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# Relationship Between Cadre Perception and Implementation of Integrated Primary Service Posyandu (ILP) as an Effort to Improve Primary Services

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**Abstract:**
Posyandu cadres play a strategic role as the spearhead of promotive and preventive services within the Integrated Primary Health Care (IPHC) framework. However, the extent to which cadres' perceptions influence the actual implementation of ILP activities remains insufficiently understood. This study aims to analyze the association between cadres' perceptions of the ILP Posyandu and its implementation. A descriptive analytical study with a cross-sectional design was conducted in October 2025 among 29 health cadres selected using purposive sampling. Data were obtained through structured questionnaires and analyzed using the Chi-square test. A total of 51.7% of cadres had negative perceptions of the ILP Posyandu, while 58.6% reported exemplary implementation. Statistical analysis showed no significant association between cadres' perceptions and ILP implementation ($p = 0.176$). Cadre's perceptions do not significantly predict the implementation of ILP Posyandu. This suggests that ILP implementation is more strongly driven by systemic and structural factors such as supervision quality, training, and infrastructure availability rather than individual cadre understanding. Policy efforts should prioritize strengthening system-level support mechanisms to improve ILP Posyandu performance.

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## INTRODUCTION

Integrated community-based primary health services are a cornerstone of public health delivery in many low- and middle-income countries, including Indonesia. One of the country's most established platforms is the Posyandu (Integrated Service Post), a community-based health service unit embedded within the village and sub-district primary healthcare system (Perkasa et al., 2024). Posyandu provides promotive and preventive care across the life course, encompassing maternal and child health, as well as services for adolescents, adults, and the elderly, while serving as a key mechanism for sustaining community participation (Latifah & Puspitawati, 2025; Syarifudin et al., 2025).

Health cadres, who are trained community health volunteers, serve as the primary implementers of Posyandu activities and play a crucial role in expanding service coverage, maintaining regular community engagement, and supporting frontline primary care functions. In 2023, Posyandu began undergoing a significant transformation through the Integrated Primary Service (ILP) reform, introduced as part of Indonesia's six pillars of national health system transformation (Dhynianti et al., 2025; Tiara et al., 2025). The ILP model emphasizes comprehensive, continuous, and integrated promotive, preventive, and basic curative services

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delivered through strengthened Posyandu operations, thereby reinforcing the central role of cadres in ensuring effective implementation (Rachmaningsih & Sari, 2025).

National assessments have consistently shown that cadres are well-prepared to implement Integrated Learning Programs (ILP), demonstrating alignment with established competencies across various age-group services (Perkasa et al., 2024). However, these assessments primarily focus on technical competency and overlook deeper aspects of cadre perception, such as perceived benefits, barriers, motivation, and self-efficacy in implementing ILP. This gap aligns with international evidence on Community Health Workers (CHWs), which highlights the importance of ongoing institutional support, supervision, and belief systems in shaping implementation performance (Panda et al., 2024; Dewangan et al., 2024).

From a theoretical perspective, the Theory of Planned Behavior (TPB) and Diffusion of Innovations Theory explain why individual attitudes, perceived obstacles, self-efficacy, and perceived benefits strongly influence the adoption and execution of new health service models (Widyarini et al., 2022). For example, TPB has been applied in recent Indonesian public health research to predict self-care behaviors in hypertensive patients and community participation in vaccination programs (Bangkara et al., 2023). Meanwhile, the Diffusion of Innovations Theory has been empirically observed in the uptake of health innovations in Indonesia, such as in the assessment of healthcare service innovation adoption after treatment in community health technology diffusion strategies. These frameworks justify examining cadre perceptions as predictors of ILP implementation quality (Patrisia et al., 2024).

Despite the critical role that cadre perceptions play in shaping behavior and service delivery, a notable lack of research remains in examining how these perceptions influence the implementation of Integrated Learning Programs (ILP) at the village level (Basrowi et al., 2024). Most existing studies focus on measuring technical competencies, training completion rates, or adherence to procedural guidelines—indicators that reflect capability but not necessarily motivation, confidence, or belief in the program's value (Ramadhan & Herawati, 2024). As a result, there is limited understanding of the cognitive and motivational dimensions, such as perceived usefulness of ILP, self-efficacy in delivering services, or anticipated challenges in community engagement, that ultimately determine whether cadres actively and effectively implement the program (Siswati et al., 2022).

This narrow focus creates a significant disconnect between national policy expectations and the realities faced by cadres in rural and underserved communities. While policies may assume uniform readiness and commitment, on-the-ground experiences often reveal inconsistencies in service quality, frequency, and responsiveness—all of which can be traced back to gaps in cadre understanding, ownership, and perception of support. Without addressing these underlying factors, even well-designed programs risk being implemented in a fragmented or superficial manner. Bridging this gap requires incorporating psychosocial assessments into monitoring frameworks and tailoring supervision, incentives, and capacity-building efforts to strengthen not only what cadres know, but also how they feel about their role and ability to make a difference (Sumbarwati et al., 2025).

