



Analysis of the Role of Health Integrated Post Cadres in Nutrition Services for Toddlers

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Abstract

Integrated Service Post or better known as POSYANDU is a means of empowering public health because the implementation model is activated and initiated by the community in line with the needs of each community. The purpose of this study was to determine the role of cadres and barriers to Posyandu cadres in nutritional services for toddlers in Ngijo Hamlet, Karangploso Community Health Center, Malang Regency. This research uses descriptive qualitative method. There were 10 informants in this study, consisting of 4 mothers with toddlers, 4 posyandu cadres, 1 health worker and 1 posyandu chairperson. Data analysis used descriptive qualitative and the validity of the data used was data triangulation. The results showed that the cadres had not fully implemented their role in nutritional services for children under five. The obstacle experienced by cadres is the lack of knowledge of cadres about posyandu, especially about malnutrition because they do not receive training. The conclusion in this study is that the role of posyandu cadres in nutritional services for children under five in Ngijo Hamlet, Karangploso Public Health Center, Malang Regency has not been implemented optimally. It is recommended to posyandu cadres and posyandu officers to further improve the knowledge and skills of posyandu cadres, especially in terms of nutrition for toddlers and increase counseling programs to mothers about posyandu and the benefits of implementing posyandu for mothers and toddlers.

Introduction

Health development is an investment in improving the quality of human resources. In line with the 3rd National Development agenda, increasing quality and competitive human resources, the health sector must continue to be supported to improve health services towards universal health coverage with an emphasis on strengthening basic health services (Primary Health Care) (Ministry of Health RI., 2020).

Based on the Regional Autonomy Law no. 22 and 25 of 1999, the government has the power to implement health development programs. The government's goal in carrying out the development process is to improve the health status of the community. The health sector is heavily influenced by various sectors, especially from the poverty sector (Prof. Dr. Ir. Pudji Muljono, 2021).

The development program is not only seen from an economic or concrete physical perspective, but development in the health sector is included in the program that needs special attention. Development is a communication process or delivery of intentions or messages carried out by a person or group in order to change a person's attitude, behavior or opinion to achieve a better renewal (Triyono & Wibowo, 2018).

The health development targets to be achieved are in accordance with the National Medium-Term Development Plan by improving the health status and nutritional status of the community through health efforts and community empowerment supported by financial protection and equitable distribution of health services (Kemenkes RI, 2020).

Community empowerment is an effort to increase the dignity of people who are in poor conditions, so that they can escape the trap of poverty and underdevelopment. Community empowerment is not only developing the people's economic potential, but also the dignity, self-confidence and self-esteem, real preservation of local cultural values (Zubaidi, 2013).

The community empowerment process is aimed at strengthening efforts to improve quality basic health services in rural areas. The facilitation of the community empowerment process involves strengthening the will and ability, so that rural communities are actively involved in the field of public health (Zubaidi, 2013).

One form of community empowerment is the existence of UKBM (Community Based Health Efforts) and the community empowerment stage is carried out, starting from the introduction of village conditions, introspective surveys, village community deliberations, participatory planning, implementation of activities and sustainability development. One form of UKBM is Posyandu, which is institutionally a Village Community Institution (Ministry of Health, 2019).

Integrated Service Post or better known as POSYANDU is a means of empowering community health because the implementation model is activated and initiated by the community in line with the needs of each community. Posyandu is a form of Community Based Health Efforts (UKBM) managed from, by, to, and with the community, in order to empower the community and provide convenience to the community in obtaining basic health services (RI, Ministry of Health, 2012).

The existence of a posyandu in the midst of the community has a very large role, because it involves the fulfillment of very vital needs for the health of mothers and children. Thus, it is necessary to increase the knowledge and understanding of posyandu cadres regarding the process of effective posyandu management (Tse et al., 2017).

