

FACTORS ASSOCIATED WITH THE ROLE OF CADRES IN MONITORING TODDLER GROWTH AT POSYANDU IN PEJUANG URBAN VILLAGE, BEKASI CITY, 2025

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ABSTRAK

Penelitian ini bertujuan untuk menganalisis determinan peran kader Posyandu dalam pemantauan pertumbuhan balita di Kelurahan Pejuang, Kecamatan Medan Satria, Kota Bekasi, tahun 2025. Penelitian menggunakan desain *cross-sectional* dengan pendekatan kuantitatif yang dilengkapi metode kualitatif. Sampel penelitian sebanyak 131 kader Posyandu dipilih dengan *purposive sampling*. Pengumpulan data dilakukan melalui kuesioner, wawancara mendalam, dan *focus group discussion*. Analisis data menggunakan uji Chi-Square dan regresi logistik berganda. Hasil penelitian menunjukkan bahwa motivasi, keterampilan, ketersediaan sarana, insentif, serta dukungan masyarakat dan tenaga kesehatan berhubungan signifikan dengan peran kader ($p < 0,05$). Faktor yang paling dominan adalah ketersediaan sarana ($\text{Exp}(B)=0,175$; 95% CI: 0,062–0,493), yang berarti ketiadaan sarana berpeluang lebih besar membuat kader tidak aktif dalam pemantauan pertumbuhan balita. Kesimpulan penelitian ini adalah ketersediaan sarana merupakan faktor paling dominan yang memengaruhi peran kader Posyandu. Implikasi praktisnya, peningkatan dan penyediaan sarana Posyandu perlu menjadi prioritas untuk memperkuat pelaksanaan pemantauan pertumbuhan balita.

ABSTRACT

This study aims to analyze the determinants of the role of Posyandu cadres in monitoring the growth of children under five in Pejuang Village, Medan Satria District, Bekasi City, in 2025. A cross-sectional design with a quantitative approach complemented by qualitative methods was employed. The sample consisted of 131 Posyandu cadres selected through purposive sampling. Data were collected using questionnaires, in-depth interviews, and focus group discussions. Bivariate analysis used the Chi-Square test, and multivariate analysis used multiple logistic regression. The results showed that motivation, skills, availability of facilities, incentives, and support from the community and health workers were significantly associated with the cadres' role ($p < 0.05$). The most dominant factor was the availability of facilities ($\text{Exp}(B)=0.175$; 95% CI: 0.062–0.493), indicating that the absence of facilities greatly increases the likelihood that cadres become less active in monitoring toddler growth. The study concludes that facilities availability is the most dominant factor influencing the cadres' role in toddler growth monitoring. Practically, improving and providing adequate Posyandu facilities should be prioritized to strengthen growth monitoring activities.

INTRODUCTION

Indonesia's Healthy Indonesia Program (Program Indonesia Sehat/PIS) 2015–2019 was designed to improve public health and nutritional status through community empowerment and equitable access to healthcare services (Putri, 2017). One of the main community-based health initiatives supporting this program is the Integrated Health Service Post (Posyandu), which provides five essential services, namely Maternal and Child Health, Family Planning, Nutrition, Immunization, and Diarrhea Prevention. As a community-driven health service, Posyandu plays an important role in promoting child growth monitoring and improving maternal and child health outcomes.

Children under five years of age represent a critical developmental stage because this period determines future physical growth, cognitive development, and educational achievement (West Java Profile, 2016). However, malnutrition remains one of the leading causes of child mortality worldwide. The World Health Organization (WHO) estimates that approximately 54% of deaths among children under five are associated with nutritional problems, while inadequate nutrition during pregnancy and the first two years of life may cause long-term physical and mental developmental delays (UNICEF-WHO, 2013; Ministry of Health, 2013).

