



**PERFORMANCE OF INTEGRATED HEALTHCARE CENTER CADRE AND  
SCOPE OF COMMUNITY PARTICIPATION**

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**ABSTRACT**

Integrated Healthcare Center is one of the social institutions that play a role in the approach of community participation in the health sector. Integrated Healthcare Center serves as a real entrance to all basic health services especially for infants, toddlers, and pregnant women. This study aims to assess the performance of Integrated Healthcare Center cadres and the scope of community participation in Pangali-Ali Village, Banggae District, Majene Regency 2016. This research was conducted with analytical methods with cross-sectional approach to assess the performance of Integrated Healthcare Center cadres and the scope of community participation in Pangali-Ali Village, Banggae District, Majene District. This research was conducted at Integrated Healthcare Center Village Pangali-Ali Banggae District Majenen Regency, a total sample of 400 mothers who have children under five. The results of research on community participation in Integrated Healthcare Center services on the growth of children under five in Pangali-Ali Village Majene Regency, West Sulawesi Province) that the Integrated Healthcare Center cadre performance in the five-table system at the Integrated Healthcare Center in Pangali-Ali village is categorized as good, only for counseling (table IV) there are things that are lacking effective in particular the provision of information and counseling by cadres is still not in accordance with maternal expectations.

**Keywords:** performance, cadre, integrated healthcare center

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**INTRODUCTION**

The nutritional problem in Indonesia and in developing countries, in general, is lack of protein-energy (PEM) which is mostly caused by insufficient intake. According to Irianto (2007) that the nutritional status of toddlers can be influenced by several factors, including the lack of insight and knowledge of mothers about nutrition, the low level of maternal education also contributes greatly to cases of malnutrition that are often found in the community. The mother does not understand the importance of nutrition for the growth and development of children so that the application of eating patterns is not yet healthy and balanced. The results of the Basic Health Research (Riskesdas) that the nutritional status of the population of West Sulawesi in 2013 was 28% the third-highest malnutrition in

Indonesia after NTT and West Papua, 38% short toddlers and 10% underweight toddlers. Majene Regency is one of the regencies in West Sulawesi that is quite high in toddlers who suffer from malnutrition, where Banggae Subdistrict, Pangali-Ali Sub-district in the area with the most number of toddlers. Furthermore, access to Integrated Healthcare Center services in various regions/places is already good and Integrated Healthcare Center cadres are active, but there are still many thin children and short children.

Nutrition problem is essentially a public health problem, however, the response cannot be done with a medical approach and health services alone, the nutritional problem is multifactor. Therefore, the response approach must involve various related sectors. Integrated Healthcare Center is one of the social institutions that play a role in the approach of community participation in the health sector. Integrated Healthcare Center serves as the real entrance to all basic health services specifically for infants, toddlers, and pregnant women. (Sistriani et al. 2013).

Integrated Healthcare Center is managed by the Integrated Healthcare Center cadres who have received training from the Community Health Center. Cadres have functioned as implementers and managers in Integrated Healthcare Center activities. The duty of Integrated Healthcare Center cadres is to register, weigh, record, counseling, and service for mothers and children (Sudrajat, et al, 2012). In maternal and child health activities at the Integrated Healthcare Center, cadres conduct early detection of PEM from the weight of under-fives weighed. Integrated Healthcare Center cadres are health providers who are near the Integrated Healthcare Center target activities, the frequency of face-to-face cadres more often than other health workers (Widagdo, 2009).

The lack of functioning of the Integrated Healthcare Center shows low performance caused by the low ability of cadres and guidance from government elements and related agencies, this has led to a decrease in community interest in utilizing Integrated Healthcare Center (Badawi. 2014). Based on Ernoviana's research (2005) there is a relationship between the role of cadres and the presence of mothers of children under five to the Integrated Healthcare Center. The participation of cadres in efforts to improve the nutritional status of children under five through health education efforts is very important to support government programs to overcome malnutrition in children so as not to increase. This study aims to assess the performance of Integrated Healthcare Center cadres and the scope of community participation in Pangali-Ali Village, Banggae District, Majene Regency.

## **METHOD**

This research was conducted with an analytical method with a cross-sectional approach to assess the performance of Integrated Healthcare Center cadres and the scope of community participation in Pangali-Ali Sub-District, Banggae District, Majene Regency. The research was conducted at Integrated Healthcare Center, Pangali-Ali Sub-District, Banggae Sub-District, Majenen Regency in June 2016, with Total Sample A total of 400 mothers who have toddlers. The questionnaire was given by asking 14 questions about the performance of cadres in the posyandu. Data analysis was performed by looking at the percentage of posyandu performance.

