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Improving Posyandu Cadres' Skills to Support Primary Care Integration

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Abstract

Posyandu is currently undergoing health-system transformation through the integration of primary care services targeting all stages of the human life cycle, with Posyandu cadres playing a key role in service delivery. Cadre regeneration remains necessary; however, some newly recruited Posyandu cadres have not previously received information or training on Posyandu management. This community service activity was conducted as a training program for newly recruited Posyandu cadres to improve their skills. The participants were 42 newly recruited Posyandu cadres from Kepanjen Kidul Subdistrict, Kepanjen Kidul District, Blitar City. The training was conducted over two days, 22–23 July 2026, by healthcare professionals from Kepanjen Kidul Community Health Center and community service team members from Poltekkes Kemenkes Malang. The classroom-based training included Posyandu management, simulation of effective communication using the SAJI model, and simulation of Posyandu services using the five-step procedure. The results indicated that the cadres had good perceptions and knowledge of Posyandu management and were able to simulate the five-step Posyandu service procedure. The training improved cadres' knowledge, self-confidence, effective communication skills, and ability to provide Posyandu services. Therefore, training for Posyandu cadres should be conducted regularly.

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INTRODUCTION

Posyandu (*Pos Pelayanan Terpadu* / Integrated Service Post) was launched in Indonesia by the President of the Republic of Indonesia in 1986, and 29 April is commemorated annually as National Posyandu Day. Posyandu is a community institution that serves as a forum for community participation. It plays an important role in basic health services and aims to strengthen community capacity to develop health activities according to local needs. Posyandu represents a joint policy initiative of the Minister of Home Affairs, the Minister of Health, and the Head of the National Population and Family Planning Board. The motto of Posyandu in Indonesia is "POSYANDU *Sahabat Masyarakat*" (Posyandu, Friends of the Community).

Previously, Posyandu services were program-based, including maternal and child health Posyandu, adolescent Posyandu, Integrated Non-Communicable Disease Service Posts, and elderly Posyandu. Each cadre had skills corresponding to a particular service program. Beginning in early 2025, Posyandu was required to provide services across the entire life cycle (Kementerian Kesehatan R.I., 2023; Keputusan Menteri Kesehatan R.I. Nomor: HK.01.07/Menkes/2015/2023 Tentang Petunjuk Teknis Integrasi Pelayanan Kesehatan Primer, 2023). This change required all health cadres to work together within an integrated service. The change in Posyandu services was referred to by community health center managers as Posyandu for Integrated Primary Care (ILP / *Integrasi Layanan Primer*).

In 2023, the number of Posyandu in Blitar City was distributed across Sukorejo District (73), Kepanjen Kidul District (79), and Sanawetan District (84) (BPS Kota Blitar, 2024). The total number of Posyandu cadres in Blitar City was 1,180 (Muhamad Ilham Baha'udin, 2024), with approximately five cadres serving each Posyandu. Posyandu cadres in Kepanjen Kidul District reported that Posyandu services had become disorganized and crowded on 15 January 2025. They were uncertain about which clients should be prioritized, particularly between older adults and toddlers; cadres who attended were sometimes unfamiliar with serving either group; and numerous forms had to be completed. Nurses from the community health center providing Posyandu services also reported that cadres had never received knowledge or training on integrating Posyandu services, even though the program was scheduled to be implemented beginning in January 2025.

The integration of primary care services in Blitar City is an effort to establish Posyandu as a Center of Excellence, reduce disparities in health services, improve early disease detection, and facilitate community access to health services according to the human life cycle (Muhamad Ilham Baha'udin, 2024). This effort requires support from multiple sectors, including the education sector.

This community service activity aimed to improve the skills of Posyandu cadres in supporting the implementation of integrated primary care services.

METHODS

Skills improvement was achieved through training on Posyandu management, communication, and the five-step Posyandu service procedure. The participants were 42 newly recruited Posyandu cadres from Kepanjen Kidul Subdistrict who had never previously received training or instruction in Posyandu management. The training was conducted over two days, 22–23 July 2026, at the Kepanjen Kidul Subdistrict Hall, Kepanjen Kidul District, Blitar City. The training methods employed included (1) lectures of Posyandu management and effective communication by cadres for target and their families; (2) demonstrations by trainers on effective communication techniques, the use of health screening aid cards, and the five steps of Posyandu management; and (3) simulations by cadres covering effective communication, recording visitor attendance, taking physical measurements of beneficiaries, using aid cards and recording results, providing health education, and offering healthy food services for nutritional supplementation. The training spanned 12 hours, comprising 5 hours of lectures, 1 hour of demonstrations, and 6 hours of simulations; participants were divided into four groups guided by five trainers. The training included pre-tests and post-tests. The five trainers came from the Kepanjen Kidul Community Health Center (Puskesmas) and the Malang Health Polytechnic (Poltekkes Kemenkes Malang), with assistance from eight students. The instructional material used was the Buku Panduan Keterampilan Dasar Kader Posyandu (Kemkes, 2023), presented in PowerPoint (pptx) format, while actual Posyandu service equipment was used for the demonstrations and simulations.

RESULTS

The community service activity is presented in the photographs below, which show the participants and trainers involved in the skills improvement activity, as well as participants' simulation of Posyandu services.



Figure 1. *Participants and community service team members in the 2026 community service activity*



Figure 2. *Simulation of integrated primary care Posyandu services by participants*

Based on the training results, participants reported that this was their first opportunity to receive knowledge and skills related to ILP Posyandu management. Demonstrations were conducted in a classroom setting. Simulations were carried out in groups of 10–11 cadres, guided by the five trainers. Each cadre was required to perform the activities involved in the five steps of Posyandu service. Trainers provided feedback to each group regarding the activities performed or not yet performed by the cadres, including their effective communication techniques. Following the training, the cadres' responses indicated that they (1) increased in correct answers, rising from a range of 6–9 to 12–14 out of 15 questions regarding Posyandu management and effective communication, and (2) perceived a difference in the skills demonstrated during the five-step service simulation compared to their abilities before the training.