In Indonesia, child nutritional problems continue to be a significant public health concern. The 2012 Indonesia Demographic and Health Survey (IDHS) reported a neonatal mortality rate of 19 deaths per 1,000 live births, while the under-five mortality rate reached 26.29 per 1,000 live births in 2015 (Ministry of Health, 2016). Furthermore, Riskesdas 2013 showed that the prevalence of underweight children increased to 19.6%, compared with 18.4% in 2007 and 17.9% in 2010. These findings indicate that improving child nutrition remains an important priority for health programs.

West Java Province also faces considerable nutritional challenges. According to WHO (2010), wasting becomes a serious public health problem when its prevalence ranges between 10% and 14%, and is considered critical when it reaches 15% or higher. In 2013, West Java recorded a wasting prevalence of 10.9%, with several districts and cities categorized as having serious or critical nutritional conditions, including Bekasi City (West Java Health Office, 2017). These conditions demonstrate the need for strengthening community-based interventions to improve child nutritional status.

The nutritional situation in Bekasi City remains concerning despite improvements in child-weighing coverage. Data from the Perjuangan Community Health Center showed that severe malnutrition cases increased from two cases in 2016 to six cases in 2017 among 8,944

children under five. Most cases occurred among children aged one to two years, with 66.6% associated with tuberculosis and 33.3% linked to inadequate parental nutritional knowledge and insufficient nutritional intake during the First 1,000 Days of Life.

To address these challenges, Posyandu functions as an important community-based health service that facilitates regular growth monitoring and health education for mothers and children (Ministry of Health, 2012). Nevertheless, participation remains below the expected target. The Bekasi City Health Office reported that routine monthly child-weighing coverage reached only 42%, while Riskesdas 2013 found that only 45.3% of children under five had been weighed more than four times during the previous six months. Low attendance has been associated with parents' busy schedules, limited motivation, and accessibility barriers.

The effectiveness of Posyandu largely depends on the performance of its cadres, who serve as the frontline community volunteers responsible for growth monitoring, health education, recording, reporting, and early detection of nutritional problems (Wahyutomo, 2011). However, previous observations revealed that cadre participation was inconsistent because their work is voluntary. Some cadres were less involved in administrative activities, while limited guidance and training reduced their understanding of their responsibilities (Uswatun et al., 2017).

Previous studies have identified several factors that influence cadre performance, including education, knowledge, training, motivation, work experience, attitudes, available facilities, incentives, community support, and support from health workers (Yolanda et al., 2014; Siti et al., 2017). Although these determinants have been discussed individually, evidence regarding the most influential factors affecting Posyandu cadres' roles in monitoring child growth at the local level remains limited, particularly in the Pejuang Community Health Center area.

Based on the increasing number of severe malnutrition cases and the strategic role of Posyandu cadres, this study aims to analyze the determinants of Posyandu cadres' roles in monitoring the growth of children under five in Pejuang Village, Medan Satria District, Bekasi City. The findings are expected to provide empirical evidence for strengthening cadre capacity, improving community participation, and supporting more effective child nutrition and growth-monitoring programs.

RESEARCH METHODOLOGY

This study aimed to determine the factors associated with the role of Posyandu cadres in monitoring the growth of children under five in Pejuang Village, Medan Satria District, Bekasi City. The study employed an analytic research design with a Sequential Explanatory Mixed Methods approach, consisting of a quantitative phase followed by a qualitative phase. The quantitative phase used a cross-sectional design, in which independent and dependent variables were measured simultaneously at a single point in time. The qualitative phase was conducted to further explore and explain the quantitative findings.

The study was conducted at Posyandu in Pejuang Village, Bekasi City, from September to October 2018. The population consisted of all Posyandu cadres in Pejuang Village. The quantitative sample comprised cadres registered in the Posyandu Cadre Database who met the inclusion criteria. The minimum sample size was calculated using the Lemeshow formula with a 90% confidence level and a significance level of 0.05, resulting in 119 participants. To anticipate incomplete data, an additional 10% was included, resulting in a total sample of 131 Posyandu cadres.

Sampling Procedure

The sampling technique used in this study was purposive sampling for selecting the case group and proportional simple random sampling for selecting the control group.

