



## FACTORS ASSOCIATED WITH THE ACTIVENESS OF POSYANDU CADRES IN THE WORKING AREA OF THE KEBUN HANDIL HEALTH CENTRE IN 2023

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### Abstract

Cadres are an important element in every aspect of posyandu. The sustainability of posyandu is highly dependent on the main role of cadres. If the cadres are not active, the impact on the lack of monitoring of infant or toddler nutrition. This study aims to determine the factors associated with cadre activeness in the Kebun Handil Health Centre Working Area. Type of quantitative research with cross-sectional design. Sampling using random sampling with a sample size of 53 respondents. The analysis used was univariate and bivariate analysis with chi square test. The results showed there was a relationship between age ( $p=0.024$ ), occupation ( $p=0.017$ ), training ( $p=0.033$ ), knowledge ( $p=0.024$ ), motivation ( $p=0.032$ ), facilities ( $p=0.031$ ), and the role of health workers ( $p=0.047$ ) with the activeness of posyandu cadres. Age, occupation, training, knowledge, motivation, infrastructure, the role of health workers and family support are associated with the activeness of posyandu cadres in the Kebun Handil Health Centre Working Area. It is expected for Puskesmas to have a partnership with the village of posyandu implementation to foster public awareness of the existence of the posyandu program.

**Keyword:** Cadre Activeness, Knowledge, Motivation, Posyandu, Training

### INTRODUCTION

Posyandu is an extension of the Puskesmas that provides comprehensive health services and monitoring. Improving the role and function of posyandu is not only the obligation of government, but also the shared responsibility of all elements of society. The community selects cadres, individuals willing to voluntarily carry out various posyandu activities (Kemenkes RI, 2017). Cadres, guided by the Puskesmas, are essential for the success and direction of posyandu activities (Lewen, 2020). The lack of active cadres hinders the implementation of posyandu, leading to a deficiency in monitoring early childhood nutritional development, thereby affecting the program's success. Therefore, it is important to take action so that cadres can better monitor the health of pregnant women and the development of children. Community partnerships should also be built to maximize support and utilization of posyandu. Fast and accurate handling is expected

to reduce under-five mortality due to malnutrition (Subardiah, 2020).

The Ministry of Health (2020) states that there are several factors that are still obstacles to improving posyandu performance, including limited resources and inflexible posyandu information systems, difficulties in recruiting new cadres, increasing the capacity of cadres, a lack of community motivation, and a lack of guidance from pokjans and poka posyandu towards improving the quality of posyandu services (Agustina, 2023).

Based on a report from the Indonesian Ministry of Health in 2019, there were 296,777 Posyandu in Indonesia and 188,855 active Posyandu (63.6%). According to data from the Jambi Province health profile in 2022, the number of Posyandu in Jambi Province was 2,672 units. When viewed based on its activity, on average only (67.65%), or as many as 1,808 posyandu units, are active in Jambi Province (Ministry of Home Affairs, 2022). The number of inactive posyandu has an average of

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(32.33%), or as many as 864 units. Meanwhile, based on data from the Jambi City Health Office profile in 2022, the number of posyandu in Jambi City was 469 units. Based on data from the Jambi City Health Office in 2023, the Kebun Handil Health Center has 115 posyandu adres in the Kebun Handil Health Center working area, with the number of active cadres as much as (69.6%) and those who are less active as much as (30.4%).

Given the important role of posyandu cadres in supporting the implementation of posyandu activities, the authors are interested in knowing what factors are associated with the activeness of posyandu cadres in the working area of the Kebun Handil Health Center in 2023.

## RESEARCH METHODS

This type of research is quantitative with a cross-sectional approach. This research was conducted in the Working Area of Kebun Handil Health Center in April–May 2024. The study's population consisted of all cadres in the Kebun Handil Health Center Working Area. The Lemesshow formula, used to determine the sample size, yielded a total of 53 participants. The inclusion criteria included cadres who were willing to participate as respondents, those who had been registered as SK cadres issued by the Puskesmas and demonstrated good communication skills, and those who did not fill out research instruments.