The function of cadres for posyandu is very large, starting from the posyandu pioneering stage, liaising with institutions that support the implementation of posyandu, as implementing planners and as coaches and as extension workers to motivate people who participate in posyandu activities in their area (Vinella Isaura, 2011). Based on Riskesdas 2018, Indonesia has 17.7% underweight children. For the Stunting category (TB/U), Indonesia in 2018 was 30.8% in 2018. Children who experienced wasting (BB/TB) in 2018 were 10.2% (Determinants et al., 2021). The results of the 2016 Nutritional Status Monitoring (PSG) in East Java Province regarding cases of malnutrition in 2018 were 13.40% of cases (Central Statistics Agency, n.d.).

The presence or absence of child nutrition problems in an area is not far from the contribution of the role of posyandu cadres. Technically, the duties or roles of cadres related to nutrition are to collect data on children under five, weigh and record it in the card towards health (KMS), provide additional food, distribute vitamin A, conduct nutrition counseling and home visits to mothers who have toddlers. Cadres are expected to play an active role and be able to become drivers, motivators and community educators (Onthonie et al., 2015).

In its movement, posyandu is monitored by selected cadres from their own regions who are trained to carry out routine activities at posyandu and outside posyandu opening days. Posyandu cadre is a person who because of his skills or abilities is appointed, elected and or appointed to lead the development of posyandu in a place or village. The role of the cadre itself is to monitor the growth of children or toddlers, to conduct counseling related to maternal and child health so that the community knows and is able to practice what needs to be considered in handling children, pregnant women or breastfeeding mothers and provide assistance to

mothers who are not healthy or sick if some need to be referred to the hospital (Juliati et al., 2019).

Increasing community participation can be through the formation of cadres. The role of cadres in improving the nutrition of children under five is very important in improving the function and performance of the Posyandu, which is primarily in monitoring the growth of children under five by revitalizing the posyandu. In carrying out their duties, the role of cadres is very important because they are responsible for implementing the posyandu program.

Cadres are community workers who are considered closest to the community. The Ministry of Health makes a training program for health cadres so that health cadres in the village will have more knowledge. The presence of cadres is often associated with routine services at the posyandu. So that a posyandu cadre must be willing to work voluntarily and sincerely, willing and able to carry out posyandu activities, and willing to mobilize the community to carry out and participate in posyandu activities.

A preliminary survey conducted in May 2022, the profile of the Karangploso Health Center in 2021 that out of 1126 toddlers in the Karangploso Health Center area, there were 68 toddlers or 3.58% experiencing malnutrition. Based on the recording and reporting of the 2021 Permata XI posyandu cadres in Ngijo Hamlet as many as 46 children were brought to the posyandu out of a total of 68, this shows that not all people are motivated to involve the posyandu function in their activities. Lack of motivation from the community is also influenced by the low level of public education so that influence the process of receiving information to increase public knowledge. For the coverage of under-five nutrition at Posyandu Permata XI, Ngijo Hamlet, out of 68 children under five, there are 8 under-fives experiencing malnutrition or 11.7%, the percentage is higher than the Puskesmas level, this is an early sign of children experiencing malnutrition which requires monitoring and improvement of nutrition in infants. so as not to continue to be malnourished.

The report on the achievement of the SKDN program in 2021 has not met the target, where the achievement of the SKDN Program Management in the Karangploso Health Center working area in 2021 D/S is 59% of the Minimum Coverage Target is 77% and the results of achieving the target in toddlers gaining weight (N/D) are as much as 77% of the Minimum Coverage Target is 82%, this illustrates that the level of community participation in weighing activities and monthly weight gain for toddlers has not been carried out optimally. Many mothers do not regularly check their children at the posyandu for several reasons, that after being immunized there are many impacts, such as swelling in the area or limb that is immunized and the child usually has low or high fever, and for mothers who have work they are more concerned with work than take her child to the posyandu.

Improving the function and performance of the posyandu is a concern for all parties, so that the success of the posyandu is a shared responsibility. One of the most basic posyandu problems is the low level of knowledge of cadres both from an academic and technical perspective. cadres as a whole, namely the head of the posyandu cadre, so that the community only depends on one person and also from the 5 cadres, one cadre is less active in Posyandu activities due to the lack of support from her husband who has to prioritize homework.