## RESULTS

This research was conducted to assess the performance of Integrated Healthcare Center cadres and the scope of community participation in Pangali-Ali Village, Banggae District, Majene Regency 2016. The results of the study are as follows:

Table 1.

Distribution of Posyando Activities Results for Each Table

Activity	Rating criteria				Total	
	Yes		No			
	f	%	f	%	f	%
Activity in Table 1						
Cadre registers the mother on the registration form	351	98,9	4	1,1	355	100
Cadres register before weighing	346	97,5	9	2,5	355	100
Activity in Table 2						
Cadres weigh	353	99,4	2	0,6	355	100
cadres weigh in using chin	353	99,4	2	0,6	355	100
Activity in Table 3						
Cadre records the results of weighing in the recording book	353	99,4	2	0,6	355	100
Cadres fill out the Card to Health (KMS)	351	98,9	4	1,1	355	100
Activity in Table 4						
Cadres provide nutrition counseling	355	100	0	0	355	100
Cadres conduct counseling based on the Card to Health (KMS)	253	71,3	102	28,7	355	100
Cadre explained the growth of toddlers based on KMS	301	84,8	54	15,2	355	100
Mother understand the information given by the cadres	229	64,5	126	35,5	355	100
Cadres provide counseling in accordance with the problem	252	71,0	103	29,0	355	100
Cadres provide counseling in accordance with maternal expectations	140	39,4	215	60,6	355	100
Activity in Table 5						
Integrated Healthcare Center cadres provide vitamin A capsules	333	93,8	22	6,2	355	100
Cadres provide additional food every month	90	25,4	256	74,6	355	100

Table 1 shows the results of the activities in table I (one). It can be seen that 351 respondents (98.9%) cadres registered mothers on the registration form and 346 respondents (97.5%) cadres registered before weighing. The results of activities at table II (two) were weighing 353 respondents (99.4%) cadres weighed and weighed using baby dacin or scales. The results of the recording activities on table III (three) as many as 353 respondents (99.4%) cadres recorded the results of weighing in the recording book and as many as 351 respondents (98.9%) cadres filled out the Card to Health (KMS). the results of

activities on table III (three), namely counseling table as many as 355 respondents (100%) cadres provided nutritional counseling, as many as 253 respondents (71.3%) stated that cadres conducted counseling based on the Card to Health (KMS), 301 respondents (84, 8%) cadres explained the growth of children under five based on KMS, as many as 252 respondents (71.0%) cadres provided counseling according to the problem. A total of 229 (64.5%) mothers understood the training given by the cadres and as many as 215 respondents (60.6%) cadres gave counseling in accordance with the expectation of the mother. The results of activities on table V (five), namely 333 respondents (93.8%) Integrated Healthcare Center provide vitamin A capsules and as many as 256 respondents (74.6%) cadres provide additional food every month.

Table 2.  
 Distribution of results of participation coverage community based on Integrated Healthcare Center (n=256)

Integrated Healthcare Center Name	Address / location	Coverage	
		D/S	N/D
Matahari	Askom	84,8	
Poralle	Salobose	86,8	
Paccana	Beru-beru	86,7	
Pelangi	Rusung	83,3	
Lembah Beroang	Panggalo	85,2	
Bahtera	Tanangan	85,7	
Melati	Pangali-ali	85,2	
Anugrah	Tanangan Barat	82,3	
Mandiri	Pa'leo	85,7	
Merpati	Pa'leo Tobandag	85,9	
Bakti Husada	Timbo-timbo	79,6	

## DISCUSSION

The performance of Integrated Healthcare Center cadres in this study focuses more on the tasks that cadres must carry out when implementing the Integrated Healthcare Center. The results of the study describe that the performance of Integrated Healthcare Center cadres in the five-deck system at Integrated Healthcare Center in PangaliAli village is categorized as good (> 50%). Only for counseling (table IV), there are things that are less effective, especially the provision of information/counseling where according to respondents counseling provided by cadres is still not in accordance with the expectations of the mother. This can be caused by the cadres' regulation on balanced nutrition in children is still very limited.

### 1. Registration (Table I)

The cadre at the Integrated Healthcare Center in Pangali-Ali Village for the table I was running effectively. When mothers come to the Integrated Healthcare Center, they are directly served by the cadre by registering mothers on the registration form (98.9%) and in accordance with the rules where the registration is done before weighing (97.5%).