Primary and secondary data sources were used in this study. The questionnaire used has been tested for validity and reliability. Data processing stages include editing, coding, data entry, cleaning, and tabulation. The data analysis used was univariate and bivariate. Univariate analysis was used to characterize the independent and dependent variables. Bivariate analysis was used to see the relationship between the independent and dependent variables, which was then analyzed using the chi square test with a 95% confidence level.

## RESULT AND DISCUSSION

### Respondent Characteristics

According to Table 4.1, the characteristics of respondents among posyandu cadres in the Kebun Handil Health Center Working Area are shown. Based on the age category, most respondents were > 40 years old, as many as (54.7%), and respondents aged 20–40 years old, as many as (45.3%). Based on the education

category, most respondents with the most education are high school as many as (73.5%).

**Table 1.** Characteristics of Respondents

Characteristic of Respondents	Total (n=53)	Percentage (%)
<b>Age</b>		
20-40 years	24	45.3
>40 years	29	54.7
<b>Education</b>		
Elementary School	4	7.5
Junior High School	9	16.9
Senior High School	39	73.5
Undergraduate	1	1.8
<b>Occupation</b>		
Merchant	9	16.9
Self employed	3	5.7
housewife	41	77.3

*Source: primary data processed 2024*

Furthermore, respondents with elementary school education as much as (7.5%) and (16.9%) respondents with the last education of junior high school. Meanwhile, as many as (1.8%) respondents have a bachelor's degree. As for the characteristics of cadres based on occupation, most respondents were housewives, namely as many as (77.3%). Respondents with the type of work of traders were (16.9%), while respondents with the type of work of self-employed were (5.7%).

### Univariate Analysis Results

The distribution of respondents' liveliness in posyandu, showed that most of the cadres were in the active category, namely (60.4%). The results showed that the age of posyandu cadres was mostly >40 years as much as (54.7%). In the education variable, it shows that most of the posyandu cadres have a high level of education (SMA-Bachelor) as much as (75.5%). On the employment variable, most of the posyandu cadres were not working (77.4%). On the training variable, most posyandu cadres had a good level of training (50.9%). On the knowledge variable, most posyandu cadres have a good level of knowledge as much as (54.7%).

**Table 2.** Univariate Analysis Results

Variabel Distribution	Total (n=53)	Percentage (%)
<b>Cadre Activity</b>		
Not Active	21	39.6
Active	32	60.4
<b>Age</b>		
20-40 years	24	45.3

Variabel Distribution	Total (n=53)	Percentage (%)
>40 years	29	54.7
<b>Education</b>		
Low	13	24.5
High	40	75.5
<b>Work</b>		
Not Working	41	77.4
Working	12	22.6
<b>Training</b>		
Less	26	49.1
Good	27	50.9
<b>Knowledge</b>		
Less	24	45.3
Good	29	54.7
<b>Motivation</b>		
Less	13	24.5
Enough	23	43.4
Good	17	32.1
<b>Infrastructure</b>		
Incomplete	31	58.5
Complete	22	41.5
<b>Health Officer Role</b>		
Less	33	62.3

Variabel Distribution	Total (n=53)	Percentage (%)
Good	20	37.7
<b>Family Support</b>		
Less	15	28.3
Enough	13	24.5
Good	25	47.2

Source: primary data processed 2024

On the motivation variable, most posyandu cadres are at a sufficient level of motivation as much as (43.4%). In the measurement of facilities and infrastructure, the availability of posyandu infrastructure is dominated in the incomplete category, as many as (58.5%). In the variable role of health workers it is known that as many as (62.3%) posyandu cadres who get the role of health workers are in the less category. In measuring family support, most posyandu cadres get family support in the good category, as many as (47.2%).

