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# Determinants of Integrated Primary Healthcare (ILP) Cadres' Performance Based on Individual, Psychological, and Organizational Dimensions

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**Abstract.** The *Posyandu* framework has transitioned into *Posyandu ILP* in alignment with the Health Transformation agenda initiated by the Ministry of Health. Integrated Primary Healthcare (ILP) aims to coordinate primary health services to meet life cycle-based needs. Semarang City faces several health issues, including stunting (872 cases), maternal mortality (16 cases), and pulmonary tuberculosis (5,039 cases). Addressing these challenges requires active involvement of health cadres and Posyandu through their roles in implementing *Posyandu ILP*. This study aimed to identify determinants of *Posyandu ILP* cadre performance in Semarang City based on individual, psychological, and organizational dimensions. A cross-sectional study was conducted with 165 Posyandu ILP cadres in Semarang City between March to April 2025. Sociodemographic data, the abilities and skills, the perception, the attitude, the motivation, the resources, the organizational support, the leadership, the rewards, and the workload were collected by questionnaire and were analyzed using Chi-square to assess their correlation with cadre performance. Chi-square analysis showed significant associations between cadre performance and skills and abilities (0.001), perception (0.003), attitude (0,001), motivation (0.001), resources (0.004), leadership (0.005), rewards (0.019), and workload (0.034). However, age (1.000), years of service (0.583), and organizational support (0.062) showed no significant relationship with cadre performance.This study highlights skills and abilities, perception, attitude, motivation, resources, leadership, rewards, and workload as determinants of Posyandu ILP cadre performance. This study provides valuable insights into the performance of Posyandu ILP cadres and the contributing factors, thereby supporting stakeholders in identifying appropriate interventions to ensure the optimal implementation of Posyandu ILP.

**Keywords:** determinants, cadre performance, integrated primary healthcare

## 1 Introduction

Integrated Health Post (*Posyandu*) is one of the villages/sub-district units that helps village heads to improve community health services. The establishment of Posyandu aims to be the frontline and closest to the community in carrying out health promotion, disease prevention, and health monitoring in local area. Originally, *Posyandu* was categorized based on health service provided which consist of *Posyandu KIA* (Mother and Child Health *Posyandu*), *Posyandu Lansia* (Elderly *Posyandu*), *Posyandu Remaj*a (Youth *Posyandu*), and *Posbindu PTM* (Non-communicable Disease *Posyandu*) [1].

The *Posyandu* framework has transitioned into *Posyandu ILP* in alignment with the Health Transformation agenda initiated by Ministry of Health. Integrated Primary Healthcare (ILP) is intended to organize and coordinate various primary health care services in order to meet the needs of health care services based on the life cycle, starting with pregnant women, childbirth, and postpartum period; infants and toddlers; preschoolers; school-age children and adolescents; and adults and the elderly. Therefore, the implementation of *Posyandu* based on programs has changed to *Posyandu ILP* which will be performed for all life cycle at the same time [1].

Indicators of success in *Posyandu ILP* is reflected in increasing the coverage and quality of health services on the life cycle, increased disease surveillance and early disease detection, and adherence to the guidelines and technical instructions that have been created [2]. The achievement of *Posyandu ILP* depends on the performance of cadres, community participation, and stakeholder

involvement [3]. Cadres play a pivotal role in the delivery services at *Posyandu ILP*, encompassing healthcare access, management, advocacy, coordination, health promotion, and health monitoring. According to research conducted by Suryani and Ramadhika, the effectiveness of cadre performance plays an important role in shaping community interest and enthusiasm toward visiting *Posyandu* [4].

Following the launch of the ILP Program in Indonesia, all *Puskesmas* and Posyandu across cities have commence its implementation. All *Puskesmas* throughout Semarang City have adopted and are currently implementing ILP services. Based on data from the Semarang City Health Office in 2024, 53% of *Posyandu* units have adopted the ILP model, while the remaining 47% continue to operate under non-ILP standards. Semarang City faces several health issues, including stunting (872 cases), maternal mortality (16 cases), and pulmonary tuberculosis (5,039 cases). Addressing these challenges requires active involvement of health cadres and *Posyandu* through their roles in implementing *Posyandu ILP*. A study by Rinayati et al. in Semarang revealed that *Posyandu* services were limited to measurement and recording, indicating that their functions were not fully operational. Additionally, issues in cadre performance were identified, such as delayed reporting and inactive participation [5].

