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The Role of Cadres in the Implementation of Posyandu Activities in Pudun Jae Lk I Village, Batunadua Health Center Working Area, Padangsidimpu City, in 2025

Yolanda Putri[1], Meilani Harahap[2], Darma Afni Hasibuan[3], Rahmi Wahida Siregar[4], Seri Hafni[5], Layla Fadhilah Rangkuti[6]

[1,2,3,4,5,6] Akademi Kebidanan Matorkis (Matorkis Midwifery Academy), Padangsidimpuan, Indonesia

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Corresponding Author:

Yolanda Putri
Akademi Kebidanan Matorkis (Matorkis Midwifery Academy), Padangsidimpuan, Indonesia
Email,
darnanst@gmail.com

ABSTRACT

The Integrated Health Service Post (Pos Pelayanan Terpadu), better known as POSYANDU, serves as a means for community health empowerment because its implementation model is activated and initiated by the community, aligned with their respective needs. The role of cadres (health volunteers) in organizing Posyandu is crucial, as they are not only providers of health information to the community but also community mobilizers, encouraging people to visit the Posyandu and adopt clean and healthy living behaviors. The objective of this study was to determine the role of cadres in the implementation of Posyandu activities in Pudun Jae Lk I Village, within the working area of the Batunadua Health Center, Padangsidimpuan City, in 2025. This study used a 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 leader. Data analysis was conducted using qualitative descriptive methods, and data validity was ensured through data triangulation. The study results indicated that cadres had not yet fulfilled their roles in managing malnutrition among toddlers. Obstacles faced by the cadres included a lack of knowledge about Posyandu, particularly concerning malnutrition, due to a lack of training. The conclusion of this study is that the role of cadres in implementing Posyandu activities in Pudun Jae Lk I Village, Batunadua Health Center working area, Padangsidimpuan City, has not been carried out optimally. It is recommended that Posyandu cadres and officers enhance the knowledge and skills of cadres, particularly in toddler nutrition, and improve counseling programs for mothers regarding Posyandu and its benefits for mothers and toddlers.

Keywords:

Role, Cadre, Nutrition, Posyandu

1. INTRODUCTION

Health development is a critical investment for enhancing the quality of human resources in Indonesia. This aligns with the national development agenda to improve the quality and competitiveness of human resources, emphasizing the strengthening of primary health care. One of the primary goals of the National Health Development Plan (RPJMN) 2020-2024 is to improve community health and nutritional status through health efforts and community empowerment.

Community empowerment in the health sector is realized through Community-Based Health Efforts (UKBM), the most prominent of which is the Integrated Health Service Post (Posyandu). Posyandu is a community-driven initiative managed bythe community to provide essential health services.

Posyandu's success hinges on its volunteer health workers, known as cadres. Cadres serve as a crucial link between the community and the health system. They are expected to serve as information providers, community mobilizers, and health promoters. Their role is vital in monitoring child growth, particularly in the detection of malnutrition. The technical tasks of a cadre related to nutrition include collecting data on toddlers, weighing,

and recording growth in the Health Monitoring Card (KMS), providing supplementary food (PMT), and conducting nutritional counseling.

Despite this, nutritional problems persist. Nationally, Indonesia faces challenges with malnutrition, underweight (17.7%), and stunting (30.8%), as of 2018. This problem is also evident in the working area of the Batunadua Health Center (Puskesmas), which is the site of this study. Preliminary data from 2023 showed that 70 of 1223 toddlers (1.574%) in the area suffered from malnutrition. In the specific location of Posyandu Lk I Desa Pudun Jae, 3 out of 60 toddlers experienced malnutrition. Furthermore, community participation was low, with only 12 of the 60 registered toddlers attending the Posyandu and SKDN (growth monitoring) targets not met.

A significant underlying issue appears to be the cadres' capacity. Of the five cadres at the location, only one (the head cadre) fully understood their function. This indicates a gap in knowledge, especially regarding nutrition counseling, which hinders their ability to address malnutrition. This study aimed to analyze the role of cadres in the implementation of Posyandu activities, focusing on their performance in health services, counseling, community empowerment, and monitoring, specifically related to toddler malnutrition in Desa Pudun Jae.