## Bivariate Analysis Results

**Table 3.** Bivariate Analysis Results

Variable	Activeness Cadre				p-value	Prevalence Ration	95% CI	
	Not Active		Active				Lw	Up
	n	%	n	%				
<b>Age</b>								
20-40 years	7	24.1	22	75.9	0.024	1.821	1.087	3.050
>40 years	14	53.8	10	41.7				
<b>Education</b>								
Low	7	53.8	6	46.2	0.379	0.710	0.378	1.333
High	14	35	26	65				
<b>Work</b>								
Not Working	20	48.8	21	51.2	0.017	1.790	1.269	2.524
Working	1	8.3	11	91.7				
<b>Training</b>								
Less	6	23.1	20	76.9	0.033	1.731	1.080	2.524
Good	15	55.6	12	44.4				
<b>Knowledge</b>								
Less	5	20.8	19	79.2	0.024	1.766	1.123	2.778
Good	16	55.2	13	44.8				
<b>Motivation</b>								
Less	3	23.1	10	76.9	0.034	6.111	1.198	31.164
Enough	7	30.4	16	69.9		4.190	1.104	15.901
Good	11	64.7	6	35.3		1	1	1
<b>Infrastructure</b>								
Incomplete	8	25.8	23	74.2	0.031	1.814	1.053	3.123
Complete	13	59.1	9	40.9				
<b>Health Officer Role</b>								
Less	17	51.5	16	48.5	0.047	1.160	1.090	2.497
Good	4	20	16	80				
<b>Family Support</b>								
Less	4	26.7	11	73.3	0.014	4.125	1.021	16.667
Enough	2	15.4	11	84.6		8.250	1.498	45.429
Good	15	60	10	40		1	1	1

Source: primary data processed 2024

Based on table 3, the age variable shows that most of the respondents who are active cadres are > 40 years as much as (75.9%). The chi square test results between age and cadre activeness reveal a significant correlation ( $p = 0.024$ ), indicating a relationship between age and the activeness of posyandu cadres in the Kebun Handil Health Center Working Area. In the education variable, it is known that most of the respondents who became active cadres were in the higher education group as much as (65%). The results of the chi square test between education and cadre activeness show a value of ( $p = 0.379$ ), indicating that there is no significant correlation between education and the activeness of posyandu cadres in the Kebun Handil Health Center Working Area.

The work variable reveals that the majority of active cadres, specifically (91.7%), are also working cadres. The results of the chi square test between work and cadre activeness show a significant correlation ( $p = 0.017$ ), indicating a relationship between work and the activeness of posyandu cadres in the Kebun Handil Health Center Working Area.

In the training variable, it is known that most of the respondents who became active cadres were cadres with less training groups as much as (76.9%). In the chi square test results between training and cadre activeness, it is known ( $p=0.033$ ), meaning that there is a relationship between training and the activeness of posyandu cadres in the Kebun Handil Health Center Working Area.

In the knowledge variable, it is known that most of the respondents who became active cadres were cadres with less knowledge as much as (79.2%). In the chi square test results between work and cadre activeness, it is known ( $p=0.024$ ), meaning that there is a relationship between knowledge and the activeness of posyandu cadres in the Kebun Handil Health Center Working Area.

In the motivation variable, it is known that most of the respondents who became active cadres were cadres with less motivation groups as much as (76.9%). The chi square test results between work and cadre activeness, known ( $p=0.034$ ), meaning that there is a relationship between motivation and activeness of posyandu cadres in the Kebun Handil Health Center Working Area.

In the infrastructure variable, it is known that most of the respondents who became active

cadres were posyandu with incomplete infrastructure as many as (74.2%). In the chi square test results between work and cadre activeness, it is known ( $p=0.031$ ), meaning that there is a relationship between infrastructure facilities and the activeness of posyandu cadres in the Kebun Handil Health Center Working Area.

In the variable role of health workers it is known that most of the respondents who became active cadres played the role of health workers with a good group of as much as (80%). In the results of the chi square test between the role of health workers and the activeness of cadres, it is known ( $p=0.047$ ), meaning that there is a relationship between the role of health workers and the activeness of posyandu cadres in the Kebun Handil Health Center Working Area.