The results of a preliminary study at one of the *Posyandu* aligned with Rinayati et al., which revealed that only 8 out of 14 cadres took part in the *Posyandu* open day activities. Moreover, several cadres arrived late and didn't help prepare the place and equipment for *Posyandu*. In certain *Posyandu* units, there are passive cadres who rarely participate in *Posyandu* activities during both open days and regular operations. Some cadres are also reluctant to attend trainings or meetings, resulting the cadre who participate in those activities tend to be the same. The head of *Posyandu* also said that several cadres lacked initiative in fulfilling their assigned duties and responsibilities. These findings suggest that low-performing cadres remain a concern in current implementation.

Performance refers to the outcomes of work carried out by individuals, both in terms of quality and quantity. Gibson identifies three influencing factors, namely: individual factors (abilities and skills, background, demographic), psychological factors (perceptions, attitudes, personality, motivation, and learning patterns), organizational factors (resources, leadership, organizational structure, rewards, and job design). Raniwati et al. found low community participation in *Posyandu* linked to poor cadre performance, influenced by education, attitude, motivation, facilities, and training access [6].

As *Posyandu ILP* is still in the early stages of implementation, related research is still limited, particularly regarding cadre performance. This study aimed to identify factors influencing *Posyandu ILP* cadre performance in Semarang City that can be used to arrange evaluation and improvement efforts by relevant stakeholders.

## 2 Methods

This type of quantitative research with a cross-sectional study approach to determine factors influencing *Posyandu ILP* cadre performance in Semarang city. The research was conducted from March to April 2025 at 4 selected Puskesmas in Semarang City, specifically Puskesmas Kedungmundu, Puskesmas Padangsari, Puskesmas Lebdosari, and Puskesmas Gunungpati. The research location was selected based on the criteria of *Puskesmas*'s proximity to the city center and the health burden at *Puskesmas*. The population in this study consisted of all cadre *Posyandu ILP* who had received a cadre competency assessment during the study period. A total of 165 respondents were selected using a simple random sampling, ensuring that each cadre had an equal opportunity to be included in the study. The inclusion criteria were cadre of *Posyandu ILP* and have been evaluated for the assessment of 25 basic competencies. The exclusion criteria were the head of *Posyandu ILP* and cadres were not willing to be research respondents.

The independent variables in this study were: 1) age, defined as length of life of cadre; 2) years of service, defined as length of time a cadre has been a *Posyandu* cadre; 3) abilities and skills, defined as cadre's self-assessed competencies encompass the management of *Posyandu*, skills related to infant and toddlers, skills for pregnant and breastfeeding mothers, and skills for the elderly; 4) perception, defined as cadre's insights regarding the execution of *Posyandu ILP* and its

contributions to community well-being; 5) attitude, defined as cadre's responses to the implementation of *Posyandu ILP*; 6) motivation, defined as cadre assessment of things that can encourage cadres to be involved in every *Posyandu ILP* activities; 7) resources, defined as cadre assessment regarding the management, completeness, and quality of available resources; 8) leadership, defined as cadre assessment of the role of the *Posyandu* head and *Puskesmas*; 9) rewards, defined as cadre assessment regarding the presence and type of awards given to cadres; 10) organizational support, defined as cadre assessment regarding sub-district support for the implementation of *Posyandu ILP*; 11) workload, defined as cadre assessment regarding the suitability of the number of tasks with the capabilities and resources in implementing *Posyandu ILP*. The dependent variable was *Posyandu ILP* cadre performance, defined as cadre perceptions of their work activities and evaluated from four aspects: task performance, contextual performance, adaptive performance, and counterproductive work behavior.

Cadre data was obtained from each *Puskesmas* and then random sampling was carried out. Data collection was carried out using a questionnaire distributed to selected cadres. Ethical clearance for this research was granted by the Health Research Ethics Committee, Faculty of Public Health, number: 169/EA/KEPK-FKM/2025. Descriptive analysis was utilized to summarize the attributes of respondents and the distribution of each study variable individually. Bivariate analysis was performed using Chi-square correlation to identify factors influencing *Posyandu ILP* cadre performance.

