

Factors Related to the Performance of Cadres in the Implementation of Community-Based Health Service Activities

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ABSTRACT

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Posyandu is a community-based health service managed and organized by the community. It is responsible for implementing health development to empower the community and provide convenience in obtaining essential health services to accelerate the reduction of maternal and infant mortality. This study aims to determine what factors are related to the role of cadre performance in implementing Posyandu activities. This research method is an analytic description using a literature review design. The results showed no relationship between knowledge factors, age, incentives, training, education, attitudes, and motivation towards cadre performance, and there was no relationship between husband support and cadre performance.

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Introduction

Posyandu is a form of community-based health service managed and organized by the community to implement health development. The goal is to empower the community and provide convenience to the community in obtaining essential health services to accelerate the reduction of maternal and infant mortality. The activities at the Posyandu include monitoring

nutritional status, which is carried out through several procedures. Nutritional status monitoring that is usually carried out at Posyandu is the Anthropometric method which is a method of studying and measuring the body size of toddlers, including weight, height/length, head circumference and arm circumference [1]. The results of anthropometry will be interpreted in the form of a graph recorded on the Towards Health Card [2].

According to the Ministry of Health of the Republic of Indonesia in 2006, the purpose of organizing Posyandu was to accelerate the decrease in infant mortality and the reduction in MMR (Maternal Mortality Rate). Besides, to improve the ability of the community to develop health activities and other activities that support as needed and increase the reachability of health services. The function of Posyandu is to build community empowerment by transferring information and skills from officers to the community. It also between fellow communities to accelerate the decline in the Maternal Mortality Rate, Infant Mortality Rate, and Toddler Mortality Rate, to bring essential health services closer, primarily related to reducing the Maternal Mortality Rate, Infant Mortality Rate, and Toddler Mortality Rate [3].

Posyandu cadres are members who come from the community in the area and are willing, able and dedicated to organizing Posyandu activities. Posyandu cadres as organizers are required to meet the criteria for becoming members, which include members of the local community, can read and write Latin letters, have interests and are willing to become cadres. Technically, the task of cadres related to nutrition is to collect data on toddlers, carry out weighing and record them in the Card Towards Health, provide additional food, distribute vitamin A, and conduct nutritional counselling and visits to the homes of breastfeeding mothers and mothers who have toddlers. Cadres are expected to play an active role and be able to become drivers, motivators and community extension workers. They are also expected to bridge between health care workers and the public and help communities identify and address their health needs. Cadres are also likely to provide information to authorized health officials who may not be able to reach the immediate community and be able to encourage health officials in the health system to understand and respond to the needs of the community [4].

Their performances are evaluated through the responsibility of each individual or working group to achieve organizational goals under existing rules or norms. The theory states that physical and non-physical factors influence work performance [5]. ACHIEVE is used to evaluate cadres' performances which stand for ability, capacity, help, incentive, environment, validity, and evaluation.

Data obtained from the Ministry of Health in 2017 shows that in Indonesia, there is a 291,447 Posyandu in total number; of these, only 164,867 or around (56.57%) are active Posyandu. In West Java province, there are 50,894 Posyandu; of these, only 29,388 (57.74%) are involved (Ministry of Health, 2017). The scope of activity of Posyandu cadres nationally

until 2010 only reached 78%, which falls 2% low than the target. In 2011 the achievement of program coverage or community participation was at its lowest with just 10% of the total mark.

The existing Posyandu is still not at its best. Most of them only carry out weighing and recording, but other functions such as health promotion, counselling, and various preventive activities have not been implemented optimally. A very crucial factor for the optimization of Posyandu activities is the role of cadres and their guidance. If cadres are not active, the performance of Posyandu will also be not optimal. The part of cadres dramatically affects the success rate of the Posyandu program, especially in monitoring child growth and development and maternal health [6].