Table 1. Sample Size Calculation Based on Research Variables

Variable	P1	P2	Sample Size	Source
Education	15,6%	46,9%	32	Siti Uswatun, 2017
Years of Service	37,5%	3,1%	32	Siti Uswatun, 2017
Attitude	33,3%	66,7%	12	Yolanda et al., 2014
Training	25%	75%	32	Siti Uswatun, 2017
Income/Incentives	60%	40%	32	Siti Uswatun, 2017
Facilities	20%	80%	32	Siti Uswatun, 2017

(Source: Researcher's analysis, 2018.)

The study examined predisposing factors (education, knowledge, motivation, years of service, attitudes, and skills), enabling factors (facilities, incentives, and training), and reinforcing factors (community and health professional support) in relation to the role of Posyandu cadres in monitoring child growth. Quantitative data were collected through structured questionnaires and analyzed to identify associations between the independent variables and cadre roles. Variables showing significant associations were further analyzed using multivariate logistic regression to identify the most dominant factor. Qualitative data

were subsequently collected to obtain a more comprehensive explanation of the factors influencing the role of Posyandu cadres.

RESEARCH RESULTS AND DISCUSSION

General Overview of the Research Location

Posyandu Pejuang Urban Village is one of the public health efforts in Bekasi City, located in Medan Satria District. Its area includes upscale housing complexes, modest housing, villages, and factories, with an area of 4.38 km² or approximately 40.63%. Its boundaries are as follows: North Side: Tarumajaya District, Bekasi Regency; West Side: DKI Jakarta Province and West Bekasi District, Bekasi City; East Side: North Bekasi District, Bekasi City; South Side: South Bekasi District & West Bekasi District, Bekasi City. The residents of Perjuangan Urban Village are predominantly Muslim, and most of them work as factory workers.

RESEARCH RESULTS

Univariate Analysis

In this univariate analysis, the frequency distribution of each variable studied, both independent and dependent variables, will be described.

Table 4. Frequency Distribution of Factors Related to the Role of Cadres in Monitoring Toddler Growth at Posyandu, Pejuang Subdistrict, Bekasi City, 2025

Variable	Frequency	Percentage (%)
Role of cadres		
Not playing a role	44	33.6
Playing a role	87	66.4
Education		
Low	66	50.4
High	65	49.6
Knowledge		
Poor	71	54.2
Good	60	45.8
Motivation		
Poor	55	42.0
Good	76	58.0
Attitude		
Poor	50	38.2
Good	81	61.8
Skills		
Poor	51	38.9
Good	80	61.1
Facilities		
Not available	77	58.8
Available	54	41.2
Incentives		
Insufficient	70	53.4

Sufficient	61	46.6
Training		
Never attended	68	51.9
Ever attended	63	48.1
Community and health worker support		
Not available	35	26.7
Available	96	73.3

(Source: Researcher's analysis, 2018.)

Based on Table 4, of the 131 respondents, 87 respondents (66.4%) were involved in monitoring growth, while 44 respondents (33.6%) were not. The majority of respondents had low education (50.4%), poor knowledge (54.2%), good motivation (58.0%), good attitude (61.8%), good skills (61.1%), no facilities (58.8%), insufficient incentives (53.4%), never attended training (51.9%), and did not receive community and health worker support (73.3%).

Bivariate Analysis Results

Bivariate analysis was used to determine the relationship between the independent and dependent variables, analyzed using the Chi-Square test. It is considered significant if the p-value is < 0.05 and not significant if the p-value is ≥ 0.05 .

Table 5. Relationship between Cadre Education and Cadre Role

Education	Cadre Role	Total	p-value	OR (95% CI)	
	Not playing a role	Playing a role			
Low	18 (13.7%)	48 (36.6%)	66 (50.4%)	0.141	0.682 (0.416–1.117)
High	26 (19.8%)	39 (29.8%)	65 (49.6%)		
Total	44 (100%)	87 (100%)	131 (100%)		

(Source: Researcher's analysis, 2018.)