The lack of participation and knowledge of the community regarding the work program at Posyandu Permata XI Dusun Ngijo, the working area of the Karangploso Health Center, indicates that the role of cadres has not been carried out optimally. In addition, the presence of malnourished children who have the opportunity to experience malnutrition indicates that the mother's lack of knowledge in providing nutrition, as well as the lack of ability of cadres to carry out nutrition counseling and counseling. Factors inhibiting the role of Posyandu cadres must be solved, because they can affect public health. The working area of the Karangploso Health Center in Ngijo Hamlet, Ngijo Village, Karang Ploso District, Malang Regency.

Methods

This study uses a qualitative descriptive method, which examines objects that reveal the phenomena that exist contextually through the collection of data obtained, by looking at the elements as a unit of interrelated study objects and then describing them. The phenomenon can be in the form of forms, activities, characteristics, changes and differences between one phenomenon and another. Mothers who have toddlers are 4 people, Posyandu Cadres 4 people. 1 health worker and 1 head/leader of Posyandu. Obtained from the Ngijo Public Health Center, Malang Regency. Documentation of health service activities.

Descriptive analysis is carried out to analyze sorting them into manageable units, synthesizing them, finding and determining patterns, finding what is important and what is learned, and deciding what can be told to others through the stages of data reduction, presentation and conclusion drawing.

Results and Discussion

Qualitative Analysis

Characteristics of Informants

The key informants in this research are breaking them down into manageable units, synthesizing them, finding and determining patterns, discovering what is important and what is learned, and deciding what to tell others.

Results of Waw 1. The Role of Cadres in Nutrition Services for Toddlers in Ngijo Hamlet, Working Area of Karangploso Public Health Center, Malang Regency.

The informant said that the results of the interview showed that the cadres carried out community mobilization and empowerment by carrying out their duties before the Posyandu was implemented. Every month the cadres invite mothers to take their toddlers to the posyandu to be weighed, given immunizations, given additional food. From the interview with the parents of the toddlers above, it was found that the answers from the cadres were the same as the results of the interviews. From the results of the interview, it was found that the cadres provided socialization about the schedule and place for the implementation of the posyandu, the benefits of the posyandu as well, about the service provided at the posyandu starting from table 1 to table 5. From the results of the interview, it was found that the cadres had disseminated information or notifications to mothers of toddlers about the schedule and location of the posyandu implementation via SMS, telephone and home visits. The results of the interview explain that when posyandu cadres carry out their functions, namely cadres record the results of toddler scales into the KMS at table 3 after weighing, then at table 4 cadres provide individual counseling recommending additional feeding as often as possible and maintaining cleanliness by using pink books / MCH books . cadres always listen to complaints made by mothers and provide explanations to the extent they are able and if cadres cannot explain they will be accompanied by health workers. The results of the interview explained that the cadres carried out their functions at the time of the posyandu implementation, namely registering at table 1, weighing at table 2, recording at table 3, giving PMT, giving vitamins, giving blood boosters, giving ORS at table 4. The results of interviews and conclusions can be seen more clearly.

The Role of Cadres as Community Health Services in Nutrition Services for Toddlers in Ngijo Hamlet, Work Area of Karangploso Public Health Center, Malang Regency.

The cadres have carried out their roles and duties as public health services in nutrition services for toddlers. It was clearly seen before and during the posyandu implementation

where the cadres did not forget to remind mothers who have baita to take them to the posyandu to monitor the growth and development of toddlers.

The Role of Cadres as Health Extension Providers in Nutrition Services for Toddlers in Ngijo Hamlet Working Area of Karangploso Public Health Center, Malang Regency

The cadres have not fully carried out their role as providers of health counseling in Nutrition services for Toddlers because the cadres lack knowledge about nutrition in toddlers, causing the cadres to be less active and prefer to ask mothers directly to health workers.

The Role of Cadres as Community Empowerment in Nutrition Services for Toddlers In Ngijo Hamlet, Karangploso Community Health Center, Malang Regency.

The informant said that he assumed that the cadres had not yet fully carried out their role as community empowerment in Nutrition services for Toddlers because the cadres only had insufficient knowledge of nutrition in toddlers so that when conducting socialization they only conveyed about nutrition in general and at a glance.

