

Factors Affecting The Activeness of Posyandu Cadres in The Working Area of The Pondok Meja Health Center in 2022

Dame Try Lestari Saragih¹, M. Ridwan², Vinna Rahayu³

Departement of Public Health Science, Faculty of Medicine and Health Sciences, Jambi University

dametryl04@gmail.com, fkm.ridwan@unja.ac.id, vinnarahayu@unja.ac.id

Corresponding author: M. Ridwan, fkm.ridwan@unja.ac.id

Abstract. *Posyandu is the right health service for the Indonesian nation, and health service efforts needed by community members for the improvement of nutrition and health, as well as social welfare and improving the quality of human resources who are able to build and be able to help themselves, health services and management are carried out in a Puskesmas work area. The type of research used in this study is a type of quantitative research with a Cross sectional study approach. With the sampling technique in this study using purposive sampling. The number of samples in the study was 100 respondents with instruments used closed questionnaires. Data processing methods are carried out by editing, coding, data entry, data clening, data tabulation. Data analysis using univariate and bivariate. The results showed age (p-value = 0.001, PR 3.877), education (p-value = 0.028, PR 2.309), knowledge (p-value = 0.002, PR 3.259), completeness of facilities (p-value = 0.001, PR 3.252), health workers (p-value = 0.000, PR 4.237). Associated with the activeness of posyandu cadres with a p-vlue value of < 0.05.*

Keywords: *Posyandu, Cadre Activity, Facility Completeness, Health workers.*

INTRODUCTION

Integrated service posts are community-sourced health efforts (UKBM) that manage and run, from, for and with the community for the implementation of health development, which is useful to facilitate the community and can empower the community in obtaining basic health services. There are 5 posyandu activities sure growth monitoring is integrated through services to accelerate the reduction of IMR, MMR, (infant and maternal mortality rates) contraceptive services, diarrhea prevention to counseling and counseling.¹ And the main organizers of Posyandu activities are people who are willing and have time and want to humbly work as cadres who organize posyandu in posyandu activities. Which is where the continuity in this activity is very dependent on the active involvement of posyandu cadres.(Buku-Pedoman-Umum-Pengelolaan-Posyandu-1, n.d.)

Cadres are community leaders who want to volunteer who are seen to have more abilities than other community leaders, as well as some of the community chosen by the local village government who are voluntary and able to work to support health, cadres have also been authorized to become pioneers for the community in improving health among the community and play an important role in posyandu activities and puskesmas programs to become a driving force and provide information to the community to come to posyandu services. Community health cadres are given training in handling individual and community health problems in order to increase their knowledge and ability to implement community-supported health efforts (UKBM).(Mahendra et al., 2019)

According to the health profile of Jambi Province in 2021, the number of Posyandu is 3,269 units when viewed based on their activity, on average 1,832 (56.04%) are active and

1,437 (43.96%) are inactive in Jambi province. Units with a level of posyandu pratama as many as 183 units middle as many as 1,254 units, purnama as many as 1,341 posyandu units and independent as many as 491 units. Likewise, in muaro jambi district in 2020, it is known based on the health profile of jambi province that the number of posyandu in 2020 is 393 units with 253 active (64.38%) inactive 140 (35.62%) units with a posyandu level of 5 posyandu units, 135 posyandu units, 183 posyandu units and 70 independent units, from the target of 80%.(Dinas Kesehatan Provinsi Jambi, 2019)

Based on initial observations made at the Pondok puskesmas table, which is 5 villages as the working area of the Pondok puskesmas, the number of posyandu is 20 units. Where the level is already full. Based on data from the puskesmas Pondok Meja there are 100 posyandu cadres in the working area of the puskesmas Pondok Meja with the number of active cadres only 81 (81%) and less active 19 (19%) people. To find out the factors that influence the activeness of Posyandu cadres in the Pondok Meja Health Center Working Area in 2022.

METHOD

This study used a cross sectional design, which is a type of analytic observation research. Data collection was done by direct interview method using a questionnaire. Data were processed quantitatively using univariate analysis and bivariate with chi square test. The sample in the study was all of the total population, namely 100 cadres in 20 Posyandu units. With sampling techniques in this study using purposive sampling. The research was conducted at the Posyandu of the Pondok Meja Health Center Working Area.

RESULTS AND DISCUSSION

Respondent characteristics

Respondents in this study are divided into several characteristics. The following table below is an overview of the characteristics of respondents based on age, education and occupation of 100 respondents in the Pondok Meja Health Center working area in 2022.

