

Analysis Of Factors Influencing The Performance Of Posyandu Cadres In An Effort To Reduce Mmr And Imr In The Community Health Center Area Of Banjar District

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ABSTRACT

Posyandu is a strategic step in developing the quality of Indonesia's human resources to be able to build and help themselves. The lack of posyandu implementation has an indirect impact on the achievement of MMR and IMR, which cannot be separated from the role of cadres. The number of posyandu in South Kalimantan Province in 2023 was 4,013. Meanwhile, Banjar District has the highest number of inactive posyandu at 57 posyandu (61.29%) out of a total of 93 inactive posyandu in South Kalimantan Province. The percentage of active posyandu in Banjar District at 90.07% is the lowest and lower than the provincial average percentage of 98.25%. The current inactive posyandu indicates that the performance of the posyandu has not been optimized. According to Gibson (1996) performance can be determined by several influencing factors including individual factors, psychological factors and organizational factors. Meanwhile, according to Merwe (2008) performance is influenced by motivation, appreciation or reward, leadership and domicile. This study aims to analyze the factors that influence the performance of posyandu cadres. The method used in this study was analytical observational with a cross sectional approach with a sample size of 97 posyandu cadres in Banjar District. The sampling technique used purposive random sampling. The results showed that there was a relationship between training ($p=0.0001$) and there was no relationship between incentives ($p=1.000$), leadership ($p=0.747$) and domicile ($p=0.798$) with the performance of posyandu cadres in an effort to reduce MMR and IMR in the Banjar District Health Center working area. This study shows the importance of training in improving the performance of posyandu cadres and suggests that policies focus on increasing the capacity of posyandu cadres.

Keywords: Performance, Cadres, Posyandu.

INTRODUCTION

Healthy and qualified human resources are the main asset or investment in health development. Health, education and economy are three pillars that greatly affect the quality of life of human resources. Integrated service post (Posyandu) is one form of community-sourced health services (UKBM) that is managed and organized from the community, by the community, for the community and together with the community in the implementation of health development, in order to empower the community and provide convenience to the community in obtaining basic health services, especially to accelerate reducing maternal and infant mortality rates (1).

Posyandu in its implementation is assisted by officers called posyandu cadres. Posyandu cadres are the main drivers in the implementation of posyandu. Posyandu cadres have a very important role in posyandu activities. In the implementation of posyandu activities, cadres are required to be active in promotive and preventive activities, as well as motivators for community members. The role of cadres is very important because cadres are responsible for implementing the posyandu program, if cadres are not active, the implementation of posyandu will also be unsuccessful and as a result the nutritional status of infants or toddlers cannot be known early (2).

The number of posyandu in South Kalimantan Province in 2023 was 4,013 posyandu and 93 posyandu were inactive. Meanwhile, Banjar District has the highest number of inactive posyandu at 57 posyandu (61.29%). The percentage of active posyandu in Banjar District at 90.07% is the lowest and lower than the provincial average percentage of 98.25%. The current inactive posyandu indicates that the performance of the posyandu has not been optimized (3).

The lack of Posyandu implementation also has an indirect impact on the achievement of Mother Mortality Rate (MMR) and Infant Mortality Rate (IMR), which cannot be separated from the role of cadres. Cadres are very important in Posyandu because they are the frontline of the implementation of Posyandu, cadres have the task of managing the implementation of Posyandu starting from preparation, implementation, and post implementation of Posyandu every month. If the posyandu is not active as a result, mothers of babies do not get health counseling about normal babies' growth, do not get vitamin A for the health of babies' eyes and mothers of babies do not get provision and counseling about additional food (PMT) and cannot monitor the growth and development of their babies. In addition to the program organized by Posyandu, it is very important that the performance of Posyandu cadres also needs to be improved (4). Performance is the result of work in quality and quantity that a person achieves in carrying out tasks in accordance with the responsibilities given to him (5).

According to Gibson (1996) performance can be caused by several influencing factors such as individual factors in the form of abilities and skills, background and demographics, psychological factors such as perceptions, attitudes, personality, learning and motivation then organizational factors such as resources, leadership, rewards, organizational structure and job design (6). Meanwhile, according to Merwe (2008), performance is influenced by motivation, rewards, leadership and domicile. The active role of cadres is crucial to the implementation and improvement of posyandu. Inactive cadres are cadres who are registered in the cadre data but do not perform and are not involved in posyandu activities. The absence and inactivity of cadres in posyandu activities can result in the lack of progress in the implementation of posyandu and also the absence of early detection of the nutritional status of infants and toddlers (7).