The Role of Cadres as Monitoring in Nutrition Services for Toddlers in Ngijo Hamlet, Karangploso Community Health Center, Malang Regency.

Through the active role of cadres to carry out their duties during posyandu implementation and work with full responsibility, they can provide positive stimulation to mothers who have toddlers to routinely bring their children to the posyandu and check the condition of the health development of children under five.

Barriers to Cadres in Nutrition Services for Toddlers In Ngijo Hamlet Working Area of Karangploso Health Center, Malang Regency

From the results of interviews with several informants regarding the obstacles to cadres in implementing posyandu activities in the working area of the Karangploso Health Center, Malang Regency, the informants stated that the lack of knowledge of cadres about the implementation of posyandu was because cadres had never received training on posyandu implementation. In addition, cadres face obstacles in terms of opening time for posyandu at 08.15 am where cadres must be present before starting posyandu activities to prepare.

The Role of Cadres as Public Health Services in Nutrition Services for Toddlers

The role of cadres as public health services in nutrition services for toddlers shows that before the implementation of posyandu cadres disseminate information, invite the community to come to the posyandu to monitor the growth and development of toddlers, coordinate with cadres in the division of tasks and preparation of places, equipment, provision of supplementary food on time. the implementation of posyandu at table 1 registers at table 2 weighing, at table 3 recording is filling out the results of the scales into the KMS/KIA book at table 4 conducting counseling and providing additional food and at table 5 assisting health workers in administering drugs.

The results of this study are in line with research conducted by Sunarto (2017) with the research title The Role of Posyandu Health Cadres During Posyandu in Efforts to Improve the Nutritional Status of Toddlers. The results of the research show that at the time of posyandu, cadres first prepare for posyandu activities such as preparing baby scales, KMS, measuring instruments for baby's head circumference and arm circumference as well as other teaching aids.

The Role of Cadres as Health Counseling Providers in Nutrition Services for Toddlers

The implementation of posyandu activities in Ngijo Hamlet, Karangploso Community Health Center, Malang Regency, on health education providers in Nutrition services for Toddlers, it appears that cadres are less able to provide counseling to community groups both during posyandu and outside posyandu activities because they have never received training and knowledge. so they lack the knowledge and ability of cadres, especially about nutrition in toddlers. So that in providing counseling, training, workshops, seminars for cadres are needed which are useful for increasing cadre knowledge.

The Role of Cadres as Community Empowerment in Nutrition Services for Toddlers

The role of cadres as community empowerment in nutrition services for toddlers is to provide socialization about healthy nutrition to toddlers during home visits, assist health workers in managing posyandu activities, help monitor village evaluation activities such as filling out registers and filling out KMS (Health Cards).

The results of this study are in line with research conducted by Sunarto (2017) with the research title The Role of Posyandu Health Cadres During Posyandu in Efforts to Improve the Nutritional Status of Toddlers. The results of the research show that outside of posyandu activities, cadres transfer notes on the results of posyandu implementation in KMS in the register book or cadre assistance book, evaluate activity results and plan future activities from posyandu, carry out group and individual counseling by visiting the house of mothers who have problems regarding nutritional status.

The Role of Cadres as Monitoring in Nutrition Services for Toddlers

Monitoring in nutrition services for children under five shows that cadres play an active role. The implementation of posyandu activities has a good impact on improving the nutritional status of toddlers in the Karangploso Health Center Work Area.

Through the active role of cadres to carry out their duties during posyandu implementation and work with full responsibility, they can provide positive stimulation to mothers who have toddlers to routinely bring their children to the posyandu and check the condition of the health development of children under five.

Barriers to Cadres in Nutrition Services for Toddlers

Lack of knowledge of cadres about posyandu implementation because cadres have never received training on posyandu implementation. In addition, cadres face obstacles in terms of opening time for posyandu at 08.15 in the morning where cadres must be present before starting posyandu activities to prepare all the necessities used to facilitate posyandu activities.

Posyandu cadres are often reorganized, so that they always require continuous direction to new cadres. With these continuous changes, the activities of cadres experience difficulties, so that when the division of tasks for posyandu cadres does not match expectations. The old cadre must first provide assistance to the new cadre, so that the old cadre's duties are concurrently.