Table 5 shows that among cadres with low education, those who were actively involved accounted for 48 respondents (36.6%), compared to cadres who were not actively involved. Among cadres with higher education, those who were actively involved accounted for 39 respondents (29.8%), compared to cadres who were not actively involved. The Chi-Square test obtained a p-value of 0.141 (> 0.05), indicating no significant relationship between education and cadre role. Further analysis obtained a Prevalence Odds Ratio (POR) = 0.682 (95% CI: 0.416–1.117), meaning that cadres with higher education had a 0.682 times greater likelihood of not being actively involved in monitoring toddler growth compared to cadres who were actively involved.

Table 6. Relationship between Cadre Knowledge and Cadre Role

Knowledge	Cadre Role	Total	p-value	OR (95% CI)	
	Not playing a role	Playing a role			
Poor	21 (16.0%)	50 (38.2%)	71 (54.2%)	0.354	0.772 (0.477–1.249)
Good	23 (17.6%)	37 (28.2%)	60 (45.8%)		
Total	44 (100%)	87 (100%)	131 (100%)		

(Source: Researcher's analysis, 2018.)

Table 6 shows that respondents with poor knowledge among cadres who were active were more numerous, with 50 respondents (38.2%), compared to cadres who were inactive. The Chi-Square test obtained a p-value of 0.354 (> 0.05), indicating no significant relationship between knowledge and cadre role. Further analysis obtained POR = 0.772 (95% CI: 0.477–1.249).

Table 7. Relationship between Cadre Motivation and Cadre Role

Motivation	Cadre Role	Total	p-value	OR (95% CI)	
	Not playing a role	Playing a role			
Poor	10 (7.6%)	45 (34.4%)	55 (42.0%)	0.003	0.406 (0.220–0.751)
Good	34 (26.0%)	42 (32.0%)	76 (58.0%)		
Total	44 (100%)	87 (100%)	131 (100%)		

(Source: Researcher's analysis, 2018.)

Table 7 shows that poor motivation among cadres who had a greater role was 45 respondents (34.4%), compared to cadres who did not have a role. The Chi-Square test obtained a p-value of 0.003 (< 0.05), indicating a significant relationship between cadre motivation and cadre roles. Further analysis obtained POR = 0.406 (95% CI: 0.220–0.751), meaning that cadres with poor motivation had a 0.406 times greater likelihood of not performing their role compared to cadres with good motivation.

Table 8. Relationship between Cadre Attitude and Cadre Role

Attitude	Cadre Role	Total	p-value	OR (95% CI)	
	Not playing a role	Playing a role			
Poor	12 (9.2%)	38 (29.0%)	50 (38.2%)	0.102	0.608 (0.346–1.066)

Good	32 (24.4%)	49 (37.4%)	81 (61.8%)		
Total	44 (100%)	87 (100%)	131 (100%)		

Table 8 shows that the proportion of cadres with poor attitudes who were involved was higher, with 38 respondents (29.0%), compared to cadres who were not involved. The Chi-Square test obtained a p-value of 0.102 (> 0.05), indicating no significant relationship between cadres' attitudes and their roles.

Table 9. Relationship between Cadre Skills and Cadre Role

Skills	Cadre Role	Total	p-value	OR (95% CI)	
	Not playing a role	Playing a role			
Poor	10 (7.6%)	41 (31.3%)	51 (38.9%)	0.012	0.461 (0.250–0.850)
Good	34 (26.0%)	46 (35.1%)	80 (61.1%)		
Total	44 (100%)	87 (100%)	131 (100%)		

(Source: Researcher's analysis, 2018.)

Table 9 shows that poor cadre skills were more prevalent among cadres who were involved, with 41 respondents (31.3%), compared to cadres who were not involved. The Chi-Square test obtained a p-value of 0.012 (< 0.05), indicating a significant relationship between cadre skills and cadre roles.