However, in its implementation, although relatively small there were still respondents who stated that they were not registered by the cadre (1.1%) and the registration was done after the weighing process (2.5%). There are several factors that cause there are still Integrated Healthcare Center participants (mothers) who do not register at table I, one of them is the level of mother's knowledge that before weighing (table II), the registration process must first be carried out. Another factor is because cadres are less active in directing mothers first to register before the weighing process.

## 2. Weighing (Table II)

Based on the Integrated Healthcare Center cadre guidebook, a cadre should have sufficient knowledge about the Integrated Healthcare Center, especially the 5 table system. After registration at the table I then the next process at table II is weighing. The results of the study (Table 4) of respondents stated that the weighing was done by a cadre (99.4%) and using a weighing machine (99.4%). The weighing process at table II is strongly influenced by the skills possessed by the cadre. Lack of cadre skills in weighing can cause errors in translating the results of weighing where the child's weight may not match the actual body weight. Based on Putra's research (2016) states that cadres with good knowledge tend to have better performance than cadres with less knowledge. But that does not mean that all cadres with good knowledge always have good performance. Good knowledge may not guarantee someone to have good performance, so training is needed that prioritizes practice rather than just lecture method. In addition to the skills that must be possessed, a cadre must be polite and friendly to both the mother and the baby, the services provided by the cadre will make the Integrated Healthcare Center participants or the baby's mother feel calm and comfortable. Good and professional service will influence a mother's interest to come back to the next Integrated Healthcare Center.

## 3. Recording (Table III)

Cadres need to complete KMS as a means of monitoring the growth of children under five. This is to follow up if nutritional problems are found, for example, under-five body weight below the normal line that is in the red line and below the red line, the cadre coordinates with the midwife to take further action on toddlers.

## 4. Counseling (Meja IV).

The activity in table IV is counseling. The participation of cadres in efforts to improve the nutritional status of children under five through health counseling is very important to support government programs to overcome so that poor nutrition in children does not increase through community empowerment activities with the revitalization of Integrated Healthcare Center. The results of the study stated that for all Integrated Healthcare Center in Pangali-Ali, the cadres provided nutrition counseling. Only counseling given by cadres is still not in accordance with the expectation of mothers, many things can influence it, one of which is the knowledge of Integrated Healthcare Center cadres which is one of the important things because good knowledge tends to improve the quality of work. Integrated Healthcare Center cadres who have good knowledge will have better self-esteem compared to cadres with less knowledge, so they are expected to provide good service when Integrated Healthcare Center activities are in accordance with the mother's expectations.

Research Putra (2016) states that through additional education, cadres will have broader insights than those who do not have additional education, especially those related to their duties. Cadres who have received additional education will have higher knowledge which is the capital for the application of their attitudes and participation. Conversely, cadres who do not or have not received additional education will have limited insight, so with these limitations, the role of cadres becomes not optimal. This training should be carried out routinely and be able to reach all cadres so that all cadres are expected to have good knowledge.

#### 5. Services (Table V)

The success of Integrated Healthcare Center activities is highly dependent on the active participation of cadres on duty at Integrated Healthcare Center by involving Community Health Center staff and BKKBN officers as professional service providers to guide cadres to be able to provide optimal health services to the community.

Based on the results of Maulana's research (2014), the activeness of mothers in Integrated Healthcare Center activities is mostly influenced by perceptions and motivations for coming to Integrated Healthcare Center. Mothers who actively visit the Integrated Healthcare Center have the perception that their children will get services from health workers at no cost rather than going to the Community Health Centers (Community Health Center) that are too far away to be transported to Community Health Center. The motivation of mothers who are active in Integrated Healthcare Center that mothers have awareness and knowledge of the importance of dating and participating in activities at Integrated Healthcare Center to monitor their child's weight every month and the nutritional status of children can follow the normal line of growth and development of KMS toddlers. The benefits of Integrated Healthcare Center that are always delivered by cadres and health workers also play a big role in the inactiveness of mothers to come to participate in Integrated Healthcare Center activities.

#### CONCLUSION

The results of research on community participation in Integrated Healthcare Center services to the growth of children under five in Pangali-Ali Village Majene Regency, West Sulawesi Province) that the Integrated Healthcare Center cadre performance in the five-table system at the Integrated Healthcare Center in Pangali-Ali village is categorized as good, only for counseling (table IV) there are things that are lacking effective in particular the provision of information/counseling by cadres is still not in accordance with maternal expectations.

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