# 3 Results And Discussion

## 3.1 Result

Table 1 shows the characteristics of *Posyandu ILP* cadres. A total of 165 respondentes filled out the questionnare with 86,7% cadres classified as adults with more than 3 years of service as cadres (54,2%). Most of the cadres are at the Purwa level (63,6%) and have a formal educational background at the senior high school level (58,2%). It was found that 66,7% cadres are housewives. Moreover, table 1 also presents the characteristics of performance factors. Most cadres have good skills and abilities (58,8%), good perception towards the execution and benefits of Posyandu ILP (54,5%), positive attitude (67,3%), high motivation (57,0%), good resources (73,9%), good leadership (52,7%), good rewards (63,6%), good organizational support (53,9%), and unburdened workload (73,9%). Furthermore, most of cadres have high performance in implementation of Posyandu ILP.

**Table 1.** Frequency distributions based on respondent characteristics (n=165)

| **Variables** | **N = 165** | **%** |
|---|---|---|
| **Age** | | |
| Adult (18-59) | 143 | 86.7 |
| Elderly (>60) | 22 | 13.3 |
| **Years of service** | | |
| ≤3 | 59 | 35.8 |
| >3 | 106 | 54.2 |
| **Cadre strata** | | |
| Purwa | 105 | 63.6 |
| Madya | 38 | 23.0 |
| Utama | 22 | 13.3 |
| **Education level** | | |
| No formal education/not graduated from elementary school | 1 | 0,6 |
| Elementary school | 8 | 4.8 |
| Junior high school | 22 | 13.3 |
| Senior high school | 96 | 58.2 |
| Higher education | 38 | 23.0 |
| **Occupation** | | |

| Variables | N = 165 | % |
|---|---|---|
| Housewife | 110 | 66.7 |
| Farmer/laborer | 3 | 1.8 |
| Private sector employee | 13 | 7.9 |
| Civil servant/police/army | 2 | 1.2 |
| Merchan/entrepreneur | 27 | 16.4 |
| Others | 10 | 6.1 |
| **Skills and abilities** | | |
| Not good | 68 | 41.2 |
| Good | 97 | 58.8 |
| **Perception** | | |
| Not good | 75 | 45.4 |
| Good | 90 | 54.5 |
| **Attitude** | | |
| Not good | 54 | 32.7 |
| Good | 111 | 67.3 |
| **Motivation** | | |
| Low | 71 | 43.0 |
| High | 94 | 57.0 |
| **Resources** | | |
| Not good | 69 | 26.1 |
| Good | 96 | 73.9 |
| **Leadership** | | |
| Not good | 78 | 47.3 |
| Good | 87 | 52.7 |
| **Rewards** | | |
| Not good | 60 | 36.4 |
| Good | 105 | 63.6 |
| **Organizational support** | | |
| Not good | 76 | 46.1 |
| Good | 89 | 53.9 |
| **Workload** | | |
| Overburned | 43 | 26.1 |
| Underburned | 122 | 73.9 |
| **Cadre performance** | | |
| Low | 75 | 45.5 |
| High | 90 | 54.5 |
| **Total** | **165** | **100.00** |

Table 2 presents a cross-tabulation of the factors associated with the performance *of Posyandu ILP* cadres. The results reveal that good skills and abilities, good perception, positive attitude, high motivation, good resources, good leadership, good rewards, and unburdened workload were significantly linked to high cadre performance in implementation of *Posyandu ILP*. Meanwhile, age, years of service, and organizational support didn't show significant correlations with cadre performance. Therefore, skills and abilities, perception, attitude, motivation, resources, leadership, and rewards are the main factors that determine the performance of *Posyandu ILP* cadres in this study.