RESEARCH METHODS

The method used in this study is analytical observational which analyzes the data collected and searches for the influence between variables. This research design uses a cross-sectional design, which is by making measurements or observations at the same time on each research variable. The dependent variables of this study are Incentives, training, leadership and domicile then the independent variable is the performance of posyandu cadres. The population in this study were all posyandu cadres in the community health center area of Banjar District in 2023 which amounted to 2,995 people. The research sample was posyandu cadres who fulfilled the inclusion and exclusion criteria with a sample size of 97 posyandu cadres who were spread across in the community health center area of Banjar District. The sampling technique used purposive random sampling. Data were analyzed using SPSS 26. The study used instruments in the form of questionnaires.

RESULTS AND DISCUSSION

Research Results

The table below shows the frequency distribution of respondents' characteristics.

Table 1: Frequency Distribution of Respondent Characteristics

Respondent Characteristics	Frequency	Percentage (%)
Age		
25-44 years	90	93
44-60 years	7	7
60-75 years	0	0
Gender		
Female	97	100
Male	0	0
Period of Employment		
< 5 Years	55	57
> 5 Years	42	43
Last Education		
Elementary School	14	14
Junior High School	44	45
Senior High School	28	29
3rd diploma/ Equivalent	3	4
4th diploma / Bachelor's Degree	8	8
Total	97	100

Source: Primary data Year 2024

Table 1 shows that of the 97 respondents, most were at the age of 25-44 years, which was 90 respondents (93%). All 97 respondents were female (100%). The majority of respondents with less than 5 years of service were 55 respondents (57%) and the last education of the respondents was mostly at junior high school / equivalent, which was 44 respondents (45%).

Univariate Analysis

The table below shows the results of the univariate analysis of factors affecting the performance of posyandu cadres in the community health center area of Banjar District.

Table 2: Univariate Analysis Results

Variables	Frequency	Percentage (%)
Incentives		
Yes	96	99
No	1	1
Training		
≤ 3	73	75
≥ 3	24	25
Leadership		
Good	85	88
Less	12	12
Domicile		
≥ 1 km	78	80
≤ 1 km	19	20
Performance		
Good	68	70
Less	29	30
Total	97	100

Source: Primary data for 2024

Based on table 2 of the univariate analysis results, the frequency distribution of incentives shows that most posyandu cadres receive incentives with a certain amount on a regular basis as many as 96 respondents (99%) and only 1 respondent (1%) did not receive incentives. The majority of respondents considered the incentives provided were still in the sufficient category, with some of them feeling that the incentives were inadequate to support their activities as cadres. The results showed that most posyandu cadres had attended training related to maternal and child health. Most respondents attended training at least once a year. There were 73 (75%) respondents who attended training ≤ 3 times a year and 24 (25%) respondents who attended training ≥ 3 times a year.

Based on the leadership style, the results showed that respondents had different perceptions of the leadership style in the posyandu. Most cadres felt that the leadership applied was participatory and supportive, although there were some who felt less involved in the decision-making process. Respondents who reported leadership in the good category were 85 respondents (88%) and leadership in the poor category were 12 people (12%).

The results also show that the majority of posyandu cadres live near the posyandu location. The distance between residence and posyandu location is generally not a major obstacle, although some cadres reported that long distances affected their frequency of attendance at posyandu activities. Based on Table 2, there were 78 respondents (80%) with domicile ≥ 1 km and 19 respondents (20%) with domicile ≤ 1 km.

While the performance of cadres research results show cadres with good performance as many as 68 respondents (70%) and less performance as many as 29 respondents (30%). The active role of cadres is crucial to the implementation and improvement of the posyandu program. Inactive cadres are cadres who are registered in the cadre data but do not implement the program and are not involved in posyandu activities. The absence and inactivity of cadres in the posyandu program can result in the poor implementation of the posyandu program and also the absence of early detection of the nutritional status of infants and toddlers (7).

Bivariate Analysis

The table below shows the results of the bivariate analysis of factors affecting the performance of posyandu cadres in the community health center area of Banjar District.