In the family support variable, it is known that most of the respondents who became active cadres were cadres with sufficient family support groups, namely as many as (84.6%). In the chi square test results between family support and cadre activeness, it is known ( $p=0.014$ ), meaning that there is a relationship between family support and the activeness of posyandu cadres in the Kebun Handil Health Center Working Area.

### **The Relationship Between Age and The Activeness of Posyandu Cadres**

Age is a period calculated from the time a person is born. According to (Notoadmodjo, 2011) an individual's level of maturity increases with age, leading to more mature thinking and working practices. The performance of posyandu cadres is associated with their age and maturity level.

This study shows that there is a minimal age difference between posyandu cadres in the Kebun Handil Health Center Working Area, namely in the age categories of 20–40 years and >40 years. Posyandu cadres are recruited directly from the community without any criteria, and the community motivates themselves to become cadres. There is a significant gap between cadres aged over 40 years and cadres aged 20–40 years due to the lack of enthusiasm of young individuals to take up positions as posyandu cadres.

Musmiller's (2020) research, which found a significant relationship between age and the activeness of posyanu cadres ( $p = 0.000$ ), reveals that elderly cadres with great enthusiasm for

work and responsibility dominate the posyandu cadre ranks (Musmiller, 2020).

According to the researcher's assumption, the age of cadres has a considerable influence on the implementation of posyandu activities. Older cadres tend to have more experience and better skills in utilizing posyandu. Additionally, there are no specific age requirements to become a posyandu cadre. As a result, there are a large number of older people who can serve as cadres. It is important to progressively involve community leaders in the recruitment of posyandu cadres, given that the majority of respondents are currently over 40 years old.

### **The Relationship Between Education and The Activeness of Posyandu Cadres**

Education is a deliberate effort to influence others to act in accordance with educational practitioners' wishes in order to obtain values, information, and skills (Notoatmodjo, 2003). As for Siagian's theory (2002), it states that the higher a person's education, the lower the level of satisfaction. This is because the higher a person's education, the greater the desire to utilize his knowledge and skills, so if the knowledge he has cannot be utilized optimally, then the individual will feel dissatisfied (Siagian, 2002).

This study shows that there is no relationship between education and the activeness of posyandu cadres in the Kebun Handil Health Center Working Area, the majority of cadres have a high level of education. This research is in line with the research of Andhini, et al., (2024), conducted in the Puskesmas Work Area II North Denpasar, the findings of his research show that the majority of posyandu cadres have a high school education. This is because being a cadre is a voluntary commitment and the educational qualifications of cadres can be varied (Andhini, 2024).

Based on the researcher's assumption, this is due to the lack of enthusiasm of the community to become posyandu cadres, so the community cannot choose highly educated people for this role. Posyandu cadres are selected by the community based on their willingness, ability and availability to coordinate posyandu activities (Kemenkes RI, 2017).

### **The Relationship Between Work and The Activeness of Posyandu Cadres**

Work is a necessary activity, to support personal and family life. Work has a significant

impact on a person's involvement in community activities, including influence on the time available for social activities (Notoadmodjo, 2012).

In addition to their community responsibilities, some cadres also hold a primary job to generate income. The findings in this study show that there is a relationship between work and cadre activeness. Cadres who work tend to be more active as posyandu cadres compared to cadres who do not work. In the study location, cadres generally work as traders and are self-employed, however these jobs are not so time-consuming that cadres can divide their time between work and their role as posyandu cadres.

If cadres fail to balance their work with their responsibilities as posyandu cadres, it will hinder their ability to perform their duties effectively. In addition, cadres who are not active and do not participate in posyandu activities are preoccupied with taking care of children at home and are less aware of the roles and responsibilities given by the community to manage posyandu.

### **The Relationship Between Training and The Activeness of Posyandu Cadres**

Training is one way to increase independence, knowledge, and individual abilities. According to Strauss and Syaless in Notoatmodjo (2011), training can be interpreted as a process of changing behavior patterns, with training there is a change in one's behavior (Notoadmodjo, 2011).