Table 10. Relationship between Facilities and Cadre Role

Facilities	Cadre Role	Total	p-value	OR (95% CI)	
	Not playing a role	Playing a role			
Not Available	18 (13.7%)	59 (45.1%)	77 (58.8%)	0.006	0.486 (0.297–0.793)
Available	26 (19.8%)	28 (21.4%)	54 (41.2%)		
Total	44 (100%)	87 (100%)	131 (100%)		

(Source: Researcher's analysis, 2018.)

Table 10 shows that the absence of facilities among cadres who played a role was higher, with 59 respondents (45.1%), compared to those who did not play a role. The Chi-Square test obtained a p-value of 0.006 (< 0.05), indicating a significant relationship between the availability of facilities and the role of cadres.

Table 11. Relationship between Cadre Incentives and Cadre Role

Incentives	Cadre Role	Total	p-value	OR (95% CI)	
	Not Playing a Role	Playing a Role			

Insufficient	17 (13.0%)	53 (40.5%)	70 (53.5%)	0.017	0.549 (0.333–0.905)
Sufficient	27 (20.6%)	34 (26.0%)	61 (46.6%)		
Total	44 (100%)	87 (100%)	131 (100%)		

(Source: Researcher's analysis, 2018.)

Table 11 shows that incentives were insufficient among cadres who played a greater role, with 53 respondents (40.5%) compared with cadres who did not play a role. The Chi-Square test obtained a p-value of 0.017 (< 0.05), indicating a significant relationship between existing incentives and the role of cadres.

Table 12. Relationship between Cadre Training and Cadre Role

Training	Cadre Role	Total	p-value	OR (95% CI)	
	Not Playing a Role	Playing a Role			
Never Attended	18 (13.7%)	50 (38.2%)	68 (51.9%)	0.096	0.641 (0.392–1.051)
Ever Attended	26 (19.8%)	37 (28.2%)	63 (48.1%)		
Total	44 (100%)	87 (100%)	131 (100%)		

(Source: Researcher's analysis, 2018.)

Table 12 shows that among cadres who played a role, 50 respondents (38.2%) had never received training, which was higher than the number of cadres who did not play a role. The Chi-Square test obtained a p-value of 0.096 (> 0.05), indicating no significant relationship between training and cadre role.

Table 13. Relationship between Community and Health Worker Support and Cadre Role

Support	Cadre Role	Total	p-value	OR (95% CI)
	Not Playing a Role	Playing a Role		
Not Available	3 (2.3%)	32 (24.4%)	34 (26.7%)	0.001
Available	41 (31.3%)	55 (42.0%)	60 (74.3%)	
Total	44 (100%)	87 (100%)	131 (100%)	

(Source: Researcher's analysis, 2018.)

Table 13 shows that the absence of community and health worker support among cadres who played a role was greater, with 32 respondents (24.4%) compared to those who did not play a role. The Chi-Square test obtained a p-value of 0.001 (< 0.05), indicating a

significant relationship between community and health worker support and the role of cadres.

Multivariate Analysis Results

Table 14. Final Multivariate Model

Variable	B	p-value	Exp(B)	95% C.I. for EXP(B)	
				Lower	Upper
Motivation	7.735	0.005	0.262	0.102	0.673
Skills	9.913	0.002	0.177	0.060	0.520
Facilities	10.869	0.001	0.175	0.062	0.493
Incentives	7.398	0.007	0.262	0.100	0.688
Training	11.568	0.144	0.494	0.192	1.271
Community & Health Worker Support	2.138	0.001	0.082	0.020	0.347
Constant	32.441	0.000	714.546		

(Source: Researcher's analysis, 2018.)

Based on Table 14, the final multivariate analysis model shows that the variables significantly associated with monitoring the growth of toddlers at the posyandu were Motivation, Skills, Facilities, Incentives, Training, Community Support, and Health Workers. The variable with the largest Exp (β) value was facilities, with an Exp (β) value of 0.175 (0.062 - 0.493), meaning that the absence of facilities has a 5.7 times greater likelihood of making cadres' roles active compared to the presence of facilities in monitoring toddler growth at the posyandu.

