

Efforts to Increase Motivation of KURABA (Toddler Home Visits) Cadres Using a Teleposyandu Approach at Posyandu Mawar, Bangkalan District

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ABSTRACT

Motivation for Home Visits by Posyandu cadres is an implementation of the Ministry of Health, but cadre motivation is still lacking in Home Visits by Posyandu cadres. Analyzing the Motivation of Kuraba Cadres (Five-Year-Old Baby Home Visits) Using the Teleposyandu Approach at Posyandu Mawar Bangkalan. Type of experimental research: pre-post test One Group Design, sampling technique with simple random sampling, a sample size of 20 cadres, analyzed statistically using the Wilcoxon test. There was an increase in cadre motivation for KURABA (Toddler Home Visits) between before and after the intervention was given Teleposyandu at Posyandu Mawar Bangkalan, apart from that, based on the Wilcoxon Test analysis on satisfaction, the P value was $(0.000) < \alpha (0.05)$. There was an increase in the motivation of KURABA (Toddler Home Visits) cadres after being given the Teleposyandu intervention at Posyandu Mawar Bangkalan.

Keywords: cadres, motivation, posyandu, teleposyandu, wilcoxon test

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BACKGROUND

The motivation for Home Visits by Posyandu cadres is implementation of the Ministry of Health's commitment to implementing the 6 pillars of Health System Transformation with one of the main pillars being Primary Health Transformation (Zandroto & Tobing, 2024). The aim of Transforming Primary Health Services is to bring promotive and preventive services including home visits by qualified cadres closer to the community and improve health status, focusing on the life cycle as the target of health services and bringing it closer to efforts to promote and prevent disease (Dhynianti & Surya Darmawan, 2024). Health services through networks up to the village and hamlet level, including strengthening disease promotion and prevention as well as the ability to withstand pandemics (Indriyati et al., 2023), monitoring local areas through health situation dashboards per village, and increasing routine home visits by posyandu cadres (Ramadhani & Hermana, 2023). Primary Health Service Integration is an effort to organize and coordinate various primary health services with a focus on meeting health service needs based on the life cycle of individuals, families, and communities (Salihi et al., 2025). Integrating primary services implemented at Community Health Centers, Subdistricts, and Family Posyandu in villages is expected to be the spearhead of improving community health. Posyandu which has become a Community Institution will provide integrated services according to the life cycle, starting from pregnant women to the elderly, and will increase home visits by cadres as a follow-up to regional monitoring in the health sector from Puskesmas and Posyandu (Kurniawan et al., 2021).

Integrated Service Posts (Posyandu) are an important means of improving the health status of the Indonesian people, especially in dealing with maternal and child health. Posyandu plays an important role in providing basic health services such as immunization, monitoring toddlers' growth, nutrition counseling, and implementing other public health activities. Toddler visits to Posyandu are very important for monitoring children's growth and development, as well as providing health services that can be obtained at Posyandu (Amidianski et al., 2024).

In its operations, Posyandu plays the important role of cadres. They are tasked with providing direct services to the community, starting from measuring children's weight and height, and recording data, to providing relevant health information to families and the community. However, even though Posyandu has a strategic role in the public health system, there are several challenges faced in improving the quality of its services (Permana et al., 2024). One of them is the motivation of cadres to carry out their duties optimally. This motivation is very important considering the limited resources, both in the form of facilities and funding, which often limit the performance of Posyandu. Health cadres, who work voluntarily, often feel underappreciated and do not have sufficient access to relevant information or training to support their duties. This limitation has an impact on the low quality of services provided at Posyandu (Zakia, 2024).

The data we got at Posyandu Mawar shows that out of 42 toddlers, around 7-8 toddlers come to visit Posyandu every month (Posyandu Mawar, 2024). The causes of the decline in visits to Posyandu for Toddlers are a lack of knowledge about the importance of Posyandu activities, time limitations, family support, and quality of health services (Muna & Wahyuni, 2020). The impact of the decrease in visits to Posyandu Toddlers can have a negative impact on children's nutritional needs, including not getting health education about normal toddler growth, not getting Vitamin A for toddler eye health, and not getting counseling about additional foods (Lieskusumastuti et al., 2024).