DISCUSSION

Posyandu (Integrated Service Post) is a Community-Based Health Effort managed and organized "by, from, for, and together with" the community in the implementation of health, education, and economic development, with the aim of empowering communities and facilitating access to basic health, education, and economic services. Posyandu is managed by cadres who meet established criteria and provides broader services across the entire life cycle (Kementerian Kesehatan R.I., 2023).

The target groups for Posyandu services integrating primary care include pregnant women, postpartum women, breastfeeding mothers, infants, preschool children (0–6 years), school-age children and adolescents (6–18 years), adults (>18–59 years), and older adults (≥60 years). Health services provided by cadres and healthcare professionals are categorized into two types: (1) services on Posyandu operating days, including health education, early detection, immunization, and supplementation; and (2) services outside Posyandu operating days, namely home visits to target groups. Posyandu services consist of five steps: (1) registration; (2) weighing/measurement/early risk detection; (3) recording; (4) health services; and (5) health education.

The role of cadres is essential to the effectiveness of Posyandu services that integrate primary care. This is consistent with the concept that a role refers to a set of behaviors, rights, and obligations expected of an individual occupying a particular position or status within a group or community (Connell, 1979). Training provides positive benefits for cadres, including access to skills, long-term benefits, partnership development, and increased willingness to volunteer in the future (6). Cadre participation also provides psychological and social benefits. Psychologically, cadres may experience a sense of purpose and meaning, life satisfaction, psychological well-being, increased self-efficacy and self-esteem, pride, and empowerment. Socially, cadres may receive support, develop a sense of belonging and social connectedness, and contribute meaningfully to social life (Nichol et al., 2023).

Knowledge, attitudes, and skills (practice) (Ejheisheh et al., 2025; Pratiwi et al., 2022) represent three interrelated domains of human behavior consistent with Benjamin Bloom's taxonomy (1956). Knowledge relates to the cognitive domain (intellectual understanding). Attitudes relate to the affective domain (emotional responses, motivation, communication, and values). Skills or practice relate to the psychomotor domain

(action). Behavioral change occurs through a dynamic relationship between what individuals understand, how they feel, and what cadres do. Knowledge is an essential starting point and provides the foundation for sustainable behavior, making resulting changes more robust and enduring. Knowledge shapes individuals' beliefs and perceptions of reality, which are necessary for decision-making.

Attitudes reflect a person's readiness or tendency to respond positively or negatively to an object, decision, or action. They are also a major predisposing factor for action, reflecting psychological readiness to act. Skills (practice or action), as the final component of behavior, involve actual actions, adherence, and implementation according to established standard operating procedures. Therefore, training is necessary for newly recruited Posyandu cadres to enable them to provide health services.

Simulation of communication between cadres and target groups was an important component of the training. Communication by cadres can increase self-confidence, interaction skills, openness, and empathy after participation in community activities (Sitepu & Rohani, 2026). Cadres' communication skills are essential when providing health education to Posyandu target groups or conducting home visits.

Structured cadre training functions to translate cadres' cognitive potential into active service-delivery skills at Posyandu. Although cadres may possess initial abilities, structured training interventions can effectively bridge and restructure the three pillars of human behavior: knowledge (cognitive), attitude (affective motivation), and skills (performance) (Amini et al., 2024). Knowledge serves as the foundation for safe and effective practice. Pre-training assessment revealed limited basic understanding among the cadres. Structured training can provide immediate and substantial improvements in specific knowledge, particularly regarding Posyandu management (Muhammad Rahimoon et al., 2025).

Theoretical knowledge alone is insufficient to change behavior; training is essential for transforming psychological barriers such as anxiety, uncertainty, or complacency into a proactive willingness to act. The training included effective communication techniques for cadres using the SAJI acronym – *Salam* (greeting), *Ajak bicara* (engaging in conversation), *Jelaskan dan Bantu* (explain and assist), and *Ingatkan* (remind) (Kementerian Kesehatan R.I., 2023). Communication can strengthen cadres' self-confidence and psychological readiness to provide Posyandu services. The primary indicator of training success is cadres' ability to translate cognitive awareness and positive attitudes into skills (practice or action) during simulated Posyandu service delivery. Skills are essential and closely aligned with effective communication competence.

Health services provided by cadres at Posyandu also require adequate knowledge, attitudes, and skills, which can be developed through training. The training was conducted as part of this community service activity to empower cadres according to their capacity to manage Posyandu services. Bloom's taxonomy explains that adequate knowledge can foster positive attitudes and enable individuals to perform skills according to established procedures (Adams, 2015), which may ultimately become habitual practices among cadres in Posyandu service delivery. Nevertheless, Posyandu cadres, as community-oriented volunteers expected to be independent and innovative, should not be confined to centralized, hierarchical, top-down systems (Cohen & Cohen, 2024); therefore, appropriate recognition or rewards commensurate with their contributions are needed.

CONCLUSION

Empowering newly recruited Posyandu cadres through training to improve knowledge, communication skills, self-confidence, and the ability to provide five-step services is necessary to establish consistent and sustainable practices in Posyandu service delivery.

SUGGESTION

Training for Posyandu cadres should be conducted regularly, accompanied by appropriate recognition or rewards for their contributions as volunteers.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest regarding the publication of this community service article.

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