The Posyandu revitalization program is expected to improve the work function and performance of the Posyandu. The implementation is done with the support of the public health institutions, family welfare teams, non-governmental organizations, the private sector and related sectors, and interesting donor institutions. However, in its development, this instruction did not run optimally, and it was felt necessary to re-optimize the function of the Posyandu. In 2007 the government issued a Ministerial Regulation on Guidelines for the Establishment of Operational Working Groups for Posyandu Development. According to this new regulation, the development of the implementation/management of Posyandu must be assisted by a working group located at the central, provincial, district/ city and sub-district government levels. The implementation of Posyandu is carried out by cadres who are community members who are selected, willing, able and have time to carry out Posyandu activities. The local government is currently trying to implement this regulation under their respective capabilities. Cadres must be able to bridge between health workers/experts and the public and help communities identify and address their own health needs. Cadres are also expected to provide information to authorized health officials who may not be able to reach the immediate community and be able to encourage health officials in the health system to understand and respond to the needs of the community. Cadres can help mobilize community resources, advocate for communities and build local capabilities [4].

Based on the description above, the lack of optimization of Posyandu is due to the performance of cadres who are still considered lacking due to physical and non-physical factors, which can be directly related to the quality of performance of Posyandu cadres. Therefore, I am interested in taking the theme "Factors Related to Cadre Performance in the Implementation of Posyandu Activities". The problem of this study is: What are the factors related to the role of cadre performance in implementing Posyandu activities? This study

explains what factors are associated with the part of cadre performance in the implementation of Posyandu activities.

Methods

A. Research Framework

The suboptimal performance of Posyandu cadres is a problem that has not been resolved until now in Indonesia because there is still a lack of cadre training which is one of the factors causing the lack of cadre performance in the implementation of Posyandu activities. The dependent variables in this study are cadres, while the independent variables are factors related to cadre performance.

B. Research Design

The research carried out is secondary research, with a type of library research. Literature research is a series of research related to collecting library data or research whose research objects are explored through a variety of literature information (books, scientific journals, newspapers, magazines, and documents). Literature research examines or critically reviews the knowledge, ideas, or findings contained in the body of academic-oriented literature (academic-oriented literature), as well as formulating its theoretical and methodological contributions to a particular topic [7]. Literature research focuses on finding various theories, laws, postulates, principles, or ideas used to analyze and solve the research questions formulated. The nature of this study is descriptive analysis, which is the regular decipherment of the data that has been obtained, then given understanding and explanation so that it can be understood well by the reader [8].

C. Research Phases and Techniques

The eligibility criteria are original research, published in Indonesian, has the aim of investigating, located in Indonesia, the period is the last ten years, and research that conducts relationship analysis. Journal searches are carried out on the online database of Google Scholar and health journals, which are open systems so that researchers can access the journal. The selection of literature is carried out in several stages: see keywords, filter journals, and group the journal.

Results

Critical analysis of 7 journals of research results sampled in this literature review is outlined in Table 1.

Table 1. Critical Analysis

No	Authors and Year	Topics
1.	Anita et al. [9]	Factors Related to the Activeness of Posyandu Cadres
2.	Ika et al. [10]	Factors Affecting the Role of Cadres in Efforts to Improve Nutrition in Toddlers
3.	Rita [11]	Factors Related to the Performance of Posyandu Cadres
4.	Erni [12]	Factors Affecting the Performance of Cadres
5.	Ossi et al. [13]	Factors Related to Cadres' Performance
6.	Dian et al. [14]	Factors Related To Posyandu's activeness.
7.	Iram & Gurendro [15]	Factors Related to the Activeness

Discussion

Based on the results of the review literature, seven journals meet the inclusion criteria. The variables studied are the variables of knowledge, age, incentives, training, education, attitudes, husband support and motivation, with the analysis results as follows.

A. The Effect of Knowledge on the Performance of Posyandu Cadres

Of the seven related journals, three discuss the influence of knowledge on the performance of Posyandu cadres. Based on the study's results, the first data from Purwokerto Selatan Banyumas Regency stated good performance with a good proportion of knowledge (72.5%). More significant than the lack of knowledge (39.1%). Poor performance with less balance of expertise (60.9%) is more effective than good knowledge (39.1%). Good performance tends to be high knowledge, and poor performance tends to be low. It is evident from the chi-square test results that a value of $p = 0.045$ means H_a received H_0 rejected, which means that there is knowledge related to the performance of Posyandu cadres. The better the cadre's understanding of implementing the Posyandu, the better the cadre's performance.

