

Embracing The Vanguard Role: Obstacles Faced by Health Cadres in Fulfilling Societal Responsibilities

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ABSTRACT

Background: Health cadres play a crucial role in community development, serving as primary health managers responsible for mobilizing communities and fostering self-help initiatives to improve health outcomes. Despite their significance, challenges such as poor communication leading to missed visits by mothers with toddlers hinder program execution. Understanding and addressing these challenges is essential for establishing a resilient healthcare system that optimizes cadre contributions.

Method: A qualitative, phenomenological approach was employed in this study. In-depth interviews were conducted with 11 diverse participants, including the Head of the Public Health Center, the Coordinator of Health Cadres, Health Cadres, and Community Members. Informant selection utilized purposive techniques and snowball sampling, with an interview guide containing open-ended questions as the research instrument. The data analysis followed a descriptive approach based on the Miles and Huberman model.

Results: Challenges faced by health cadres varied across regions, encompassing factors such as differing community participation levels, heavy administrative tasks, and conflicts among cadres. Despite these challenges, most cadres exhibited high commitment, motivation, and familial support, mitigating potential issues. Each cadre adopted a unique approach to anticipate and address challenges associated with their roles. Regular coaching from Public Health Centers and implementing simplified administrative systems were identified as potential strategies to enhance cadre performance.

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INTRODUCTION

Public Health Center is a government-established healthcare facility at the sub-district level in Indonesia.^{1,2} *Integrated Health Post*, on the other hand, is a form of healthcare service organized by the community with technical support from healthcare personnel.³ *Integrated Health Post* is implemented by health cadres who have received empowerment training from the Public Health Center. Health cadres are community volunteers trained by village midwives or other Public Health Center staff to promote healthy lifestyles, maternal and child health, and nutrition within the community. Their activities aim to mobilize the community for self-help initiatives to improve public health.⁴ Health cadres can be drawn from members of the Family Welfare Empowerment Organization, community figures, and residents in the hamlets and villages. They are responsible for managing the execution of *Integrated Health Post*, from preparation to implementation and post-event activities every month. However, many *Integrated Health Posts* suffer from inactivity or fail to meet expectations. The performance of the health cadres

is often evaluated as subpar, leading to some cadres choosing to discontinue their service, and recruiting new cadres can also be challenging. Inadequate performance may be attributed to low incentive funds, insufficient infrastructure, and limited healthcare training.⁵

Research conducted in 2015 on 70 mothers with toddlers showed a significant correlation between guidance from *Integrated Health Post* cadres and the mothers' adherence to visiting *Integrated Health Post* ($p=0.000$). The guidance provided by the cadres to the community influences the mothers' adherence to visiting the *Integrated Health Post*.⁶ The percentage of visits to the *Integrated Health Post*, as one of the *Community-Based Health Efforts*, along with the *Village Health Post*, *Village Birthing Hut*, and *Treatment Center*, is 0.12%.⁷ The level of participation and the cadres' activity can be influenced by their level of education, knowledge, training, incentives, occupation, and involvement in organizations.⁸ Cadres with better knowledge can play a crucial role in enhancing the quality of *Integrated Health Post* services.

Observations and interviews with Integrated Health Post cadres revealed that 50% of The Mother and Child Health Handbook entries were incomplete. The cadres stated they knew the purpose of completing The Mother and Child Health Handbook and understood the consequences of insufficient entries. However, they cited that they only recorded what they observed and considered essential. A study conducted in 2017 at 13 Integrated Health Posts in Demak Regency involved 107 cadres, of which only 92 (85.9%) were active. Among them, 65 cadres had good knowledge (50%), 18 had moderate knowledge (35%), and 9 had poor knowledge (15%).⁹

High commitment and motivation are also essential for cadres, as their involvement is social. Appreciation plays a significant role in motivating Integrated Health Post cadres to carry out their duties.⁸ A study in Godean in 2017 revealed that commitment and motivation significantly influenced cadre performance. The variables of commitment and motivation showed a positive correlation with cadre performance ($\beta = 0.215$; $\beta = 0.368$; $p < 0.05$). However, regression analysis indicated that cadre performance could still be influenced by other variables besides commitment and motivation ($R^2 = 41.1\%$).² The research's objective is to identify the problems faced by health cadres in fulfilling their roles in the community. The findings of this study are expected to provide insights for decision-makers to design programs that can enhance the performance of health cadres.

