable for capturing the audience's attention.

CONCLUSION

To ensure the cultivation of competent cadres who meet the requisite standards, it is essential to establish effective channels for disseminating knowledge about food safety. This can be achieved by utilizing local languages that cater to the different demographic characteristics of the communities being nurtured. Furthermore, it is imperative to make dedicated endeavors to enhance the knowledge and understanding of food safety among personnel, thereby fostering a positive self-perception.

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