The results of this study are in line with research conducted by Sari (2015), which states that the change of new management can result in cadres not having much experience and being less well known to visitors so that they lack communication when carrying out their duties. Therefore, in improving the skills of cadres, it is necessary to have support from various sectors for cadre training to be held that can improve the ability of cadres to provide services to the community.

Research Implications; (1) Posyandu management to better equip the facilities and infrastructure to support the smooth running of posyandu activities; (2) Health workers and provide counseling to cadres about nutrition for toddlers in order to increase the knowledge of cadres; (3) Cadres to improve their ability to manage posyandu as a health service facility for children under five; (4) To the community in Ngijo Hamlet so that they can provide motivation

and assistance at the Posyandu so that it can run well and smoothly; (5) The author hopes that this research can provide readers with an understanding of the role of posyandu cadres in improving the welfare of mothers and children in Ngijo Hamlet.

Research Limitations

In this study, it was found that the limitations possessed by the researcher were that this research was a beginner qualitative research so that there were still many shortcomings in this study because it was carried out with a short research time so that it could not describe the service for one year and the research data were interpreted by the researcher.

Conclusion

The role of cadres as public health services in nutrition services for Toddlers in Ngijo Hamlet, Karangploso Community Health Center, Malang Regency, which is already carrying out its role, namely by coordinating with the posyandu before the implementation of the posyandu in coordination with the cadres in the division of tasks and preparation of places, equipment, provision of Supplementary Food at the time of posyandu implementation in table 1 registers at table 2 weighing, at table 3 recording is filling out the results of the scales into the KMS/KIA book at table 4 conducting counseling and providing additional food and at table 5 assisting health workers in administering medicines. The role of cadres as providers of health counseling in nutrition services In Bali earlier, Ngijo Hamlet, Karangploso Health Center, Malang Regency, namely in the form of individual counseling based on the results of weighing mothers and toddlers or toddler nutrition, cadres have not fully carried out their role in providing counseling due to lack of knowledge of Extension cadres Nutrition is generally carried out by health workers from the Puskesmas, namely program holders. The role of cadres as community empowerment in nutrition services In Bali, Ngijo Hamlet, Karangploso Community Health Center, Malang Regency, namely cadres have not fully carried out their role as community empowerment, only providing socialization about healthy nutrition to toddlers during home visits, assisting health workers in managing activities posyandu, helping to monitor village evaluation activities such as filling out registers and filling out KMS (Kartu Towards Health). The role of cadres as monitoring in nutrition services at Balitadi Ngijo Hamlet, Karangploso Community Health Center, Malang Regency, namely cadres have carried out monitoring roles by making home visits accompanied by health workers to conduct periodic checks for sick mothers and toddlers and monitor toddlers who do not come to Posyandu Dua consecutive times. Factors that hinder cadres in nutrition services for Toddlers in Ngijo Hamlet, Karangploso Community Health Center, Malang Regency, namely first, in terms of human resources such as posyandu cadres who often experience information reform because there are cadres who leave, second, lack of knowledge of cadres, especially about nutrition in toddlers because there is no training for cadres so that cadres are less able to provide counseling in due to lack of knowledge. Fourth, the service time provided by cadres clashes with the task of taking care of the household.

Suggestion

Karangploso Public Health Center in Malang Regency to conduct trainings, workshops, seminars for posyandu cadres, especially regarding nutrition for toddlers or echelon, salaries, and bonuses.

For puskesmas, especially officers who are active in posyandu activities, it is recommended to further improve coordination with cadres and approach for families of less active cadres so that cadres can work actively.

For posyandu cadres to further increase knowledge about nutrition in toddlers so that they can perform their role optimally as counseling.

The Health Office is expected to provide motivation to all puskesmas by providing feedback, giving rewards to cadres as spearheads in the field in an effort to improve public health, making work plans for training proposals and intensive additions for Posyandu cadres and coordinating with the local government to pay attention to the need for facilities and infrastructure in terms of supporting cadre operations in the field.

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