In summary, the intricate role of health cadres in the community, particularly in the execution of Integrated Health Post services, is shaped by multifaceted challenges. Despite being integral to community health initiatives, cadres grapple with issues such as incomplete Mother and Child Health Handbook entries, varying levels of knowledge, and disparities in commitment and motivation. Our research, guided by the objective to identify and understand the hurdles health cadres face comprehensively, strives to illuminate the nuanced aspects impacting their performance. Recognizing and proactively addressing these challenges is imperative for establishing a resilient system that optimizes the invaluable contributions of health cadres to healthcare programs. This study aims to delve deeper into these challenges through a qualitative, phenomenological approach, shedding light on regional variations and unique strategies health cadres adopt to overcome obstacles, ultimately contributing to the broader understanding of their role in community healthcare.

METHOD

The study employed a qualitative approach with

a phenomenological perspective. Data was collected through in-depth interviews with 11 participants, including the Head of the Public Health Center, the Coordinator of Health Cadres at Public Health Center Kedungmundu, Health Cadres in the working area of Public Health Center Kedungmundu, and Community Members. The sampling techniques used for selecting informants were purposive sampling and snowball sampling, where the chosen researcher informants based on their roles. This targeted selection aimed to capture a comprehensive understanding of the challenges and roles of health cadres, considering their varied positions within the health infrastructure. The Head of the Public Health Center and the Coordinator of Health Cadres provided valuable insights into the broader organizational context and administrative aspects, complementing the perspectives of cadres directly involved in community health efforts. Selecting community members as informants involves active participation from health cadres as intermediaries. Health cadres, possessing a profound understanding of the local community dynamics, play an active role in determining the most relevant informants for this research.

The process commenced by identifying the primary informant, specifically the Head of the Public Health Center, as the initial key to gaining insights into implementing programs related to health in that area. Following the interview with the Head of the Public Health Center, the snowball method expanded the sample. The Head of the Public Health Center offered recommendations and advice concerning the Coordinator of Health at the health center, who possessed more specific insights into the health program. Contacts were then established with the Coordinator of Health at the health center, and from there, with their guidance, informants were obtained by focusing on individuals directly involved in the implementation of the health program. The snowballing process was further applied, relying on input from interviewed individuals interested in the health program, where they guided additional informants at the community level who had a deep understanding of the roles and implementation of the health program.

The research instruments included questions, recording devices, and writing tools. The researcher's understanding, mastery, and readiness to enter the research area were validation and research instruments. The list of questions comprised a set of inquiries created by the researcher to obtain information about the roles and challenges of Health Cadres in performing their tasks within the community. The data source for this research was primary data, which referred to information obtained

directly from the involved informants.

Data was collected through in-depth interviews, which were then documented and analyzed. The gathered data were manually processed by creating transcripts, organizing them into matrices, and subsequently analyzing using the following steps: collecting the data, reading the entire dataset, assigning codes, and generating information categories.

The analysis followed a structured approach, beginning with the data organization and then a comprehensive review of the entire dataset. During this phase, codes were systematically assigned to identify patterns and themes within the data. Information categories were subsequently generated to capture the essence of the findings. The presentation of results was a narrative, providing a cohesive and detailed account of the study's outcomes.

To ensure the objectivity of the data, confirmability was rigorously examined throughout the research process. Credibility testing employs triangulation, precise sources, and methods of triangulation. Triangulation played a pivotal role in this, offering a multifaceted verification approach. Triangulation involved combining data from various sources, including in-depth interviews with key stakeholders such as the Head of the Public Health Center, the Coordinator of Health Cadres, Health Cadres, and Community Members. This inclusive approach aimed to capture diverse perspectives on the challenges and roles of health cadres, enhancing the study's credibility.