The second data from Jurong Lubuk Gadang Selatan Working Area of Puskesmas Rawatan Lubuk Gadang shows that cadres with poor performance are more likely to have standard knowledge (75%) compared to cadres who have the high ability (42.4%). Chi-Square statistical test results obtained a p -value = 0.006 ($p < 0.05$), meaning there is a meaningful relationship between knowledge and cadre performance in Posyandu services.

The third data from the Silago Puskesmas Working Area, Dhamasraya Regency, cadres with poor knowledge, 91.7% are less active in Posyandu activities than cadres with good understanding, and 5.6% are less involved in Posyandu activities. The results of statistical tests show a meaningful relationship between cadres' knowledge about Posyandu and the activeness of Posyandu cadres, with a p -value = 0.0001. Objects are seen through the five human senses: sight, hearing, smell, taste and taste. Knowledge or cognition is essential for

forming a person's actions. Behaviour-based knowledge will be more meaningful than behaviour not based on knowledge. Before a person adopts a behaviour, he must know the meaning and benefits of such behaviour for himself or the organization.

According to Ref. [16], there are six levels of knowledge, namely: 1) Know as a sense of understanding, seeing or observing something 2) Understanding as an ability to explain an object that is known and interpreted correctly according to facts 3) Application as an ability to practice material that has been studied in accurate or actual conditions 4) Analysis as the ability to describe or explain an object or matter but still have something to do with one another 5) Synthesis as an ability to connect parts in a new whole form, and 6) Evaluation as knowledge to assess material or object.

B. The Effect of Age on the Performance of Posyandu Cadres

Of the seven related journals, three discuss the effect of age on the performance of Posyandu cadres. The first data from Jurong Lubuk Gadang Selatan Working Area of Puskesmas Rawatan Lubuk Gadang stated that cadres who performed poorly were more in early adulthood (85.7%) compared to the middle majority (71.4%) and advanced adults (34.4%). The results of the Chi-Square statistical test obtained a p-value = 0.000 ($p < 0.05$), meaning that there is a meaningful relationship between age and cadre performance in Posyandu services.

The second data from the work area of the Gunung Sahilan Health Center stated that the results of statistical analysis using chi-square obtained a p-value = 0.003 ($< \alpha$). There was a significant relationship between the age of Posyandu cadres and the performance of Posyandu cadres in the work area of the Gunung Sahilan Health Center, Kampar Kiri Regency.

Periods of discontent usually generally lasted until the 30s or until the middle (age of 35). After that, typically, adults get increased job satisfaction due to obtaining more significant achievements and better awards. Age is categorized as young and old; age is said to be young if ≤ 35 years old and classified as old if > 35 years. At a young age, they will readily accept the information provided. But even though a young age can easily absorb the information provided, young age is when you have not felt satisfied with the results of the activities. They tend to try or look for new activities so that the work results achieved at a young age are not optimal. If a person has entered old age, he will experience an increase in satisfaction and will do his work seriously and achieve maximum results. The guidance carried out to cadres has often been carried out. It's just that there are more old cadres, and the materials provided are not under the activities carried out by the cadres.

Age, a person, is related to cadres' performance because the age of representing himself plays the role of a Posyandu cadre, meaning that age can show a stable choice of position or job. The theory of the stages of career development proposed by Ref. [17] states that a person's career development begins from mid-adolescence when a person starts to determine the type

of work that suits him based on the reality faced at that time. Therefore becoming a cadre at a certain age indicates his understanding of the duties and responsibilities of the chosen job. Based on this explanation, age shows how Posyandu cadres can decide to become Posyandu cadres carefully so that these mature decisions can make Posyandu cadres can consistently carry out their duties properly.