For a cadre, attending training will have a positive impact on the implementation of posyandu. Posyandu cadres who have received training from the Puskesmas or local Health Office tend to work in accordance with what has been obtained.

The findings of this study indicate that there is a relationship between training and the activeness of posyandu cadres in the Kebun Handil Health Center Working Area. The majority of cadres who have attended training are as many as (50.2%), while respondents who have never attended training because they have just joined the posyandu cadre < 1 year, besides that it is due to the cadre's busyness that they cannot take the time to attend training.

According to Aome's (2022) research, training not only enhances the knowledge and skills of cadres but also significantly influences the success of health programs (Aome, 2022).

Providing training alone is not enough to continuously improve the performance of posyandu cadres. Instead, a comprehensive strategy that combines incentives and performance, with collaborative learning, will be more efficient in developing expertise, encouraging positive attitudes, and improving overall cadre performance (Wijayanti, 2023).

According to the researcher's assumption, the main challenge faced by cadres in implementing posyandu is the lack of proper delegation and task shifting when cadre turnover occurs. Therefore, it is imperative to hold regular training sessions at least once a year. This is necessary to accommodate any new recruits and ensure that all cadres receive comprehensive training, thereby improving cadres' knowledge and capabilities.

### **The Relationship Between Knowledge and The Activeness of Posyandu Cadres**

Knowledge is everything that is known based on an individual's own experience, and knowledge will increase as experience progresses (Mubarak, 2011). One of the internal aspects that encourage cadres to actively participate in posyandu activities is cadre knowledge. Knowledgeable cadres will assist other cadres in understanding all responsibilities and roles, including the role of cadres in posyandu activities (Notoadmodjo, 2009). Knowledge possessed by cadres can improve cadre performance and significantly affect the successful implementation of the posyandu program. Cadres with a high level of knowledge are more effective in participating in the implementation of posyandu (Andi Dianita, 2022).

The questionnaire results revealed that most respondents still lacked basic knowledge about posyandu implementation. Reviewed from the Posyandu Implementation Guidebook, it explains that the implementation of posyandu must be carried out every month and there is no minimum range for posyandu implementation (Kemenkes RI, 2017).

This study is in line with research conducted by Rahayuningsih (2023), Survey findings show that most respondents who actively participate in posyandu activities are cadres with a high level of knowledge (Rahayuningsih, 2023).

According to the researcher's assumption, posyandu cadres need to be equipped with sufficient knowledge, namely through coaching

or health training from the Puskesmas or local Health Office as well as empowerment by health promotion personnel. Additionally, a posyandu cadre can enhance their knowledge by referring to the posyandu cadre guidebook. A well-established cadre's knowledge will enable them to participate in posyandu activities as expected, thereby achieving the target.

### **The Relationship Between Motivation and The Activeness of Posyandu Cadres**

Motivation is an internal state that can force a person to take action, support a person in achieving certain goals, and maintain a person's interest in certain efforts (Elliot, 2000). Motivation is one of the elements that can affect cadres' activity. An individual lacks motivation to perform the various tasks imposed on him optimally (Notoadmodjo, 2009).

Each individual has different motivations, even though they are in the same place. The study's results reveal a low level of motivation among most posyandu cadres in the Kebun Handil Health Center Working Area. Intrinsic and extrinsic factors influence differences in motivation levels.

According to a study by Kamba et al. (2021) in the Gunung Tabur Health Center Working Area, the lack of external incentives hinders cadres with low motivation in their social duties (Kamba, 2021).

The researcher assumes that cadres' lack of appreciation from Puskesmas or related cross-sectors contributes to their low motivation. The aim is to show appreciation for cadres by organizing activities like educational competitions for posyandu cadres, which can foster a sense of community and motivate them to continue contributing to the community.

### **The Relationship Between Infrastructure and The Activeness of Posyandu Cadres**

Infrastructure facilities are facilities that are absolutely necessary to provide convenience in organizing an activity. Infrastructure facilities have a very important role in the success and smoothness of a process, including in the scope of community activities (Arikunto, 2010).