2. METHOD

Study Design A descriptive qualitative method was used in this study. This approach was chosen to gain a deep contextual understanding of the phenomena, characteristics, and activities related to the role of posyandu cadres.

Location and Time The research was conducted at Posyandu Lk I in Desa Pudun Jae, which is within the working area of the Batunadua Health Center in Padangsidimpuan City. Data were collected from August 2025 to November 2025.

Informants A total of 10 informants were selected using purposive sampling based on their knowledge and relevance to the research topic. The participants included the following:

- 4 mothers with toddlers
- 4 Posyandu cadres
- One health worker (from Puskesmas)
- 1 Posyandu leader (Ketua Posyandu)

The Posyandu leader served as the key informant, while mothers, cadres, and health workers served as the main informants.

Data Collection Data were collected using three techniques.

1. **In-depth interviews:** To understand informants' perspectives on cadres' roles and the implementation of the Posyandu activities.
2. **Observation:** To observe informants' settings and execution of Posyandu activities.
3. **Documentation:** To review relevant documents, records, and notes related to Posyandu activities.

Data Analysis Data were analyzed using qualitative descriptive analysis, following the Miles and Huberman model. This process involved:

1. **Data Reduction:** Summarizing, selecting, and focusing on key findings from the raw data.
2. **Data Display:** Organizing the reduced data into narrative texts to understand the patterns.
3. **Conclusion/Verification:** Drawing conclusions from the displayed data, which were continuously verified throughout the study.

Data Validity The validity of the data was ensured using data triangulation. This involved **source triangulation** (comparing information from different informants, such as mothers, cadres, and health workers) and **method triangulation** (comparing data from interviews, observations, and documentation).

3. RESULTS AND DISCUSSION

In general, cadre roles in Posyandu activities in Pudun Jae Lk I Village has not been carried out optimally.

Aspect of Cadre Role	Research Findings
1. Role as Community Health Service Provider	Cadres have carried out basic duties such as disseminating information, inviting the community to attend Posyandu, conducting registration (Table 1), weighing (Table 2), and recording results in KMS/cadre notebooks (Table 3).
2. Role as Health Education Provider	Not optimal/less capable in providing nutritional education for toddlers. This role is largely handed over to and performed by health workers (Public Health Center nutritionists), as the cadres feel they lack knowledge and skills.

Aspect of Cadre Role	Research Findings
3. Role as Community Empowerment Agent	Cadres help socialize healthy nutrition during home visits and assist health personnel in managing Posyandu activities.
4. Role as Monitor	Cadres are able to identify malnourished toddlers based on weighing (weight and height), but actions and efforts to resolve nutritional problems are deferred to health workers.

Based on the analysis of interviews, observations, and documentation, the findings on cadres' roles were organized into the following themes.

1. **Role as Health Service Provider** Cadres were found to be active in performing the mechanical and logistical tasks of Posyandu. This included pre-Posyandu activities, such as disseminating information about the schedule via WhatsApp groups or home visits, preparing the venue, and organizing equipment.

   During Posyandu service days, cadres managed the "5-table" system. They successfully executed the following tasks:
   - **Table 1 (Registration):** Registering attendees and recording presence.
   - **Table 2 (Weighing):** Weighing toddlers and pregnant mothers.
   - **Table 3 (Recording):** Noting the weight on the Health Monitoring Card (KMS).
   - **Table 4 (Counseling/PMT):** Distribution of spplementary feeding (PMT), vitamins, and other basic health items.
   - **Table 5 (Health Services):** Assisting health workers (midwives) with services, such as immunization.
2. **Role as Health Counselor (Penyuluhan)** This role was found to be the weakest and not performed optimally.