Further, data analysis involved comparing observational, interview, and documentary data. Informants' actions were cross-referenced with information obtained through consistent interviews substantiated by documentary evidence, scientific journals, previous research, and relevant theories. This comprehensive triangulation process contributed to the robustness of the study's credibility assessment.

For transferability testing, a meticulous effort was made to present the research results in a detailed, clear, and systematic manner. The goal was to ensure that the outcomes could be easily understood by others and applied to populations beyond the study sample. This approach enhanced the study's transferability, making it relevant and applicable to a broader context.

Dependability testing involves a thorough audit of the entire research process. Internal auditors verified the research procedures, ensuring each step was conducted systematically and following established protocols. This rigorous audit contributed to the study's dependability, reinforcing the reliability and consistency

of the research methods.

Before conducting the study, the researcher obtained approval from the Health Research Ethics Committee and the Health Department of Semarang City. The evidence of approval is through the issuance of Ethical Clearance (EC) No. 122/EC/KEPK-FK/UNIMUS/2022. Research permission was obtained from the Health Department of Semarang City with Permit No. B/26557/070/XII/2022.

RESULTS AND DISCUSSION

The research was conducted from December 2022 to January 2023. Data were obtained from 11 informants, including the Head of the Public Health Center, Kedungmundu Health Center Cadre Advisors, Health Cadres in the Kedungmundu Health Center working area, and community members. Table 1 shows the characteristics of cadre informants in the working area of the Kedungmundu Health Center.

Health cadres are volunteers in the health sector who are directly elected by and from public members whose job is to assist in developing individual and community health. Cadres play a significant role in implementing health programs in the community.¹⁰ Some of the roles of cadres in the community include 1) Recording, monitoring, and evaluating Public Health Center activities with midwives. 2) Develop and manage community-based Health Efforts, including Clean and Healthy Living Behavior, Environmental Health, Mother and Toddler Classes, Nutrition Awareness Families, Health Funds, Family Medicinal Plants, and others. 3) Identify and report community events that impact public health. 4) Solving problems with the community.¹¹

Some of the things that become challenges for cadres in carrying out their roles include:

Motivation

Motivation is a driving tool that is in every individual to achieve a goal to be completed. The effort given in motivating someone is made by bringing out the factors that encourage individuals to behave in a certain way. This can be done by providing rewards, creating competition, training, advising, and others.¹² Motivation will move health cadres to carry out their work. Motivation is a mental impulse that makes a worker move to take productive actions, whether work-oriented to make money or not.

The results of good work encouragement impact the excellent performance of health cadres. This study found that, contrary to conventional expectations, the absence of financial incentives did not deter cadres from their roles. Instead, a deep-rooted passion for

Table 1. Characteristics of Informants

No	Initials	Age (years)	Position	Active cadre year	Occupation	Last education
1	GT	40	Head of Health Center	-	Medical Doctor	Medical Profession
2	CT	50	Cadre Coordinator	-	Health center staff	Bachelor's Degree
3	IN	53	- Village Family Planning Assistance Cadres - Family Welfare and Empowerment Mobilization Team - Village Health Forum cadres - Indonesian Red Cross Community-Based Disaster Preparedness Team - Team Member of the Women and Children Protection Network - Mental Health Cadre Group	2008	Businessman	High School
4	YK	53	- Head of Integrated Health Post	2018	Housewife	Bachelor's Degree
5	VL	51	- Family Planning Cadres - Family Welfare and Empowerment cadres - Village Health Forum cadres	2020	Housewife	High School
6	BC	50	- Integrated Health Post cadres - Chief of the Family Welfare and Empowerment in the Neighborhood	2011	Housewife	High School
7	SS	48	- Early Alertness System Cadres - Village Health Forum cadres - Village Stunting Team	2014	Housewife	High School
8	IK	48	- Neighborhood Association's Secretary - Family Welfare and Empowerment Mobilization Team - Integrated Health Post cadres - Family Planning Assistant Cadre in the Village - Treasurer of the Village Health Forum	2005	Housewife	Diploma III
9	PN	56	- Head of Assistant Family Planning Counselor in the Village - Manager of the Early Childhood Education - Treasurer of the Village Health Forum - Treasurer of the Village Integrated Development Post for Disability - Treasurer of the Family Welfare and Empowerment in the Neighborhood - Treasurer of Village Revolving Fund Cooperative	2007	Volunteers at Social Foundations	Bachelor's Degree
10	RY	60	- Village Health Forum cadres - Village Community Empowerment Institute - Elderly Integrated Health Post Cadres - Toddler Integrated Health Post Cadres	2006	Early Childhood Education Tutor	High School
11	YY	45	- Integrated Health Post cadres - Hamlet's Secretary - Family Welfare and Empowerment Mobilization Team	2005	Housewife	Diploma III