**Table 2.** Cross-tabulation of factor associated with the performance of Posyandu ILP

| Variables | Cadre Performance | | | | p-value |
|---|---|---|---|---|---|
| | Low | | High | | |
| | n | % | n | % | |
| **Age (years)** | | | | | |
| Adult (18-59) | 65 | 45.5 | 78 | 54.5 | 1.000 |
| Elderly | 10 | 45.5 | 12 | 54.5 | |
| **Years of service** | | | | | |
| ≤3 | 29 | 49.2 | 30 | 50.8 | 0.583 |
| >3 | 46 | 43.4 | 60 | 56.6 | |
| **Skills and abilities** | | | | | |
| Not good | 46 | 67.6 | 22 | 32.4 | 0.001* |
| Good | 29 | 29.9 | 68 | 70.1 | |
| **Perception** | | | | | |
| Not good | 44 | 58.7 | 31 | 41.3 | 0.003* |
| Good | 31 | 34.4 | 59 | 65.6 | |
| **Attitude** | | | | | |
| Not good | 39 | 72.2 | 15 | 27.8 | 0.001* |
| Good | 37 | 32.4 | 75 | 67.6 | |
| **Motivation** | | | | | |
| Low | 48 | 67.6 | 23 | 32.4 | 0.001* |
| High | 27 | 28.7 | 67 | 71.3 | |
| **Resources** | | | | | |
| Not good | 41 | 59.4 | 28 | 40.6 | 0.004* |
| Good | 34 | 35.4 | 62 | 64.6 | |
| **Leadership** | | | | | |
| Not good | 45 | 57.7 | 33 | 42.3 | 0.005* |
| Good | 30 | 34.5 | 57 | 65.5 | |
| **Rewards** | | | | | |
| Not good | 35 | 58.3 | 25 | 41.7 | 0.019* |
| Good | 40 | 38.1 | 65 | 61.9 | |
| **Organizational support** | | | | | |
| Not good | 41 | 53.9 | 35 | 46.1 | 0.062 |
| Good | 34 | 38.2 | 55 | 61.8 | |
| **Workload** | | | | | |
| Overburned | 26 | 60.0 | 17 | 39.5 | 0.034* |
| Underburned | 49 | 40.2 | 73 | 59.8 | |

## 3.2 Discussion

*Posyandu ILP* is a program initiated by Indonesian government to provide accessible health services to the community. The effectiveness of *Posyandu ILP* depends on cadre's leadership and managerial roles. Thus, this study aims to identify determinants of *Posyandu ILP* cadre performance to guide stakeholders in formulating effective strategies for improvement.

This study found that age wasn't related to cadre performance. This finding aligns with the study by Killista et al., which reported no correlation between age and cadre performance. Individual performance tends to decline with increasing age but the absence of age limitations enables elderly remain eligible to engage in cadre duties [7]. Older cadres face physical and technological challenges but show strong altruism, while younger cadres are often busy with domestic duties [8–10]. Thus, performance is shaped not by age alone, but by motivation and personal circumtances.

Length of service was found to be unrelated to the performance of *Posyandu ILP* cadres, reinforcing Afifa's study which also found that tenure does not significantly affect cadre performance. A lengthy period of service without corresponding enhancement of knowledge and skills, combined with monotonous *Posyandu* routines will lead to suboptimal performance outcomes [11]. Based on questionnaire responses, some cadres didn't participate in training in recent years

including the training about *Posyandu ILP*. Lack of *ILP* training may result in limited competencies among cadres in delivering *ILP* services.

Skills and abilities are core elements to achieve optimal job performance. The study found a correlation between skills and abilities with performance of *Posyandu ILP* cadres, supporting Hastuti's findings that competence influences cadre performance [12]. ILP cadres must master 25 core skills, including anthropometric measurement and health education across all age groups. But it was found that several cadres lacked the ability to perform standard anthropometric measurements and deliver effective health education. Cadre skills depend on involvement, knowledge, and access to supervision and training [13].

Perception is also a determining factor in cadre performance. This finding aligns with Risniawati et al., who reported a correlation between perceive benefits and cadre behavior in promoting family planning [14]. Cadres hold negative perceptions toward the *Posyandu ILP* target coverage and home visits, as reflected in the irregular implementation of these activities. In this study, cadres perceived target coverage of *Posyandu ILP* as burdensome, despite recognizing its benefits. Such perceptions may influence their attitudes and behaviors in carrying out *Posyandu ILP* activities.

Attitude is associated with cadre performance, consistent with Supriyatno's findings on the link between attitude and performance among elderly *posyandu* cadres [15]. Cadre attitudes are reflected in their perceptions of *Posyandu ILP,* which align with previously observed negative views [16]. Several cadres have expressed negative attitudes, such as disappointment with *Posyandu* implementation, feeling pressured by its activities, and unwillingness to conduct home visits. Therefore, cadres' negative attitudes reflect a lack of responsibility in performing their duties, which requires improvement [17].