   While cadres are presented in Table 4 (designated counseling table), they are largely deferred to the health worker.

   for explanations.
   - **Lack of Knowledge:** Cadres admitted that they lacked knowledge, particularly regarding nutrition. When asked, they provided general or incorrect definitions of "good nutrition" (e.g., "4 sehat 5 sempurna," an outdated concept).
   - **Reliance on Health Workers:** Mothers reported that when they had questions about nutrition, feeding practices, or growth, the cadres would refer them to the health worker.
   - **Superficial Counseling:** Cadre-led counseling was limited to basic reminders (e.g., "maintain your child's nutrition") or referring mothers to read the KIA (pink book) themselves, rather than explaining the content.
   - **No Group Counseling:** Cadres did not conduct group counseling sessions; these were led by the Puskesmas health worker.
3. **Role in Community Empowerment** Cadres actively mobilized the community by inviting mothers to attend Posyandu. They used various methods, including WhatsApp groups, announcements at community gatherings (such as *perwiritan* or prayer groups), and home visits. They also encouraged mothers to follow group counseling sessions led by a health worker.
4. **Role in Monitoring** Cadres fulfilled their monitoring role by recording growth data in the KMS (Table 3) and compiling SKDN reports after Posyandu day. For mothers who did not attend or have children identified with Poor growth and cadres would conduct home visits, although this was typically done *with* a health workers.
5. **Barriers (Hambatan) Faced by Cadres** The study identified several significant barriers preventing cadres from Optimally fulfilling their roles, particularly in counseling.
   - **Lack of Training:** This critical barrier. All cadre informants and health workers confirmed that cadres had **never received formal training** on Posyandu implementation or, specifically, on child nutrition. Their knowledge was based only on "socialization" (briefings) from health workers.
   - **Time Constraints:** Cadres are non-paid volunteers and most are housewives. They found it difficult to balance their household responsibilities with Posyandu duties, especially with the 8:15 AM starting time.
   - **High Cadre Turnover:** The Posyandu leader noted that the cadre turnover was high. This meant that new, inexperienced cadres were constantly joining, placing a heavier burden on the few experienced cadres who had to cover their duties.
   - **Community Factors:** Cadres also reported challenges from the community, such as mothers being too busy to attend or families refusing services such as immunization.

DISCUSSION

These findings revealed a significant discrepancy in cadre performance. While cadres successfully performed the logistical and administrative roles of a health service provider—preparing the venue and registering, weighing, and

recording—they failed to perform the substantive, knowledge-based role of a health counselor, particularly concerning nutrition. This aligns with previous research indicating that cadres often excel at mechanical tasks but struggle with counseling.

The central finding of this study was that this failure was a direct result of a lack of training. Cadres were expected to identify and manage malnutrition, but were never formally trained on what malnutrition is, how to identify it (beyond reading the KMS chart), or what specific counseling to provide. This lack of knowledge made them entirely dependent on Puskesmas health workers for any task requiring technical knowledge.

This gap has several signifiacant implications. The Posyandu system is designed for cadres to be the frontline defense for monitoring growth and preventing stunting. However, if cadres are unable to provide basic nutritional counseling, their role is reduced to simple data collection (weighing and recording). They have become passive assistants rather than active community health promoters. The low attendance (12/60 toddlers) and existing malnutrition cases at the site are likely exacerbated because the community perceives Posyandu as merely a place for weighing, not for receiving vital health solutions.

Barriers to time constraints and high volunteer turnover are common in community health programmes. However, these issues are magnified by the lack of training. As noted by Sari (2015), a high turnover means that new, untrained cadres are always present, weakening the system. This creates a cycle where experienced cadres are overworked and new cadres lack the confidence and skills to be effective, further discouraging them from staying.

4. CONCLUSION

The role of cadres in the implementation of Posyandu activities in Desa Pudun Jae Lk I has not yet been performed optimally. Based on the research objectives, the following conclusions were drawn:

1. **As Service Providers:** Cadres *have* fulfilled their role in the technical implementation of the 5-table system, including preparation, registration, weighing, recording, and assisting health workers.
2. **As Counselors:** Cadres *have not* fulfilled their role as health counselors, especially regarding toddler nutrition. Their counseling was limited to individuals and was superficial. This is due to a lack of knowledge, and all substantive counseling is deferred to Puskesmas health workers.
3. **As Community Empowerers:** cadres *have* fulfilled this role by socializing Posyandu activities, conducting home visits, and helping manage activities.
4. **As Monitors:** Cadres *have* fulfilled their monitoring role by conducting home visits (assisted by health workers) for high-risk or absent toddlers.
5. **Barriers:** The primary barriers are a lack of knowledge and skills due to no training, high cadre turnover, and time conflicts between volunteer duties and household responsibilities.

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