social activities, a sense of duty, and the belief in contributing to the greater good emerged as powerful motivators. Since there were no incentives (wages and operational costs), they were given to cadres. A study by Djuhaeni et al. found similar results. Incentives are not the main thing to motivate cadres.¹³ Some cadres even often raise funds from themselves or the community. They said that they became cadres not to get money or incentives but sincerely to achieve social welfare and the environment of the respective communities they served. This condition is as stated by the informant:

“Many people might say, ‘Ma’am... (name) surely receives a lot of respect.’ But I did it voluntarily, without expecting anything in return. I genuinely enjoy what I do and strongly believe that spreading goodness will eventually bring goodness back.” (SS, 48 years old)

“At times, I don’t feel so great. During our meetings, we don’t always have the funds, even for simple snacks. But that’s alright; we stick together and make the best of it.” (VL, 51 years old)

These findings aligned with McClelland’s theory of the need for affiliation, where individuals with high affiliation motives find satisfaction in social relationships and community involvement. The characteristics include being social, like interacting and being with individuals; acting to feel part of belonging or joining a group; driven by the desire for friendship, they tend to want clearer and firmer beliefs; tend to get together and try to get a shared understanding of what happened and what they should believe; Personally always willing to consult and like to help others who are in trouble and prefer mutual friendly relations.¹⁴ These characteristics are following what was experienced by several informants:

“I recently moved from Jakarta, and since I don’t have any relatives here, I’m trying to find connections and build relationships with others.” (SS, 48 years old)

“Ever since middle school, high school, and college, I’ve always had a passion for organizing community activities like this.” (IN, 53 years old)

“With many children to care for, I frequently participate in Integrated Health Post and similar activities. It’s delightful for me, especially since I don’t have a job. Engaging in these activities allows me to make the most of my time and connect with people in the community, and it brings me great satisfaction.” (YY, 55 years old)

The need for affiliation is the desire for good and close relationships. Individuals with a high need for affiliation typically excel in roles that demand substantial social interaction. This characteristic has been associated with professional success.¹⁵

Several cadres stated that they worked as cadres sincerely, believed that being a cadre was worship (worship), and made this work a saving for the hereafter. Helping someone is not solely because of their duties as cadres but because of humanity. Helping others is part of worship, and the cadres are not burdened. Religion is an inseparable part of everyday human life and is *a way of life*.^{16,17} This is as stated by the informant:

“I have a genuine passion for social activities and still actively volunteer at a social foundation. It’s quite lucky that I specialized in social politics during my school days and studied sociology at UGM in 1991. So, there’s always been a strong social aspect within me. When good intentions and sincerity fuel my actions, I never feel burdened. I firmly believe that one should approach things with happiness and sincerity. When you do things earnestly, God’s blessings will surely follow. That’s the principle I live by.” (PN, 56 years old)

Strong encouragement within the individual is one effort to carry out activities that lead to goals. Several studies have stated that high work motivation impacts increasing commitment to work.^{18,19} Notably, the cadres’ testimonials underlined the importance of sincerity and intrinsic rewards, reinforcing that genuine motivation stems from within.