C. The Effect of Incentives on the Performance of Posyandu Cadres

Of the seven related journals, two discuss the effect of incentives on the performance of Posyandu cadres. The first data from Mataoleo, Kab.Bombana stated that the results of the analysis of 12 respondents (33.33%) showed there were nine respondents (52.94%) who were active. It was because the incentives received in the form of substitutes for transport money were considered not something good. After all, some cadres were already well-off and had other income, so they did not overthink the number of rewards given and considered it a form of devotion to the community. Three respondents (15.79%) were inactive because cadres considered the incentives received to be incompatible with the workload, making cadres rarely presented in Posyandu activities and preferred to work daily to increase family income. Furthermore, of the 24 respondents (66.67%) who were fewer incentives, there were eight respondents (47.06%) who were active. It is because some cadres do not expect rewards. After all, they are moved to become cadres not because they want money, because it is not the need for the salary that makes people productive but rather training and satisfaction factors. There were 16 respondents (84.21%) who were inactive. It is because the provision of incentives supports the activeness of cadres in carrying out their duties voluntarily. Based on the statistical tests from the cadre incentive sub-variable has a p-value of 0.005, out of 52 respondents obtained who were in the active category (22 respondents with 86.5%). Chi-Square analysis results obtained the value of X^2 count = 4.026 and X^2 table = 3.841; thus X^2 count was greater than X^2 table ($4.026 > 3.841$) with the phi test value, i.e. 0.393. So H_0 was rejected, and H_a was accepted, which means that there is a moderate relationship between incentives and the activeness of Posyandu cadres in the Mataoleo Health Center Working Area, Bombana Regency

The second data from the Puskesmas Perumnas Working Area of Kendari City stated that the results of the study from 84 respondents, 33 respondents (39.3%) stated that the incentives provided were not appropriate, there were 22 respondents (26.3%) who were inactive and 11 respondents (13.1%) who were active in Posyandu activities. Meanwhile, of the 51 respondents (60.7%) who stated that the incentives provided were appropriate, there were six respondents (7.1%) who were inactive and 45 respondents (53.6%) who were active in

Posyandu activities. The statistical test analysis using chi-square showed that p value = 0.000 < α = 0.05, then H_a was accepted. It means that there is a relationship between incentives and the activeness of Posyandu cadres in the Kendari City Puskesmas Perumnas Working Area in 2018 at a confidence level of 95% (α = 0.05).

Providing incentives to cadres is a form of action to increase cadre motivation. Motivation is an impulse from within oneself to do a job, which arises due to external factors influencing a person. Two sides largely determine motivation. The first side internally is that motivation appears due to the strength that is born in a person. For example, a sense of responsibility or belonging to a job exists. The second side externally is that motivation arises because external influences can influence a person's self, for example, a decent salary or an objective assessment of achievements.

As a volunteer in the field of public health, a cadre is required to provide voluntary and sincere services to the community without expecting compensation or self-esteem. Still, on the other hand, a cadre is also a person who has the exact needs as others in the form of basic needs, materials and appreciation from others. Therefore, cadres should be given financing assistance to meet their needs through rewards or awards. According to Ref. [18], the incentive factor is one way to improve the performance of Posyandu cadres. If Posyandu activities start, cadres must work fully from morning until a series of Posyandu activities are completed. Even though at the time of Posyandu activities, the cadres have to leave their main jobs such as household chores and other jobs whose income is much higher. The lack of incentives has always been the reason for the decline in Posyandu's performance. It also causes the dropout of Posyandu cadres.

Giving cash to cadres does have some advantages. The profit of money as an incentive for cadres can be asked to work longer to achieve specific goals in a certain time frame. Supervision can be strictly implemented. Then the program can be implemented quickly, work routines remain, and the quality of services can be maintained; payments are also seen as helping to establish economic equality in the economically deficient population. The latest guidelines from the WHO (World Health Organization) see the need for cadre payments as an effort to sustain long-term programs. Health workers, including cadres who provide essential health services, must receive adequate wages or commensurate incentives. Allowances and other non-monetary incentives are not enough to guarantee the lives of health workers, and the absence of sufficient wages will threaten the effectiveness and long-term sustainability of the program. However, the provision of incentives in the form of cash caused a weak sense of volunteering from cadres. Ref. [19] states that monetary incentives can improve cadre performance, but the incentive management system by the government can reduce the nature of cadre volunteering and weaken community empowerment.

