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Cadres' Knowledge of Integrated Primary Health Services (*Posyandu ILP*) and Their Skill in Implementing the Five-Table System



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Abstract

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The importance of cadre roles is a key determinant in ensuring the smooth implementation of the Integrated Primary Service (ILP) *Posyandu* program. Cadres play essential roles and functions in *Posyandu* activities, one of which is carrying out the five-table system. However, in practice, the five-table system has not yet been implemented optimally. This condition may be influenced by several factors, including knowledge. The purpose of this study was to examine the relationship among cadres' knowledge of integrated primary health services (*Posyandu ILP*) with their skill in implementing the five-table system. A cross-sectional study was the method applied. 55 cadres made up the study population, and a total sampling strategy was used to include all of them in the sample. Questionnaires were used as tools for testing knowledge and skill. The Spearman Rank statistical test produced a positive correlation value of 0.704 and a p-value of 0.000 ($\alpha < 0.05$). This indicates a significant relationship between knowledge about ILP *Posyandu* and cadre skills in carrying out the five-table system. The correlation coefficient reflects a strong positive correlation, meaning that as the level of knowledge increases, the skill level also tends to improve. These findings suggest that regular and comprehensive training sessions should be provided to enhance cadres' knowledge of ILP and their ability to perform the five *Posyandu* tables effectively.

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INTRODUCTION

Health promotion and disease prevention are certainly highly effective methods for enhancing the quality of life, and public health is one of many building blocks toward a nation's development. Posyandu (Integrated Primary Service) is one of Indonesia frontline public health services. Posyandu itself is a UKBM that has been very helpful in improving the health condition of mothers and children throughout Indonesia ([Aris Dwi C et al., 2024](#)). The data suggest that Posyandu is strategically importance in preventing stunting, one of the major nutritional problems in Indonesia through early detection of child growth ([Rahmawati & Dewi Sartika, 2020](#)). Related to this, health posts cadres are the key agents in increasing community access to and utilization of health services. These preventive, promotional interventions do not always work out as planned. Posyandu cadres represent the program's foot soldiers, being community-based health workers. They are community volunteers prepared by professional health educators to conduct and support Community Health Centers' health promotion activities. They are also responsible for nutritional screening of children and pregnant women and providing health promotion through educational activities, including on nutrition ([Friska et al., 2022](#)).

One of the key programs implemented by Posyandu cadres is the Management of Integrated Primary Services (ILP). ILP serves as a guideline aimed at reducing mortality, morbidity, and disability among children under five years old. It provides direction for physicians, nurses, midwives, and community health cadres in managing major causes of child mortality, including pneumonia, diarrhea, malaria, and malnutrition ([Lubis et al., 2025](#)). In an effort to strengthen primary healthcare services, the government introduced the Integrated Primary Services (ILP) at Posyandu, which requires cadres to possess adequate knowledge and skills, particularly in the implementation of the Posyandu five-table system ([Aris Dwi C et al., 2024](#); [Misrani et al., 2025](#)). The five-table system consists of the stages of registration, weighing, recording, nutrition counseling, and health services, all of which require

adequate cadre competence to ensure optimal service delivery ([Idris et al., 2024](#); [Netra Wirakhmi & Arni Nur Rahmawati, 2024](#)). A lack of knowledge or skills among cadres may affect the quality of services provided, including early detection of health problems and the delivery of appropriate health education ([Angga Renaldi et al., 2024](#); [Arjan Arkasi et al., 2022](#)).

Various issues may affect the implementation of Posyandu activities, including those related to data quality, service effectiveness, and community participation. Several studies have shown that challenges in ILP implementation persist, such as limited cadre knowledge and skills, insufficient training, and difficulties in adapting to changes in the service system. ([Fitri et al., 2023](#); [Misrani et al., 2025](#); [Rahayu et al., 2017](#)). Cadres with low levels of knowledge tend to be less active and less optimal in carrying out their duties at each Posyandu table, which ultimately affects the quality of services provided to the community ([Fitri et al., 2023](#); [Putri et al., 2022](#)).