Motivation serves as a key driver of individual work behavior. Research findings indicate a positive correlation between motivation and cadre performance; whereby increased cadre motivation corresponds with enhanced work outcomes. The findings align with Hastuti's study, which showed that work motivation influences health cadre's performance [12]. Some cadres still demonstrate low motivation, such as prioritizing incentives, feeling forced to serve, and lacking enthusiasm despite receiving community praise. Highly motivated cadres demonstrate strong work enthusiasm and enhance their capabilities to achieve *Posyandu* targets. Cadres should have social commitment, responsibility, and strong self-belief as foundations of cadre motivation [11,18].

*Posyandu* resources comprise human resources, budget, and facilities. The quality and quantity of human resources must be adequate to support effective service delivery. Budget fulfillment depends on village government policies, cross-sector collaboration, and contributions from the community. The budget is allocated for cadre training and incentives, infrastructure, and supplementary food provision. Facilities refer to all elements that support *Posyandu* activities, such as fixed location and availability equipment, leaflets or posters for counseling, and others [6]. Research findings indicate that resources availability is linked to cadre performance. The study revealed that cadres perceive uneven competence among peers, insufficient PMT funding, and inadequate health screening equipment to serve all targets. Limited resources constrain cadres' ability to deliver optimal services. Therefore, human resources, budget, and facilities serve as key determinants of cadre activity and the overall effectiveness of *Posyandu ILP*.

Leadership assessed in this study refers to the *Posyandu* head and the *Puskesmas*. The findings indicate that leadership is associated with cadre performance. Cadres perceive unequal task distribution by *Posyandu* leaders and limited involvement in decision making processes by *Puskesmas*. Poor leadership perception among cadres may lower motivation and hinder collaboration. Therefore, both the *Posyandu* head and *Puskesmas* play a critical role in fostering a supportive work environment and enhancing cadre performance through emotional, informational, and evaluative support [19]. Moreover, *Puskesmas* plays a role in guiding and empowering *Posyandu* cadres [20].

Research findings indicate a correlation between awards and cadre performance. Awards will motivate cadre to pursue achievements. In contrast, cadres who don't receive awards may perceive *Posyandu* as disruptive to daily activities. Awards for cadres have various types, such as incentives, certification, uniforms, and others. Several cadres stated that they had never participated in group recreation, received incentives, and earned certificates after training. The presence of awards not

only acknowledge cadres but also appreciate their efforts. Therefore, activity-based awards should be implemented.

*Posyandu* is part of the community institution within the sub-district, thus requiring oversight and guidance from local authorities. However, this study found that organizational support wasn't a determining factor in cadre performance. This study found that some cadres reported the local government did not provide transportation allowance and venues for posyandu activities. Kiting et al. highlighted that some sub-district and village leaders viewed *Posbindu PTM* as the responsibility of health institutions, resulting in their limited involvement [16]. This perspective mirrors cadre feedback, which noted a lack of visits from local authorities. Therefore, despite limited support from the local government, cadre manage challenges independently and supported by the community and *Puskesmas*.

Workload refers to task volume, which may cause stress when excessive.[21,22] The study found correlations between workload and cadre performance. Some cadres feel overwhelmed by the excessive administrative workload of *Posyandu*, which may lead to reduced performance due to the burden of responsibilities. Excessive workload can reduce productivity and work quality, also increased chances of missed deadlines [23]. Therefore, workload should be adjusted with individual capacity to avoid excessive burden.

This study's quantitative design limits deeper insight into cadres' experiences with *Posyandu ILP*. Moreover, self-assessment in evaluating cadres' skills and performance may lead to bias when compared to actual field conditions. In-depth interviews and observation are recommended to explore their perspective further.

## 4 Conclusion

This study found that the determinants of *Posyandu ILP* cadre performance are skills and abilities, perception, attitude, motivation, resources, leadership, rewards, and workload. However, age, years of service, and organizational support showed no significant relationship with cadre performance.

Based on these findings, it is recommended that sub-district authorities conduct regular monitoring and supervision of each *Posyandu ILP* and coordinate with neighborhood leaders (*RT/RW*) to address cadre needs. Additionally, collaboration with the *Puskesma*s is needed to plan training programs and evaluate cadre engagement. Further research using a qualitative approach and observation is necessary to explore cadres' perspectives on *Posyandu ILP* implementation in greater depth.

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