D. The Effect of Training on the Performance of Posyandu Cadres

Of the seven related journals, two journals discuss the effect of training on the performance of Posyandu cadres. Data obtained from Mataoleo, Kab. Bombana stated that in the results of the analysis of 14 respondents who had sufficient training, there were ten respondents (58.82%) who were active. It was a form of adding skills to Posyandu activities. And there were four respondents (21.06%) who were inactive. It was due to insufficient respondent training. Cadres could not absorb the exercise correctly and could not apply it in Posyandu. While of the 22 respondents who had less training, 15 respondents (41.18%) were inactive, and seven (41.18%) were active. This was due to the work period of some cadres who had long been cadres, so although they rarely received training but had experience in implementation as Posyandu cadres. The results of the Chi-Square analysis obtained the value of X^2 count = 3.914 and X^2 table = 3.841; thus, X^2 count is more significant than X^2 table ($3.914 > 3.841$) with a phi test value of 0.387. So H_0 was rejected, and H_a was accepted, which means that there is a moderate relationship between training and the activeness of Posyandu cadres in the Mataoleo Health Center Working Area, Bombana Regency in 2018.

The second data from the Silago Health Center working area of Dhamasraya Regency stated that cadres who had never attended the training were 85.7% less active in Posyandu activities. Cadres who rarely participated in the movement were 62.5% less active in Posyandu activities compared to cadres who often attended training 18.2% were less involved in Posyandu activities. Statistical tests show a meaningful relationship between cadre training and the activeness of Posyandu cadres, with a p-value = of 0.010.

Cadre training is an effort to improve the ability, knowledge, technical skills and dedication of Posyandu cadres. It was increasing the number of open day services and home visits and creating a conducive climate to provide health services by fulfilling facilities, infrastructure, reporting and registration of Posyandu work. Training can support success in achieving its goals. Because this factor will create a high level of work productivity to support the success of Posyandu activities, if the level of workability decreases, it will hinder the achievement of Posyandu goals. Ability means a person's capacity to perform various tasks in a job. Ability is also a behavioural dimension of expertise or excellence of a person with knowledge, skills and attitude abilities in solving a problem. The ability is necessary, especially to answer demands where there are swift changes, the development of increasingly complex and dynamic issues, and the uncertainty of the future in the order of people's lives.

The training provided to improve the performance of Posyandu cadres can be in the form of understanding the duties of cadres in managing Posyandu, measuring weight and height

accurately and precisely, working on filling and reading cards, individual and group counselling, recording the Posyandu Information System, how to assess Posyandu problems, and training on the implementation of the Posyandu minimum program.

E. The Effect of Attitudes on the Performance of Posyandu Cadres

Of the seven related journals, three discuss the influence of attitudes on the performance of Posyandu cadres. The first data from the working area of the Mila Health Center, Pidie Regency, states that there is no relationship between the attitude of the value of $p = 0.0419 > 0.05$ with the role of cadres in efforts to improve the nutrition of toddlers in the work area of the Mila Health Center, Pidie Regency.

The second data from the work area of the Gunung Sahilan Health Center stated that based on the results of statistical analysis using chi-square, a p -value = 0.002 ($< \alpha$). There was a significant relationship between attitudes and the performance of Posyandu cadres in the work area of the Gunung Sahilan Health Center, Kampar Kiri Regency. The third data from the Puskesmas Perumnas Working Area of Kendari City stated that the results of 84 respondents, 32 respondents (38.1%) who had a negative attitude, there were 17 respondents (20.2%) who were inactive and 15 respondents (17.9%) who were active in Posyandu activities. Meanwhile, of the 52 respondents (61.9%) who had a positive attitude, there were 15 respondents (13.1%) who were inactive and 41 respondents (48.8%) who were active in Posyandu activities. Statistical test analysis using chi-square showed that p value = 0.003 $< \alpha = 0.05$, then H_a was accepted. It means that there is a relationship between the attitude of cadres and the activeness of Posyandu cadres in the Kendari City Perumnas Puskesmas Working Area in 2018 at a confidence level of 95% ($\alpha = 0.05$).