Previous research has highlighted that the knowledge possessed by Posyandu cadres is strongly associated with their performance and competencies in service provision, including the execution of the 5-table system ([Angga Renaldi et al., 2024](#); [Arjan Arkasi et al., 2022](#)). Another study in Banda Aceh, using bivariate analysis, demonstrated a significant association between cadres' knowledge levels and the successful implementation of the five-table system, with p-values below 0.05 across all service delivery aspects ([Mailisa Risma et al., 2024](#)). Nevertheless, research on cadre empowerment indicates that gaps remain in procedural knowledge and technical practice, particularly among new cadres and those who have not received structured training ([Luluk Susiloningtyas et al., 2025](#)). Therefore, enhancing cadre capacity through targeted training and mentorship is essential to support the successful integration of primary services at Posyandu ([Hujemiati et al., 2024](#); [Susanti et al., 2023](#); [Yani et al., 2023](#)).

METHODS

The study employed a correlation analytic research design alongside a cross-sectional research design. This study took place from December 27, 2024, to January 10, 2025, within the operational area of the Public Health Center of Sutojayan, Blitar Regency. The study population included all 55 Posyandu cadres within the operational area of the Sutojayan Public Health Center. The study sample consisted of 55 cadres from the working area of the Sutojayan Public Health Center. Total sampling technique was used, where the sample size was equal to the population. In this study, researchers used a knowledge and skill questionnaire. The assessment of knowledge and skills is conducted by

calculating the index value as follows: $\% = (\text{actual total score} / \text{ideal score}) \times 100\%$. This value is then compared to the expected (highest) score, multiplied by 100%, and the result is categorized into three criteria as follows: 1) Good: 76–100%; 2) Moderate: 56–75%; Poor: <56% ([Elba & Ristiani, 2019](#)). Before collecting data, researchers requested permission from the head of the Sutojayan Public Health Center after receiving a letter of recommendation from Stikes Patria Husada Blitar. After data collection, data processing was carried out using SPSS, followed by a Spearman Rank test. This study has met the ethical eligibility of the STIKes Patria Husada Blitar on December 19, 2024 with number 06/PHB/KEPK/283/12.24.

RESULTS

Table 1. Frequency Distribution of Respondents Characteristics

Respondents Characteristics		Frequency (f)	Percentage (%)
Age	Young Adulthood (20 to 35 y.o)	15	27.27
	Middle Adulthood (36 to 45 y.o)	21	38.18
	Late Adulthood (46 to 59 y.o)	19	34.55
Education	Junior High School	15	27.3
	Senior High School	33	60.0
	Bachelor	7	12.7
Length of service as cadre	Less than or equal 1 year	17	30.9
	More than 1 year	38	69.1
Source of Information	Midwife	12	21.8
	Community Health Profession.	16	29.1
	Nurse	0	0
	All profession	27	49.1
Level of knowledge	Good	23	41.8
	Moderate	18	32.7
	Poor	14	25.5
Skill of Cadres	Good	16	29.1
	Moderate	20	36.4
	Poor	19	34.5
Total		55	100

Based on [Table 1](#), the total number of respondents is 55. The largest group is 36 to 45 years old, with 21 people (38.18%). The majority of respondents' education levels were senior high school education, amounting to 33 respondents (60%). The majority of cadres had served for more than one year, totaling 38 respondents (69.1%). The majority of information sources obtained from all categories, namely midwives, nurse and community

health professionals, accounted for 27 respondents (49.1%). The results for the knowledge level showed that 23 respondents (41.8%) were in the *good* category, while 14 respondents (25.5%) were in the *poor* knowledge category. Cadres' skills were found to be in the *moderate* category for 20 respondents (36.4%) and in the *good* category for 16 respondents (29.1%).