Family support

Family emerged as a crucial pillar supporting health cadres in their voluntary efforts. The study uncovered that the encouragement and understanding of spouses and children significantly contributed to the cadres’ sustained involvement. Support can come from the husband and children. Family support is a significant factor.²⁰ Cadres can also fill their free time with many activities because their children are adults.¹⁵ An informant conveyed this:

“At that time, I had a conversation with my husband, and luckily, our child had grown up enough to have conversations. I discussed with them about becoming a cadre and the potential busyness it might bring later. To my surprise, both my husband and children were happy and supportive. They said if I wanted to do something, they were all for it.” (PN, 56 years old)

Family support effectively motivates someone to participate in their environment, even though it demands time and responsibility.²¹ Most respondents stated that the family supports their role as health cadres. This is similar to the results of research conducted by Maulida in 2015, in which 43.3% of cadres stated that their families supported them as cadres.²²

"I'm truly grateful for my strong friendships and unwavering support from my loving husband and children. They are always there to listen to my concerns and complaints. Not only do they offer valuable advice, but they also provide me with positive opinions and constant encouragement to keep pushing forward." (PN, 56 years old)

The narratives reflected a sense of shared commitment within families, emphasizing that family support bolstered morale and facilitated smoother execution of responsibilities. This observation resonates with established literature that underscores the positive relationship between familial encouragement and the enduring engagement of volunteers in community health initiatives. The stories shared by participants highlighted the importance of a supportive family environment in fostering and sustaining involvement in such initiatives.

Number and Recruitment of Cadres

A noteworthy challenge identified in the study was the limited number of health cadres and the difficulty recruiting new volunteers. This shortage posed obstacles in executing activities and potentially impacted cadre performance. This is as expressed by the informant:

"The number of cadres involved in weighing at the Integrated Health Post was quite limited, around 6-7 people." (YK, 53 years old)

The Cadre Coordinator also conveyed that the number of existing cadres is still insufficient to support all health programs. This shortage poses a challenge to the effective implementation of various health initiatives. Addressing this limitation becomes crucial for enhancing the overall impact and reach of the health programs.

"Yes, it's true. Ideally, each program should have its dedicated cadres. However, finding volunteers has been challenging, and not many people are willing to take on the role. As a result, we are left with the same few cadres handling multiple tasks." (CT, 50 years old)

The study shed light on the multifaceted lives of cadres, who often juggle multiple responsibilities besides

their volunteer roles, as listed in Table 1. Despite these additional responsibilities, the informants demonstrated a steadfast commitment to fulfilling their duties and roles to the best of their ability. This resilience underscores the dedication and effectiveness of the cadres in balancing their diverse obligations.

"Given the workload, sometimes it feels like I'm juggling many responsibilities. When it comes to managing my time, I use a priority system. I prioritize the tasks that require immediate attention." (PN, 56 years old)

The limited number of cadres can be an obstacle in carrying out activities and can affect cadres' performance.²³ Privett (2011) states that cadres and volunteers have unique personal characteristics, namely uncertain supply, high uncertainty, and erratic, making managing difficult.²⁴ The challenge in recruiting health cadres is the scarcity of willing people to become cadres. This happens because the cadres are still preoccupied with fulfilling primary needs economically.²⁵

Recruitment of health cadres is generally arranged to be voluntary (unpaid) workers. This is because the institutions where the cadres take shelter are generally not profit-oriented (non-profit). Agencies, to save expenses and operational efficiency, require cadres who work voluntarily. The thing that needs to be considered in recruiting cadres is that the existence of health cadres is to ensure the program's sustainability. In the end, many Community-Based Health Efforts did not work because their cadres had resigned or were inactive.²⁵

When confronted with challenges, the cadres responded to seek assistance from residents during the activity, as stated by the informant. This collaborative approach exemplifies the resourcefulness and adaptability of the cadres in overcoming obstacles. Their ability to engage the community for support reflects the dynamic nature of their efforts in addressing various situations. This is as stated by the informant:

"Due to the shortage of cadres, Integrated Health Post administrators often seek help from residents or young people in the community." (YK, 53 years old)

"In my area, there was a change in Hamlet's chief, and all the cadres were replaced with new trusted individuals from the new chief. However, this created a challenge because we had to start teaching everything from the beginning. It would have been more manageable if only half of the cadres were replaced at a time." (YY, 45 years old)

Despite these challenges, the testimonials revealed a proactive approach, with cadres strategically

prioritizing tasks and managing their time efficiently. This aggressive stance reflects the resilience and adaptability of the cadres in navigating their responsibilities. The testimonials underscored the cadres' ability to overcome obstacles and maintain an effective workflow.