Attitude is a still closed reaction or response of a person to a stimulus or object. Attitude measurement can be done directly or indirectly. It can now be stated how the respondent's opinion or statement towards an object, whereas indirectly, it can be done with hypothetical questions and expressed the respondent's opinion [5]. The attitude of cadres, in this case, cadres, is more positive than negative. In this case, many cadres have a positive attitude because they record Posyandu activities and assist health workers in carrying out Posyandu health services and implementation according to targets and procedures. However, it is different from cadres who have a negative attitude due to the lack of awareness of cadres to invite pregnant women to Posyandu to be willing to come to Posyandu. Do not pay attention to complaints submitted by Posyandu targets so that the Posyandu visit rate increases; when at the weight measurement table, do not pay much attention to the measurement results, and do not ask the Posyandu target to visit Posyandu as much as possible as scheduled. The existence of an attitude responsible for the duties mandated by residents also makes cadres participate in implementing activities at the Posyandu.

According to Ref. [20], several factors influence attitudes, including the accumulation of experiences of the same type of responses, observations of other different perspectives, experiences (good/bad) that have been experienced, and the results of imitation of the attitudes of the other party consciously / unconsciously. To change a mood, remember that perspectives are not obtained from offspring but from experiences, environments, and other people, especially from dramatic backgrounds that leave a profound impression. It is because attitudes are mostly related to emotions. It will be easier to influence them with emotions as well. This shows that there are factors in perspective, as explained according to Ref. [21]:

- Family support attitude. Family support to the mother will significantly affect the mother's perspective in responding to the object of philosophy.
- Socioeconomic Conditions. A workplace with a pleasant atmosphere supported by professional cooperation and mutual help can increase production.
- Support system. In working, a support system is needed that marks its workers so that maximum production results are obtained, for example, vehicle facilities, adequate work equipment, promotion opportunities, and promotion/position promotion.
- Personal mother. Zeal, a view of his work, pride in wearing attributes, and an attitude towards the object of philosophy.

F. The Effect of Education on the Performance of Posyandu Cadres

Of the seven related journals, two discuss the influence of education on the performance of Posyandu cadres. The first data from the working area of the Mila Health Center stated that the relationship analysis between education obtained a $p = 0.022 < 0.05$. it means that there is a relationship between education and the role of cadres in efforts to improve the nutrition of toddlers in the work area of the Mila Health Center, Pidie Regency. The second data from the working area of the Gunung Sahilan Health Center stated that based on the results of statistical analysis using chi-square, a $p\text{-value} = 0.009 (<\alpha)$. There was a significant relationship between education and the performance of Posyandu cadres in the work area of the Gunung Sahilan Health Center, Kampar Kiri Regency.

Education is needed to obtain information, for example, things that support health to improve the quality of life and self-actualization. Therefore, the higher a person's level of education, the easier it is to receive information that the more knowledge one has and the easier it receives information so that a person is more receptive to newly developed values. The higher a person's education, the easier it will be to accept the information given and the more knowledge he has and will improve his performance. Most of the cadres in the Gunung

Sahilan Health Center have low education. Therefore the performance of his Posyandu cadres is still not good, even though coaching has been carried out frequently.

G. The Effect of Husband's Support on the Performance of Posyandu Cadres

Of the seven related journals, one discusses the effect of husband support on the performance of Posyandu cadres. Data obtained from the working area of the Silago Health Center, Dhamasraya Regency, stated that husband/family cadres did not support 81.8% were less active in Posyandu activities than husband/family cadres supported 45.2% less active in Posyandu activities. The statistical test results showed no meaningful relationship between the support of the cadre's husband/family and the activeness of the Posyandu cadre, with a p-value = 0.075. From the results of research carried out on 42 Posyandu cadres, researchers assume there is no relationship between the support of the husband/family of cadres and the activeness of cadres. It is because, from the study results, cadres with husbands/families do not support but are active in Posyandu activities. Cadres diligently come to the Posyandu and are highly willing to participate in Posyandu activities and vice versa. Husband/ family cadres support but are less active in Posyandu activities.