Table 2. Frequency Distribution Among Cadres' Knowledge of Integrated Primary Health Services (*Posyandu ILP*) with Their Skill in Implementing the Five-Table System.

Level of knowledge	Skills among Cadres						Total		p-value	(r _s)
	Good		Moderate		Poor		f	%		
	f	%	f	%	f	%				
Good	14	25.5	8	14.5	1	1.8	23	41.8	0.000	0.704
Moderate	1	1.8	11	20	6	10.9	18	32.7		
Poor	1	1.8	1	1.8	12	21.8	14	25.5		
Total	16	29.1	20	36.4	19	29.1	55	100		

Spearman Rank statistical tests yielded a p-value of 0.000 and a positive correlation value of 0.704. A p-value of 0.000 showed that there was a strong correlation between cadres' knowledge and skill levels. The correlation coefficient (rs) of 0.704 indicates a high positive association, indicating that skill levels tend to rise in line with knowledge levels. well. In summary, the study highlights the demographic profile of *Posyandu* cadres and identifies a strong, statistically significant positive relationship between knowledge of integrated primary service (*posyandu ILP*) with five table implementation skills among cadres. This suggests that improving cadre knowledge could lead to enhanced performance in their roles.

DISCUSSION

The study included 55 respondents, predominantly middle adulthood aged 36 to 45 years old (38.18%) and mostly with senior high school education (60%). All cadres are considered adults ([WHO, 2020](#); [Kemenkes RI, 2024](#)). An individual's age is related to their mindset, thus influencing their attitudes and behavior. Mature and productive health cadres have more life experience and therefore gain more trust from the

community. Productive age cadres (young-middle adults) usually still absorb material quickly but have limited time, while older cadres may need a more contextual learning method ([Lidia Agow et al., n.d.](#)). Cadres with a higher level of education are anticipated to perform their roles and responsibilities more effectively within the community, particularly in addressing issues, especially health related problems in their respective neighborhoods ([Sulistiyanto et al., 2023](#)). A majority respondents having served as cadres for more than one year (69.1%). The decision to become a cadre is influenced by an individual's interest and prior experience in fulfilling their roles, tasks, and responsibilities. Those who have served longer generally show greater work productivity, allowing them to deliver more effective and higher-quality services to the community ([Sulistiyanto et al., 2023](#)). Almost half of the respondents obtained their information from health professionals and midwives (49.1%). These demographic characteristics align with common cadre profiles in Indonesia, where education and sustained involvement are crucial factors in cadre performance ([Adhyanti et al., 2023](#)).

The knowledge assessment revealed that 41.8% of cadres possessed good knowledge, while 25.5% had poor knowledge. Regarding skills, 36.4% were in the moderate category, and 29.1% were categorized as having good skills. The statistical analysis using Spearman Rank correlation demonstrated a significant positive relationship between knowledge and skill levels ($p = 0.000$, $r_s = 0.704$), indicating that higher knowledge levels among *Posyandu* cadres strongly correlate with better practical skills in implementing *Posyandu* activities.

Importantly, the magnitude of correlation ($r_s = 0.704$) in this study suggests a “strong” positive relationship, within standard interpretive conventions. This indicates that as cadre knowledge increases, their skill in executing the five tables tends to increase in a meaningful way. The practical implication is that interventions or programs that raise cadre knowledge are likely to yield improvements in their operational skills—not merely incremental gains but moderate to substantial gains, given the correlation magnitude. This finding is consistent with similar studies that underscore the importance of knowledge in enhancing cadre competencies. For instance, found that nutrition training significantly improved cadre knowledge and skills, reinforcing the impact of educational interventions ([Nur et al., 2025](#)). Higher knowledge equips cadres with the theoretical foundation necessary for carrying out practical tasks effectively, such as documenting growth, nutritional status, and immunization services at *Posyandu*. This reinforces prior evidence emphasized that regular training sustains cadre knowledge and self-efficacy, crucial for maintaining service quality over time ([Kurniasih et al., 2023](#)). The role of education is further supported by research showing that cadres with a higher level of education tend to have superior knowledge and skills, facilitating better health outcomes in community-based programs ([Theresia et al., 2024](#); [Tri Kurniasih et al., 2023](#)).