Cadre Development

Community health cadres are responsible for the local community and leaders appointed by health service centers. Cadres are expected to be able to carry out the instructions given by the supervisors in the working relationship of a health team.²⁶ Because of this, regular coaching and training is needed so cadres can carry out their roles optimally.²⁷

"Not all of the cadres are highly knowledgeable. Sometimes, they ask about data that their fellow cadres have already gathered, leading to duplication of efforts. However, I can't get angry with them. If I upset my cadres, it might discourage them from continuing their work, and that would be even more troublesome." (PN, 56 years old)

The purpose of forming cadres is to actively and responsibly involve the community. Community participation in improving service efficiency is the basis of limited resources and Integrated Health Post operations that will optimally utilize existing resources in the community. Cadres' duties vary from place to place. These tasks include health services and community development, but what they have to do is limited to the fields or tasks they have been taught.

Cadres in carrying out their functions are under the guidance of the Public Health Center. The Public Health Center equips cadres with essential knowledge and skills to perform their community roles. In addition, the cadres were also provided with several guidebooks, including Cadres Handbook, Practical Guide for Cadres on Taburia, Book for Cadres in the Elderly Health series, Handbook for Youth Integrated Health Post Cadres, Information and Education Communication (IEC) Book for Youth Health Cadres.¹¹

"We have regular coaching sessions at the Public Health Center, and the attendance is usually quite high, around 90%. These monthly meetings are essential for coordinating our activities and receiving guidance." (CT, 50 years old)

"As part of the Public Health Center program, we conduct occupational health cadres training at least twice a year. Additionally, we hold monthly meetings for updates and coordination." (GT, 40 years old)

"The Public Health Center provides excellent support and assistance in organizing activities such as the Mosquito Larvae Eradication program, Integrated Guidance Post for Disabilities, and Prenatal Care. The current level of attention and support has been beneficial for the smooth running of these initiatives." (PN, 56 years old)

Cadres are also expected to be able to play an active role and become a motivator, motivator, and community educators, bridge between health workers/experts and the community, and help the community identify and face/respond to their own health needs. Cadres are also expected to be able to provide information to authorized health officials who may not be able to reach the community directly and to be able to encourage health officials in the health system to understand and respond to community needs. Cadres can help mobilize community resources, advocate for communities, and build local capabilities.²⁶

"Nurturing new cadres and training them from scratch to carry out routine tasks can be challenging." (IN, 53 years old)

"When I first became a cadre, it was quite challenging because our Hamlet's Chief wasn't active, and we lacked clear direction for our activities. Our area was vast, but with time and experience, I overcame the difficulties and learned along the way." (YY, 45 years old)

"Training sessions specifically designed for Integrated Health Post cadres are essential and need to be organized." (YK, 53 years old)

The study emphasized continuous coaching and training to enhance cadre capabilities. Insights from the interviews indicated that regular sessions facilitated coordination, guidance, and updates on health programs. Challenges, such as knowledge gaps and the need for standardization in reporting, were acknowledged. This underscores the importance of ongoing training initiatives tailored to the evolving needs of health cadres.