Based on the research obtained, there are as many as (58.5%) posyandu with incomplete infrastructure facilities in the Kebun Handil Health Center Working Area. The observations revealed that some posyandu still lack a dedicated posyandu building, leading to a significant number of posyandu activities being

conducted in the homes of cadres. In addition, equipment such as counseling media is still insufficient. In carrying out their responsibilities as posyandu cadres, they need effective health promotion media so that health information which is a community need can be delivered properly and productively (Safrudin, 2019).

According to a study by Indrilia, *et al.*, (2021), complete facilities and infrastructure will make cadres' performance better and will increase the activeness of cadres in carrying out their duties (Indrilia *et al.*, 2021). The existence of resources, such as infrastructure, has an important role in influencing individual or community behavior (Baharuddin, 2023).

According to the researcher's assumption, stakeholders such as the head of RT and RW, through advocacy, play a crucial role in ensuring the availability of posyandu infrastructure, which in turn enables the smooth operation of posyandu services. This, in turn, encourages cadres to modify their behavior and become more active participants in posyandu activities. Posyandu activities need to go beyond more implementation to truly benefit the community.

### **The Relationship Between Health Officer Role and The Activeness of Posyandu Cadres**

Health workers or personnel play a role in assisting and guiding cadres to improve the performance of cadres so that cadres are able to consistently perform their duties in the implementation of posyandu. Besides that, health workers must be able to motivate cadres to be actively involved in every implementation of posyandu (Kementerian Kesehatan RI, 2023).

The findings in this study indicate that most health workers have a good category, namely (80%). In line with previous research, it shows that there is a relationship between infrastructure and cadre activeness ( $p=0.046$ ). Health workers who contribute to public health programs will inspire posyandu cadres and other individuals to be actively involved in improving public health status (Sodikin, 2023).

The researcher assumes that if health workers actively participate in posyandu activities and fulfill their role as motivators, posyandu cadres are more likely to actively participate. The Puskesmas can establish partnerships with villages and regions to implement posyandu. Through partnership development, it is expected to foster community awareness of the existence of the posyandu program.

### **The Relationship Between Family Support and The Activeness of Posyandu Cadres**

Family support is the behavior of family members in the form of emotional, instrumental, informational, and evaluation support. Family support can affect a person's physical and mental health through its influence on emotional formation, cognitive enhancement, and behavior change (Bomar, 2004).

Cadres with good family support tend to be more curious and keen to improve their performance, so better cadres will have more time to contribute energy and actively participate for the good of posyandu and the health of the surrounding community (Fifi nirmala, 2024).

The findings in this study indicate that most of the posyandu cadres in the Kebun Handil Health Center Working Area have a sufficient level of family support, namely as much as (84.6%). According to Elnifara's research (2023), cadres who receive positive support from their families can enhance their enthusiasm for fulfilling their responsibilities (Elnifara, 2024).

According to the researcher's assumption, cadres who received family support showed a higher level of involvement compared to cadres who did not receive family support. It is expected that family support can be a source of motivation for cadres to fulfill their responsibilities as cadres.

### **Research Limitations**

Based on the researcher's direct experience in this research process, the distribution of questionnaires did not leave the researcher with sufficient time to conduct questionnaire interviews, as the data collection coincided with the implementation of Posyandu

## **CONCLUSIONS AND SUGGESTIONS**

### **Conclusion**

Age, occupation, training, knowledge, motivation, infrastructure, the role of health workers, and family support are associated with the activeness of posyandu cadres in the Kebun Handil Health Center Working Area.

### **Suggestion**

It is expected to provide guidance by utilizing cadres who have productive age and giving awards to cadres who are active as posyandu cadres in the Kebun Handil Puskesmas Working Area. Additionally, we should establish partnerships with villages and areas of posyandu

implementation, empowering posyandu cadres to foster public awareness of the program's existence.

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