The coefficient of determination (Nagelkerke R Square) showed a value of 0.485, meaning that the regression model obtained can explain 48.5% of the variation in the dependent variable. Thus, the variables Motivation, Skills, Facilities, Incentives, Training, Community Support, and Health Workers explain 48.5% of the variation in the variable of monitoring toddler growth, while the remaining 51.5% is explained by other variables.

In-Depth Interview and FGD Results

The qualitative findings showed that cadre education and knowledge were generally adequate, while motivation, attitudes, and skills supported cadres in performing growth-monitoring activities. However, **Posyandu facilities were inadequate**, as many activities were conducted in residents' homes, limiting the availability of space and equipment. Incentives and training were considered important to improve cadre performance. Community support was still limited, whereas support from health workers was relatively good.

Discussion

Of the 131 cadres, 87 (67.2%) played an active role, while 44 (32.8%) were less active. Bivariate analysis showed significant relationships between cadre role and motivation ($p=0.003$), skills ($p=0.012$), facilities ($p=0.006$), incentives ($p=0.017$), and community and health worker support ($p=0.001$). Meanwhile, education ($p=0.141$), knowledge ($p=0.354$), attitude ($p=0.102$), and training ($p=0.096$) were not significantly associated with cadre role.

Motivation was significantly related to cadre role because motivated cadres actively encouraged mothers to bring their children to Posyandu. Cadre skills were also significantly associated with their role, particularly in weighing, measuring, recording, and reporting child growth.

The availability of facilities was significantly associated with cadre role ($p=0.006$). Inadequate facilities hindered growth-monitoring activities, particularly because many Posyandu activities were conducted in residents' homes. Incentives were also significantly associated with cadre role ($p=0.017$), indicating that adequate incentives could encourage cadres to perform their duties more actively.

Community and health worker support also showed a significant relationship with cadre role ($p=0.001$). Adequate support encouraged cadres to perform their duties and supported mothers' participation in Posyandu activities.

Multivariate logistic regression identified facilities as the most dominant factor, with $\text{Exp(B)}=0.175$ (95% CI: 0.062–0.493). The findings indicate that inadequate facilities were associated with a 5.7-fold greater likelihood of inactive cadre performance in monitoring child growth.

CONCLUSIONS AND SUGGESTIONS

Conclusions

Most respondents had low education (50.4%), poor knowledge (54.2%), good motivation (58.0%), positive attitudes (61.8%), good skills (61.1%), inadequate facilities (58.8%), insufficient incentives (53.4%), had never received training (51.9%), and received support from community leaders and health workers (73.3%). Bivariate analysis showed that motivation, skills, facilities, incentives, and support from community leaders and health workers were significantly associated with the roles of Posyandu cadres ($p < 0.05$), while education, knowledge, attitudes, and training were not significant ($p > 0.05$). Multivariate analysis identified facilities as the most dominant factor, with $\text{Exp(B)} = 0.175$ (95% CI: 0.062–0.493), indicating that inadequate facilities were associated with a 5.7-

fold greater likelihood of inactive cadre performance. Qualitative findings showed that inadequate facilities, particularly limited space and equipment because many Posyandu activities were conducted in residents' houses, hindered cadres in monitoring children's growth. Support from community leaders and health workers was also important in strengthening cadre roles and encouraging mothers to attend Posyandu regularly.

Suggestions

The Health Office should provide adequate facilities, equipment, and material and moral support, while ensuring that cadres are not replaced solely based on community leaders' preferences. The Pejuang Community Health Center (Puskesmas) should strengthen community education, collaboration with community leaders, and efforts to retain experienced and active cadres. Midwives should provide continuous guidance and supervision and encourage mothers to regularly attend Posyandu for child growth monitoring. Future researchers should use different research designs and include additional variables, such as cadre incentives and training, to provide a more comprehensive understanding of factors influencing Posyandu cadre performance.

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