Level of citizen participation

The Alma-Ata Declaration (1978) states that primary health services emphasize the importance of community participation in health programs.²⁸ Community participation is a descriptive term that indicates the involvement of several people with significant numbers in various situations or actions that can improve their (the people's) welfare. One of the challenges cadres face in society is the participation of diverse citizens. Health cadres must implement an Integrated Health Post to

manage all existing activities. One of the essential roles of Integrated Health Post cadres is to motivate mothers, especially those with toddlers, to regularly weigh their children at the Integrated Health Post every month.^{6,29-}

³¹Citizen participation has shown mixed results, as stated by an informant:

“Almost 90% of young families have limited free time in my area. It’s not that they don’t want to participate, but often, activities coincide with their busy weekdays or holiday plans. The presence of toddlers at weighing/Integrated Health Post activities is only around 60% of the total number of toddlers in the area.” (YK, 53 years old)

“Residents can sometimes be reluctant to attend Integrated Health Post and family planning sessions.” (VL, 51 years old)

“Some residents are more challenging to engage, while others are more receptive and cooperative.” (BC, 50 years old)

The varying levels of citizen participation may be because the community is not too aware of the benefits and importance of activities. There are three main reasons for the importance of community participation in activities, namely: (1) community participation is a tool to obtain information about the conditions, needs, and attitudes of the local community, without whose presence, program activities and projects will fail. (2) the community trusts an activity program if involved in the preparation and planning process because it knows more about the ins and outs of activities and projects and feels they own the activity. (3) participation is a democratic right of the people in their activities.³² The cadres understand this, so several cadres make various efforts to make the program run smoothly, including:

“To encourage residents to participate, we conduct socialization through regional cadre meetings. We aim to create a relaxed atmosphere where residents feel willing to attend, rather than feeling obligated.” (SS, 48 years old)

“For toddlers who are not present during Integrated Health Post activities, we visit them door to door and conduct weighing sessions at their homes.” (YK, 53 years old)

“Our main approach is consistently reminding residents about Integrated Health Post and family planning sessions. We also personally invite those who have not yet

participated in family planning. We ensure the process is enjoyable and engaging to keep them interested.” (VL, 51 years old)

The study explored the intricate dynamics of citizen participation in health programs, revealing varying levels of engagement influenced by factors such as time constraints and awareness. Cadres recognized the need for community involvement and employed strategies like socialization and door-to-door visits to enhance participation. The findings underscore the importance of fostering awareness about the benefits of health activities to improve community engagement.

Facilities and infrastructure

The availability of facilities and infrastructure for activities is an essential factor in the success of an activity. Facilities and infrastructure are prepared during community health center activities. This is as stated by the informant:

“Before each activity, we prepare all the necessary tools and materials. We also extensively coordinate with health workers, other cadres, and the neighborhood and hamlet’s chiefs to organize service activities at the Integrated Guidance Post for Non-Communicable Diseases. Additionally, we work closely with sub-districts and cadres to plan and implement Integrated Guidance Post for Non-Communicable Diseases program activities. As part of our responsibilities, we also collaborate with the neighborhood and hamlet’s chiefs and other cadres to collect data on Non-Communicable Diseases patients, closely monitor patients with high-risk Non-Communicable Diseases, conduct anthropometric examinations, blood-glucose examinations, and blood pressure control.” (CT, 50 years old)

The facilities and infrastructure available at the Integrated Health Post, which is carried out every month, will significantly help to improve the health of mothers and toddlers because it makes it easier for cadres to provide health services. The results of Mukrimah and Hamsinah’s research in 2014 suggested a relationship between the availability of facilities and infrastructure and the performance of Integrated Health Post cadres. These facilities and infrastructure include register books, weighing equipment, and leaflets or posters used for counseling.³³ Even so, several areas complained that infrastructure facilities were not available. This is as revealed by the informant:

“Lack of facilities and infrastructure. So, sometimes, in terms of infrastructure, we often have to borrow from

residents' property to manage our activities.” (YK, 53 years old)

Facilities and infrastructure emerged as pivotal factors influencing the success of health activities. Some areas reported adequate support, while others faced challenges, relying on borrowed resources. Addressing these infrastructure challenges requires a strategic approach involving community engagement, resource mobilization, and collaboration with local authorities to ensure that health cadres have access to the necessary tools and facilities for effective program implementation.