Table 3: Bivariate Analysis Results

Variables	Performance		P-Value
	Good	Less	
Incentives			
Yes	67	29	1,000
No	1	0	
Training			
≤ 3	44	29	0,000
≥ 3	24	0	
Leadership			
Good	60	25	0,747
Less	8	4	
Domicile			
≥ 1 km	55	23	0,798
≤ 1 km	13	6	
Total	97	100	

Source: Primary Data for 2024

Bivariate analysis showed that there was no significant relationship between the provision of incentives and the performance of posyandu cadres with a value of ($p = 1.000$). Although material incentives are provided, this does not directly affect cadres performance, which can be influenced by intrinsic motivation and personal satisfaction in serving the community. There is a significant relationship between training and the performance of posyandu cadres with a value of ($p=0.0001$). Cadres who frequently attend training are likely to perform better than those who rarely or never attend training. Training is proven to increase the knowledge and skills needed to perform their duties effectively.

Bivariate analysis showed that there was no significant relationship between leadership style and performance of posyandu cadres with a value of ($p=0.747$). Although participative leadership is considered positive, it does not directly impact on cadre performance, which may be more influenced by other factors such as training and community support. No significant relationship was found between domicile and posyandu cadre performance with a value of ($p=0.798$). This indicates that distance from the posyandu is not a major factor affecting cadre performance, as many cadres remain active even though they live relatively far from the posyandu.

DISCUSSION

The results of this study indicate that there is a significant relationship between training and the performance of posyandu cadres. This can be interpreted that posyandu cadres who participate in regular training are likely to have better performance than cadres who do not participate in training. Training has an important role in improving the knowledge, skills and attitudes of cadres in carrying out their duties, so that they are able to provide better services to the community. Research by Rusmalayana et al (2023) also supports these findings. The results showed that continuous training has a significant contribution to improving the performance of posyandu cadres. Posyandu cadres who routinely attend training are likely to show better performance than those whose cadres do not receive training. Continuous training provides cadres with an improvement in knowledge, skills, and motivation, which in return increases their effectiveness in carrying out their duties and responsibilities in the posyandu (8).

Some other studies also support these findings, which show that effective training programs are directly related to improving the quality of services provided by posyandu cadres. According to Handayani's research (2022) the p value is 0.002, it can be concluded that there is a relationship between training and the performance of posyandu cadres. Training is a series of individual activities in improving skills and knowledge systematically so that they are able to have professional performance in their fields. Training is a learning process that enables employees to carry out current work according to standards. Without continuous training, cadres may not be able to face challenges and changes in public health needs, which can result in a decrease in overall posyandu performance (9).

However, the results also showed that there was no significant relationship between domicile, incentives, and leadership with the performance of posyandu cadres. The absence of a relationship between domicile and cadre performance may be due to other factors that are more dominant in influencing performance, such as intrinsic motivation of cadres or support from family and the surrounding community (10).

In addition, giving incentives, which is expected to increase cadres' motivation, did not show a significant relationship with their performance. This may be due to the low amount of incentives provided or because posyandu cadres are more motivated by non-material factors such as personal satisfaction and community service. Previous research by Putri and Setyadi (2023) also indicated that although incentives can influence motivation in the short term, they are not strong enough to influence overall performance in the absence of other

support such as training or recognition from the community. there is no relationship between incentives and the performance of posyandu cadres at Manahan Health Center. Based on the results of the analysis also obtained an OR value of 1.714 which means that cadres who get incentives have a risk of performance 1.714 times higher than cadres who do not get incentives (11).

Finally, the results of this study also show that leadership does not have a significant relationship with the performance of posyandu cadres. This may be due to the more horizontal and collaborative organizational structure of posyandu, where formal leadership does not always play a dominant role in determining individual performance. Instead, the influence of fellow cadres and community involvement may be greater in influencing their performance. Research by Supriyatno (2017) states that there is no relationship between leadership and the performance of elderly Posyandu cadres in Sukoharjo District, Pringsewu Regency in 2016. Leadership is closely related to human relations, leadership is defined as the process of influencing others to support the achievement of relevant organizational goals (12).

CONCLUSIONS

The results of this study show the importance of training in improving the performance of posyandu cadres and recommend that policies focused on capacity building through training may be more effective than an emphasis on material incentives or formal leadership. Further research is needed to understand other factors that may contribute to cadre performance and how the interaction between these factors can be optimized to improve posyandu services.

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