Husband support is verbal and non-verbal communication, advice, genuine assistance or behaviour provided by the husband to pregnant women in their social environment [22]. A husband's support is a form of caring and compassionate attitude. Support can be provided both physical and psychic. The husband has a considerable share in determining the mother's health status and motivates mothers to check their pregnancy [23]. The reinforcing factor affecting cadres' performance is the husband's social support. According to Ref. [24], the most critical family support is the husband. There are four types of social support: emotional, rewarding, instrumental, and informative. The husband's social support influences the final decision on the wife's actions. It has become a tradition that everything must be with the husband's consent so that it can affect cadres' performance in implementing Posyandu toddlers. According to Ref. [25], factors that can influence whether husband support is adequate or not include education, income, culture. and socioeconomic status.

H. The Effect of Motivation on the Performance of Posyandu Cadres

Of the seven related journals, two discuss the influence of motivation on the performance of Posyandu cadres. The first data from the working area of the Mila Health Center stated that the study conducted on 30 cadres obtained the results of cadres with less motivation (23 people). And who had a good explanation, as many as seven people, then got ($p = 0.016$), which means there is an influence between motivation and cadre performance.

The second data from the Puskesmas Rawatan Lubuk Gadang Working Area shows that cadres with poor performance also have poor motivation (74%) compared to cadres with good reason and good performance (41.9%). The results of the Chi-Square statistical test obtained a

p-value = 0.008 ($p < 0.05$), meaning that there is a meaningful relationship between motivation and cadre performance in Posyandu services. The third data from Purwokerto Selatan, Banyumas Regency, states that the performance of good cadres with a proportion of good motivation (70%) is more significant than those whose explanation is not good (34.6%). Poor performance with a balance of lousy reason (65.4%) is more effective than good motivation (30%). Based on the relationship analysis carried out with the chi-square test obtained, a p-value = 0.008, then H_a was accepted, and H_o was rejected, which means that there is a motivational relationship with cadres' performance in carrying out Posyandu.

Motivation is defined as a stimulus, impulse, or driver of behaviour. Motivation encourages a person to behave to achieve a specific goal. Behaviour is motivated by the presence of needs. Such needs are directed at the achievement of particular goals. Motivation is the impulse that arises in an individual consciously or unconsciously to do something to meet his needs. The individual will exhibit a behaviour if the behaviour can meet the demand for funds that satisfy him. Each individual's motivations may differ and have an extensive range because human needs vary. Humans have five levels or hierarchies of conditions: physiological, safety, affection, self-esteem, and self-actualization.

The process of motivation is a need with internal conditions which give rise to specific results where a market is satisfied. It will create a voltage that stimulates the impulse in the individual. Understanding motivation is not easy because reason exists in a person that is not visible from the outside but can be observed through one's behaviour. The individual's encouragement in behaviour can be felt if the individual has needs. Finally, those needs can spur the individual to behave, while the environment around the individual can encourage the individual, which later strengthens the intensity of the impulse.

Conclusion

Factors included as predisposing factors, namely knowledge, attitudes, motivation, education and age, influence cadres' performance in implementing Posyandu activities. Factors included in the enabling factor, namely incentives and training, influence cadres' performance in implementing Posyandu activities. The factor included in the reinforcing element is that the husband's support does not influence cadres' performance in implementing Posyandu activities. It is necessary to increase knowledge periodically, such as implementing training, so Posyandu cadres can improve their performance and provide continuous motivation. Hence, cadres always have reason to carry out each of their duties. There must be constant training activities, health agencies and government supervision, and sufficient incentives for cadres to

work well. There needs to support from both husbands and families because, without this support, it will hinder cadre performance in carrying out Posyandu activities.

Conflict of Interest

The authors declare that there is no conflict of interest.

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