Based on table 1 above, it is known that out of 100 posyandu cadres, the age of respondents in the Pondok Meja Health Center working area, the majority are at the age of 20-40 years with 52 respondents (52.0%), the education of SD-SMP respondents is 45 (45.0%) and SMA-graduate as many as 55 (62.0%). And the majority who are in higher education (SMA-graduate) are 55 respondents (55.0%) and the highest occupation of posyandu cadres is not working / housewife (87.0).

Tabel 1

Characteristics of respondents according to Age, Education, Occupation

Respondent Characteristics	Frequency	Persentase (%)
Age		
20-40	52	52,0
> 40	48	48,0
Total	100	100
Education		
Low (SD-SMP)	45	45,5
High (SMA-sarjana)	55	62,0
Total	100	100
Jobs		
Farmers	5	5,0
Merchant	4	4,0
Private worker	4	4,0
Not Working / IRT	87	87,0
Total	100	100

Tabel 2

Frequency distribution of factors associated with the activeness of posyandu cadres in the Pondok Meja Health Center working area in 2022

Variables	Frequency	Persentase (%)
Cadre activeness		
Inactive	26	26,0
Active	74	74,0
Total	100	100
Knowledge		
Less	12	12,0
Good	88	88,0
Total	100	100
Completeness of facility		
Incomplete	14	14,0
Complete	86	86,0

Total	100	100
Health workers		
Less	8	8,0
Good	92	92,0
Total		

Based on table 2 above, it is obtained that all the results of the activeness of cadres in the Pondok Meja Health Center Working Area, the activeness of cadres with inactive categories as many as 26 (26.0%) and with active categories as many as 74 (74.0%), from the overall results of the knowledge of respondents in the Pondok Meja Health Center Working Area, knowledge with the category less as many as 12 (12, 0%), knowledge with good category as much as 88 (88.0%), from the completeness of facilities with incomplete category as much as 14 (14.0%), completeness of facilities with complete category as much as 86 (86.0%) and health workers from respondents, health workers with less category as much as 8 (8.0%), health workers with good category as much as 92 (92.0%)

Tabel 3

Analysis of the relationship between age, education, knowledge, completeness of facilities and health workers with the activity of Posyandu cadres in the Pondok Meja Public Health Center work area in 2022

Umur (Tahun)	Cadre aktiveness				Total		PR	OR (95% CI)	P-value
	Inactive		Active		N	%			
Age (year)	N	%	N	%	N	%			
20-40	21	13,5	31	38,5	52	52,0		5,826	
>40	5	12,4	43	35,5	48	48,0	3,877	(1,980-17,140)	0,001
Total	26	26,0	74	74,0	100	100,0			
Education									
Low	17	11,7	28	33,3	45	45,0		3,103	
High	9	14,3	46	40,7	55	55,0	2,309	(1,219-7,901)	0,028
Total	26	26,0	74	74,0	100	100,0			
Knowledge									
Less	8	3,1	4	8,9	12	12,0		7,778 (2,104-28,746)	0,002
Good	18	22,9	70	65,1	88	88,0	3,259		
Total	26	26,0	74	74,01	100	100,0			
Completeness of facility									
Incomplete	9	3,6	5	10,4	14	14,0			
complete	17	22,4	69	63,6	86	86,0	3,252	7,306 (2,167-24,628)	0,001
Total	26	26,0	74	74,0	100	100,0			

Health workers									
Less	7	2,1	1	5,9	8	8,0			
Good	19	23,9	73	68,1	92	92,0	4,237	26,895 3,116- 232,100)	0,000
Total	26	26,0	74	74,0	100	100,0			

Based on table 3, 45 respondents with low education who were inactive were 17 (11.7%) and 28 (33.3%) were active. While 55 respondents from higher education who were inactive amounted to 9 (14.3) and those who were active were 46 (40.7). The results of the chi square statistical test obtained a P-Value of $0.028 < 0.05$. So it shows there is a relationship between education and the activeness of posyandu cadres. above if of the 12 respondents whose knowledge is less inactive there are 8 (3.1%) while those who are active are 4 (8.9%). Of the 88 respondents whose knowledge was good, 18 (22.9) were inactive while 70 (65.1%) were active. The results of the chi square statistical test obtained a P-Value of $0.002 < 0.05$. So this states that there is a relationship between knowledge and cadre activeness. it states that of the 14 cadres who have incomplete facilities, 9 (3.6%) and 5 (10.4%) are active. Of the 86 respondents who had complete facilities, inactive cadres were 17 (22.4%) and active ones were 69 (63.6%). The chi square statistical test states if the P-value is $0.001 < 0.05$. So this states that there is a relationship between facilities and cadre activeness. states that of the 8 respondents less active cadre health workers as many as 7 (2.1) and an active 1 (5.9). While from health workers who are good cadres as many as 19 (23.9) and who are active as many as 74 (74.0). The chi square statistical test obtained a p-value ($0.000 < 0.05$), so this states that there is a significant relationship between health workers and the activeness of posyandu cadres.