These results corroborate and extend prior evidence in the Indonesian context that cadre knowledge is a critical antecedent of performance in

community-based health services. For example, a study of *Posyandu* cadres in Bangkalan found a significant relationship between knowledge and measurement precision ($r_p = 0.443$, $p = 0.001$) for weighing children under five ([Hariyanti & Permana Putri, 2022](#)). Another recent study in Bekasi (Cikarang Selatan) reported that cadre knowledge significantly influenced height-measurement skills ($OR = 45.5$; $p = 0.000$) although not weight-measurement skills ([Dzandini et al., 2025](#)). Our findings reinforce the central argument: knowledge forms a foundational element of cadre competency, especially when the task involves multiple steps, decision-making, and standard procedures, such as the five tables of *Posyandu*.

The finding emphasizes the importance of sustained educational efforts aimed at cadres. For instance, training modules could focus not only on factual knowledge about ILP (its aims, procedure, workflow) but also on linking that knowledge explicitly to the operational tasks of the five tables – i.e., preparing the table layout, recording club, child immunization, nutrition counselling, and home-visit summaries (assuming this is the five-table structure). By strengthening both cognitive and procedural knowledge, cadre performance may be enhanced. Indeed, previous work on cadre readiness for ILP found that combined knowledge and skills assessments (more than 80%) corresponded with “ready” performance levels ([Siswati et al., 2025](#)).

Another aspect to consider is that even though knowledge correlates strongly with skill, knowledge alone may not guarantee optimal performance. Factors such as supervision, organisational support, availability of materials, refresher training, and peer-learning opportunities also matter. For example, a study in Samarinda found that supervision support contributed 0.652 times to cadre competence, while organisational support contributed 0.211 times ([Rahman et al., 2023](#)). Thus, while knowledge is foundational, it must be embedded in an enabling environment for skills to manifest fully.

CONCLUSION

This study, involving 55 *Posyandu* cadres, provides a clear overview of their demographic characteristics, knowledge levels, and practical skills in implementing *Posyandu* activities. predominantly middle adulthood aged 36 to 45 years old (38.18%), mostly with senior high school education (60%), and a majority having served as cadres for more than one year (69.1%). Almost half of the respondents obtained their information from health professionals and midwives (49.1%). In terms of competency, 41.8% of cadres demonstrated good knowledge and skill assessment showed that most cadres fell into the moderate (36.4%) categories. The statistical analysis revealed a significant positive relationship between knowledge and skill ($p\text{-value} = 0.000$), with a strong correlation coefficient ($r_s = 0.704$). The cadre's knowledge plays a crucial role in enhancing their skill performance in conducting the five *Posyandu* tables.

SUGGESTION

Regular and comprehensive training sessions should be provided to improve cadres' knowledge of ILP and the five *Posyandu* tables. Training should include both theoretical understanding and hands-on practice to enhance skill performance. Midwives and public health professionals, who already serve as major information sources, should intensify coaching and supervision efforts to ensure correct and consistent implementation of *Posyandu* activities. Educational materials, updated guidelines, and practical tools should be made easily accessible to cadres to support continuous learning and reinforce key competencies. Peer discussions, group mentoring, and cadre forums can help less experienced cadres learn from those with higher skill and knowledge levels, fostering collective improvement.

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CONFLICTS OF INTEREST

The authors confirm that no conflicts of interest exist in connection with the publication of this article.

AUTHOR CONTRIBUTIONS

Three members of our team worked together on this study, contributing to data collection, analysis, research findings, and discussions.

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