Administrative Tasks

The policy and administration system is the rules and administrative work the Public Health Center and local government provide to run their health programs. Several cadres stated that policies and administrative reports were not burdensome to them. On the other hand, there were still cadres who complained about the large number of tasks that had to be carried out, and sometimes, there were sudden instructions from the local government to carry out several tasks and responsibilities that had to be completed quickly.¹⁵ This is similar to what informants said:

“Sometimes, we must report data immediately to the Service, even when the cadres haven't confirmed the related data. It can be challenging because we need accurate information, but the confirmation process takes time.” (IK, 48 years old)

The records of cadres are taken monthly by Public Health Center staff and reported monthly to local government officials.²¹ The cadres stated that the local government assigned many tasks and ordered them quickly, making them uncomfortable.³⁴ This was stated in interviews with informants:

“Sometimes, we are suddenly asked to collect and submit reports, even if the data is incomplete. In such cases, we may use old existing data or submit provisional reports while waiting for confirmation from cadres.” (IK, 48 years old)

No matter how good a program is, the program will not look good if a good and correct reporting system does not follow it. To realize this, a sound recording and reporting system is needed. To make cadres reliable in collecting data and reporting, orientation or training is required in recording and reporting issues. Cadres must be able to gather valid and correct data. This is because the correctness of data will determine the course of the

following program. Several cadres have their ways and methods to anticipate this, as stated by the informant:

“When I first became a cadre, I encountered some difficulties with data collection. The previous cadre had lost some data, leaving me with zero information. I had to work with the Public Health Center to gather data on toddlers, collecting information here and there to complete the toddler's data. Eventually, I compiled all the requested data and created archives for future reference.” (PN, 56 years old)

“I created a form and shared it in our group, so there's no need to wait for a meeting to report. This streamlined the reporting process and made it more efficient.” (PN, 56 years old)

The administrative work of the Public Health Center and local government must be kept as simple as possible so that it does not become a burden for health cadres.¹⁵ Keeping these processes straightforward ensures that the administrative responsibilities do not impede the effectiveness of health cadres in their crucial roles. Streamlining administrative work contributes to a more efficient and supportive environment for the cadres to carry out their health-related duties.

“It would be better if data requests came from one agency only, instead of multiple agencies asking for the same data. This would save time and effort for cadres.” (IK, 48 years old)

Administrative demands, particularly sudden instructions, and reporting pressures, were identified as stressors. Simplifying administrative processes emerged as a suggestion from cadres, emphasizing the need for a streamlined reporting system. This recommendation aims to alleviate stress and enhance the efficiency of administrative tasks for health cadres.

Interpersonal relationships

Interpersonal relationships significantly affect job satisfaction for colleagues and superiors regardless of the employee's position. In addition, there is a significant positive relationship between the role of interpersonal relations and job performance. This implies that the productivity of employees depends on their interpersonal relationships.^{15,35,36}

“I faced some challenges when I first started as a cadre in the neighborhood. Coming from Solo (my place of origin), I wanted to do things right, but unfortunately, I faced criticism and disdain from others.” (SS, 48 years old)

"I have encountered certain individuals who dislike or feel jealous of my position in the neighborhood due to my close connections with regional stakeholders and my involvement in institutions with significant activity funds like the Village Health Forum." (PN, 56 years old)

"At times, I feel uncomfortable with my co-workers at the office because I often need permission or arrive late for work due to other activities outside the office. Even though my work agreement allows me to continue my village cadre activities, it creates tension." (SS, 48 years old)

Interpersonal relationships played a crucial role in shaping cadre experiences. Criticism and discomfort were noted, shedding light on the delicate balance health cadres navigate in maintaining relationships with colleagues and community members. The study highlighted the significance of fostering positive interpersonal relations to enhance job satisfaction and overall performance.

CONCLUSION

Challenges faced are diverse in various regions. Some factors identified as challenges for health cadres include the number of cadres, the recruitment process for cadres, cadre development, varying levels of community participation, substantial administrative tasks, infrastructure, and conflicts among fellow cadres. Participation as health cadres is voluntary and does not come with a salary. However, this is not a significant obstacle, as most cadres have high commitment, motivation, and family support. Each cadre has ways or methods to anticipate and address the challenges of their roles. Regular guidance from the Public Health Center and simplified administrative systems from the government are expected to enhance the performance of health cadres in their work.

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