Based on the *chi square statistical test*, it shows that age is related to the activity of posyandu cadres in the working area of the Pondok Meja Health Center in 2022 from the *p-value* = $0.001 < 0.05$. So this states that the age of posyandu cadres has a relationship with the role of a posyandu cadre to be able to take advantage of activities at the posyandu, age has a strict relationship for the adult level of a person who means maturity has the ability and expertise to perform tasks, many respondents in this study are 20-40 years old who enter the adult or productive age level. According to Boni & Dian (2021), the cadres of Puskesmas involved in posyandu activities are people who have a sufficient age psychologically capable in assisting the implementation of the posyandu program, the older a person is, the more technical and psychological maturity increases, the more able to make decisions, policies, the more able to think rationally, control emotions and be tolerant of other people's opinions. Age also affects the activeness of cadres in carrying out posyandu activities, a cadre who is getting older enough, the level of maturity and strength of a person will be more mature in thinking and carrying out posyandu activities (Rahayuningsih & Margiana, 2023)

In line with N. Rahayu Ningsih's research, (2023) the results of the study obtained the distribution of age and respondents, most of the respondents in the final adult category were 20 respondents. With a p-value of 0.023, it shows that there is a relationship between age and the activeness of posyandu cadres (Cindy Amini et al., 2023)

Based on *statistical tests in the study*, it was found that there was a relationship between education and the activeness of posyandu cadres in the work area of the Pondok Meja Health Center in 2022 with *p-value* = $0.028 < 0.05$. According to the results of research, cadre education is very important in the implementation of posyandu, if cadres with higher education can receive new information easily in carrying out their duties and roles as posyandu cadres. From the results of this study, researchers concluded that cadre education has a significant effect on the performance of posyandu cadres. According to Pujiati & Herlinawati (2020), the

level of education is the basis for developing insights and a means to make it easier for someone to receive new knowledge, attitudes and behaviors. The level of education is the basis for developing one's reasoning power to receive motivation. A person's educational background affects several categories of competence where the higher a person's education the higher the level of skills in interpersonal relationships and the higher the level of education a person gets, the greater the desire to utilize knowledge and skills (Pujiati, 2020)

The results of data analysis conducted in this study, active cadres with good knowledge were 18 people, while inactive cadres with less knowledge were 8 people. Based on the results of the statistical test of the study, a p-value of $0.002 < 0.05$ was obtained. This shows that there is a relationship between knowledge and the activeness of posyandu cadres in the working area of the Pondok Meja Health Center in 2022. According to (Notoatmodjo 2018) Knowledge is a high realm in the creation of one's behavior. Which is included in one of the valuable factors in the process of carrying out posyandu activities. With the knowledge of cadres about posyandu, it can directly influence the behavior and obedience of cadres in supporting the implementation of the posyandu program. Good cadre knowledge about posyandu will be able to be more active in participating in ongoing posyandu activities (Aome et al., 2022)

Based on the results of research statistics, it shows that 17 active posyandu cadres with complete facilities and 9 inactive posyandu cadres with incomplete facilities. Based on *the chi square statistical test* with the results obtained P-Value $0.001 < 0.05$. So it states that there is a relationship between the completeness of facilities and the activeness of cadres. The availability of complete infrastructure facilities, if complete, can make cadres more active in their commitment to posyandu activities. If the infrastructure is ready, it can improve health services, so that the target can get good health services. What is incomplete about the facilities and infrastructure is that there are several posyandu that do not have special buildings and equipment that is still lacking in the working area of the pondok meja puskesmas from the results of an interview with one of the respondents, that was caused by lack of funding from the local government and delays in the construction of special buildings for posyandu.

This is also in line with Indrilia's research, 2021 which shows the results of research in which complete infrastructure facilities affect the activity of posyandu cadres in East Simeulue sub-district, Simeulue Regency and According to Indrilia, Efendi, & Safitri, (2021) The availability of complete infrastructure facilities makes careers more active in carrying out their duties and functions in posyandu activities (Cindy Amini et al., 2023).