With the development of information and communication technology, various innovative solutions have emerged to overcome existing problems. KURABA is one example

of innovative in-home visits for toddlers who have not been to the Posyandu for several months because they are embarrassed because their child's scales are not moving up. To increase the effectiveness of increasing KURABA (Toddler Home Visits) motivation, one way is to use the Teleposyandu approach. Teleposyandu or telenursing is a technology-based health service model that integrates telemedicine and Posyandu systems (Albahri et al., 2021). In this system, health information can be delivered more efficiently through applications or digital platforms, which allows communication between cadres and medical personnel or other health facilities to be carried out more quickly and easily (Amidianski et al., 2024). The implementation of Teleposyandu aims to overcome limitations and increase maternal visits to Posyandu, both in terms of human resources and infrastructure. Technology can be an effective tool to speed up the process of monitoring maternal and child health, as well as providing training or counseling to cadres online (Agastiya et al., 2022).

METHODS

The type of research used in this research is experimental research. The research design in this study is a pre-post-test One Group Design, this design attempts to uncover cause and effect by involving a control group in addition to the experimental group (Suhron, 2024). The variable in this research is the independent variable Teleposyandu and the dependent variable is Motivasi KURABA (Kunjungan Rumah Balita). The population in the innovation project were mothers who had children aged 0 to 5 years in the Posyandu Mawar, The Mother has an android mobile phone cooperative in the research. The sampling technique was simple random sampling. The sample size was 20 cadres. The instrument in this innovation project is the innovation project Motivation of KURABA cadres (Toddler Home Visits) with indicators I attend Posyandu and I obey the rules for visiting Posyandu. Statistical analysis uses the Wilcoxon test. The research was conducted in December 2024, and an ethical feasibility test was carried out at NHM University with Number: 2387/KEPK/UNIV-NHM/EC/XI/2025.

RESULTS

Table 1. Distribution of the frequency of KURABA cadres (Toddlers' Home Visits)

Characteristics Family N (20)	Mean±SD
Age (M)	34±12.2
Marital status	
Divorced	2 (10)
Married	18 (90)
Employment	
Full-time/part-time	9 (45)
Unemployed/retired	11 (55)
Education	
Primary	3 (15)
Middle	13 (65)
High	4 (20)
Child status	
Eldest	2 (10)
Middle	4 (20)
Youngest	8 (40)
Only	6 (30)
Type of family	
Nuclear	12 (60)
Extended	8 (40)

Source: primer 2025

Based on the table above, it was found that most of the characteristics of cadre in this study were Age Mean \pm SD= (34 \pm 12.2), marital status, 2 (10%) were Divorced while 18 (90%) Married, for Teenage Family Employment, 9 (45%) Full-time/part-time, 11 (55%) Unemployed/ Retired, for Education with a Primary level of 3 (15%), Middle 13 (65%), High 4 (20%), for Child status 2 (10%) Eldest, Middle 4 (20%), Youngest 8 (40%), Meanwhile type of family for Nuclear family 12 (60%), 8 (40%) Extended Family.

Table 2. Differences in Motivation of KURABA cadres (Toddler Home Visits) (N=20).

Variable	<i>Pre</i>	<i>Post</i>
	Mean \pm SD Max-Min	Mean \pm SD Max-Min
<i>I live in Posyandu</i>	40.20 \pm 2.238 (35-44)	58.05 \pm 8.395 (40-67)
<i>I obey the rules for visiting Posyandu</i>	41.20 \pm 2.238 (32-43)	61.05 \pm 1.215 (40-67)
<i>Uji Wilcoxon Test P-Value</i>	0,000	

Source: primer 2025

Based on the results of Motivation of KURABA cadres (Toddler Home Visits) above obtained before being given Teleposyandu, it was found that the value (mean \pm SD) for the I underwent Posyandu Indicator was (40.20 \pm 2.238), I obeyed the rules for visiting Posyandu was (41.20 \pm 2.238), Meanwhile, after being given Teleposyandu, the values obtained (mean \pm SD) for I underwent Posyandu Indicators were (58.05 \pm 8.395), I obeyed the rules for visiting Posyandu was (61.05 \pm 1.215). Based on the Wilcoxon Test analysis on all motivation indicators, a P value of (0.000) $<$ α (0.05) was obtained, which shows that there is a difference in the indicators of I underwent Posyandu, I obeyed the rules for visiting Posyandu between before and after being given Teleposyandu. Apart from that, based on the Wilcoxon Test analysis on cadre motivation, a P value of (0.000) $<$ α (0.05) was obtained, this shows that there is a difference in cadre motivation between before and after being given Teleposyandu to the mother. at Posyandu Mawar Bangkalan.