The results of data analysis conducted in this study found that there were 73 cadres actively participating both and feeling the role of officers, while cadres who were inactive and felt the lack of role of health workers were 7 people. Based on the results of the research statistical test, the p-value ($0.000 < 0.05$) shows that there is a relationship between health workers and the activeness of posyandu cadres in the work area of the Pondok Meja Health Center in 2022.

The performance of Public Health Extension workers (PKM) plays an important role in the implementation of health promotion programs at Puskesmas. So far, health promotion officers are only limited to health extension workers who are in charge of providing information. Even though a health promotion officer not only provides information but can act as an educator, peddler (agent of change), companion, advisor, and advocate. Close relationships between health care workers and communities are critical and should be a two-way process. Health workers must be responsive to the needs of the communities they serve. The professionalism of the performance of health promotion officers is influenced by the education and training that has been followed, namely to improve knowledge, skills and abilities in carrying out duties and responsibilities (Liana fitriani hasymi, 2022)

In line with the research of Selamat Riza Fahlevi (2022), there is a relationship between the role of health workers and the activeness of cadres with a p-value of 0.000. Shows that

there is a statistically significant relationship between the support of the role of health workers and the activeness of cadres (Fahlevi et al., 2022)

LIMITATION OF THE STUDY

Data is obtained through filling out questionnaires from respondents with subjective in filling them out because they are based on what is still lingering in the memories of the respondents. Bias for information in all studies is likely to be unavoidable and mileage for studies that are far away and there are some respondents who are difficult to meet.

CONCLUSIONS AND RECOMMENDATION

Based on the results of the study indicate that there is a relationship between age, education, knowledge, completeness of facilities and health workers with the activeness of cadres. With a p-value <0.05 . For cadres who are less active in order to be more active and active again in various posyandu activities and if there is training held by health workers will attend it more often and for the selection of new cadres prioritizing the age of cadres with an age range of 20-40. And for the Pondok Meja Health Center to help complete the infrastructure in the posyandu in order to launch posyandu activities that take place and so that posyandu cadres are more active and eager to carry out their duties as posyandu cadres.

REFERENCES

- Aome, L. N., Ilmu, P., Masyarakat, K., Gizi, B., & Masyarakat, K. (2022). *Faktor-faktor Yang Berhubungan Dengan Keaktifan Kader Posyandu Di Wilayah Kerja Puskesmas Baumata Tahun 2021*. 1(3), 418–428. <https://doi.org/10.55123/sehatmas.v1i3.693>
- Buku-Pedoman-Umum-Pengelolaan-Posyandu-1*. (n.d.).
- Cindy Amini, Ridwan, M., & Ningsih, V. R. (2023). Faktor yang Berhubungan dengan Keaktifan Kader dalam Pelaksanaan Posyandu selama Masa Pandemi Covid-19. *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal*, 13(3), 709–720. <https://doi.org/10.32583/pskm.v13i3.950>
- Dinas Kesehatan Provinsi Jambi. (2019). Profil Kesehatan Jambi. *Dk*, 53(9), 1689–1699.
- Fahlevi, S. R., Sabri, R., & Fernandes, F. (2022). *Jurnal Kesehatan*. 3, 442–448.
- Liana fitriani hasymi, azmi yunarti, ratna restapaty, rahmayanti fitriah. (2022). hubungan pengetahuan dan motivasi kerja dengan perilaku tenaga kesehatan dalam penatalaksanaan promosi kesehatan di puskesmas kota banjarbaru. Vol 8;2022. *Healthy Tadulako Journal (Jurnal Kesehatan Tadulako)*, 9, 1–8.
- Mahendra, D., Jaya, I. M. M., & Lumban, A. M. R. (2019). Buku Ajar Promosi Kesehatan. *Program Studi Diploma Tiga Keperawatan Fakultas Vokasi UKI*, 1–107.
- Pujiati, H. (2020). Faktor-Faktor Yang Berhubungan Dengan Keaktifan Kader Posyandu. *Jurnal Kesehatan*, 10(1), 51–58. <https://doi.org/10.38165/jk.v10i1.8>
- Rahayuningsih, N., & Margiana, W. (2023). Hubungan Tingkat Pengetahuan Kader Posyandu Dengan Keaktifan Kader Dalam Kegiatan Posyandu Bayi Balita Di Desa Kebarongan Kecamatan Kemranjen. 0231, 87–95.