DISCUSSION

Respondent Characteristics of KURABA cadre (Toddler Home Visits)

Based on the results of the study, the average age is 52 years, the age of the cadres, most of whom are still adults, so the cadres are still active and enthusiastic about working (Kasumayanti et al., 2022), apart from that, the data shows that most of the cadres are married so they understand the needs of mothers of children which triggers the motivation of cadres, as for the motivation of cadres in providing posyandu services will make the activities in the posyandu can be carried out optimally (Dinda, 2023). This is also supported by the educational level of the respondents, most of whom have a high school education so that cadres have fairly good knowledge in terms of accessing information related to the role of cadres in posyandu services in accordance with other research that positively supports and motivation will lead to strong work for a cadre in providing services at posyandu. Motivation can be influenced by past experiences, level of intelligence, physical abilities, environment, and so on.

The higher a person's intelligence and level of education, the more active they will be in various posyandu activities and will consciously take actions to meet these needs, and conversely, the lower their intelligence and education level, the less active they will be in posyandu activities (Uswatun Qoyyimah et al., 2022). This is confirmed in other research that

the high motivation of cadres, has a positive impact such as their activeness in visiting the posyandu, increasing the services provided by cadres through the roles and duties of cadres so that they can improve the level of health and infants and toddlers are protected from disease, malnutrition, and others. Because in the posyandu, the extent of health in the community will be monitored through the hands of competent cadres (Sekarningrum & Ismahmud, 2020). This is supported by the health center program which aims to detect all possibilities in the community through trusted cadres. High motivation will be closely related to success in posyandu. Because motivation will show that a person's behavior is active and enthusiastic in improving public health (Uswatun Qoyyimah et al., 2022). Most of them work as housewives so they have sufficient time to participate in posyandu services, several cadres have been involved in training activities, and most of the cadres have work experience of more than 5 years so they are able to understand things related to their roles, and duties as cadres, apart from that, cadres are motivated and active in posyandu activities because cadres receive incentives from the village (Isnaeni & Hastuty, 2023).

Analysis of Reporting Motivation of KURABA (Toddler Home Visit) cadres after being given Teleposyandu intervention

Based on the research results, there was an increase in the Motivation of KURABA (Toddler Home Visits) cadres after being given the Teleposyandu intervention at the Posyandu Mawar Bangkalan. One motivational factor also influences cadres' compliance in visiting toddler homes in participating in the posyandu program. The behavior of cadres to participate in cadre posyandu is obtained from stimulus from outside the cadre or support from those closest to them or family or even elderly friends who participate in the elderly posyandu program themselves. Motivation is a psychological process that describes the interaction between attitudes, needs, perceptions, and decisions that occur within a person, and motivation as a psychological process arises due to factors within oneself (intrinsic factors) and factors outside oneself (extrinsic factors) (Kasumayanti et al., 2022), confirmed in other research on the hopes and satisfaction of mothers of toddlers in health services at posyandu which found that increasing cadre motivation can be done through providing training and rotating cadres due to telenursing or teleposyandu (Komalasari, 2022), in line with research results which show a strong relationship between motivation and performance of posyandu cadres with the use of technology with telemedicine or similar (Bártlová et al., 2023). The use of teleposyandu or telenursing increases motivation (Graetz et al., 2022). Telenursing is a nursing intervention that can be used as an alternative to home visits for patients requiring it (Park & Lee, 2023). Furthermore, other research shows that telenursing reduces the occurrence of psychological disorders in health workers (Bikmoradi et al., 2023). Furthermore, other research shows that almost 50% of primary care appointments continued to be telemedicine consultations beyond the first pandemic emergency phase. Medication prescriptions, lab and imaging orders, and other orders were found to be the most common during office visits and the least common during telephone appointments. Telephone visits had the largest number of follow-up in-person primary care visits, whereas index office visits had the lowest number. Hospitalization and emergency department visit rates were low for all visit types, but they were also greater following telemedicine than following office visits. Telephone contacts had the greatest variations in follow-up visits, whereas pain and GI illnesses had the highest variances in telemedicine prescribing. Patterns in the distinctions between office visits and telemedicine were mostly constant, even when the precise rates of treatment and follow-up care usage differed across clinical concern areas (Huang et al., 2024). Cadres who have high enough motivation will have an impact on the fulfillment of all Posyandu health services or health services, and vice versa, low motivation will cause the present cadres to be unable to provide health services, especially Posyandu (Janwarin, 2021).

CONCLUSION

There was an increase in the motivation of KURABA (Toddler Home Visits) cadres after being given the Teleposyandu intervention at Posyandu Mawar Bangkalan.

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