Therefore, the research gap lies in the limited evidence linking cadre perceptions, attitudes, beliefs, perceived benefits, self-efficacy, and perceived barriers to actual ILP implementation outcomes at the community level. Understanding this relationship is crucial for strengthening system-level support, enhancing cadre capacity-building strategies, and ensuring the effective implementation of ILP transformation at the grassroots level (Akhmadi et al., 2021). Based on these considerations, the present study aims to analyze the relationship between cadre perceptions and the implementation of Posyandu ILP in Petungsewu Village, providing evidence that may inform

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improvements in community empowerment, training approaches, and policy implementation at the local level.

## METHOD

### Study design

A preliminary study was conducted on 29 health cadres in Petungsweu Village, Dau District, Malang Regency, in October 2025. This research was conducted within a specific timeframe using a research design, and the researcher was able to determine the relationship between cadre perceptions and the implementation of Integrated Primary Health Services (IPHS) in Posyandu.

### Participans

Eligible survey participants were enrolled in the study upon its establishment, and they signed an informed consent form. The research sampling technique uses purposive sampling. The inclusion criteria consisted of: (1) active health cadres registered at the Petungsrejo Village Posyandu; (2) cadres who had participated in ILP activities for at least the past three months; and (3) cadres residing in the study area during the data-collection period.

Although purposive sampling allowed the selection of participants most relevant to the research objectives, this method has limitations, particularly the potential for selection bias and reduced generalizability beyond the study setting.

### Instrument

The independent variable is Cadres' perceptions of the concept and objectives of the ILP Posyandu, and the dependent variable is the implementation of the ILP Posyandu.

Data were collected using a structured questionnaire. The questionnaire was adapted from ILP implementation guidelines and further refined for the local context. Instrument validity was assessed using item analysis (Pearson product–moment correlation), with all retained items meeting the minimum acceptable r-value ($r > 0.30$). Reliability testing using Cronbach's Alpha demonstrated good internal consistency ($\alpha = 0.82$ for the perception scale and $\alpha = 0.79$ for the ILP implementation scale).

Operational definitions were applied to categorize responses: "positive perception" was defined as total perception scores above the overall mean score, while "negative perception" was defined as scores below the mean. "Good implementation" referred to implementation scores exceeding the mean value, whereas scores below the mean indicated "poor implementation."

### Data Analysis

Data processing consisted of three stages: editing (ensuring data completeness), coding (assigning numerical codes to responses), and transferring (entering coded data into a master spreadsheet for analysis).

Univariate analysis was conducted to calculate frequency distributions and percentages of each variable. Bivariate analysis was conducted to examine the relationship between cadre perceptions and the implementation of ILP. The Chi-Square test was selected because both variables were measured on a nominal scale, and the test is appropriate for determining associations between categorical variables. Expected cell counts were reviewed to ensure that assumptions of the Chi-Square test were met.

### Ethical Consideration

This study received ethical approval from the Ministry of Health Polytechnic in Malang. Research ethics were upheld throughout the study, encompassing principles such as respect for human dignity, beneficence and non-maleficence, justice, informed consent, anonymity, confidentiality, and formal ethical clearance. All research procedures were conducted in accordance with established ethical standards to ensure the protection of participants' rights and well-being.

## RESULT

### Characteristics of Respondent

The characteristics of the respondents consisted of 29 health cadres who met the inclusion criteria and participated in the study. A substantial proportion of respondents (31%) did not report the length of service variable because the question was optional, and several cadres were unable to recall their exact service duration. Their demographic characteristics are presented in Table 1.

Table 1. Characteristics of respondents

| Characteristics | Frequency | Percentage |
|---|---|---|
| Age (years) | | |
| < 30 | 3 | 10,3 |
| 31 - 40 | 15 | 51,7 |
| 41 - 50 | 7 | 24,1 |
| > 50 | 4 | 13,8 |
| Formal Education | | |
| No education | 1 | 3,4 |
| Bachelor | 1 | 3,4 |
| High school | 4 | 13,8 |
| Junior high school | 13 | 44,8 |
| Elementary school | 10 | 34,5 |
| Long time as a Health Cadre (years) | | |
| < 1 | 0 | 0 |
| 1 - 3 | 2 | 6,9 |
| 4 - 6 | 4 | 13,8 |
| 7 - 9 | 5 | 17,2 |
| > 10 | 9 | 31 |
| No Answer | 9 | 31 |

Note: A high proportion of "No Answer" (31%) occurred because the question was optional, and several cadres could not recall their exact years of service.

### Respondent Perception

Perceptions of the concept and objectives of integrated primary health care (ILP)

A total of 15 cadres (51.7%) demonstrated negative perceptions of ILP Posyandu. Perception categories were defined using a scoring system in which scores above the total mean indicated a “positive perception,” while scores below the mean indicated a “negative perception.” (Table 2)

The Implementation of Integrated Primary Service Posyandu (ILP)

A total of 17 cadres (58.6%) demonstrated exemplary implementation of ILP Posyandu services. Implementation categories were defined based on total implementation scores, with ≥ mean score classified as "good implementation" and < mean score classified as "not good implementation." (Table 2)

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Table 2. Cadre's Perceptions and ILP Posyandu Implementation

| Category | Frequency | Percentage |
|---|---|---|
| Perception of the Concept and Objectives Integrated Primary Service Posyandu (ILP) | | |
| Positive | 14 | 48.3 |
| Negative | 15 | 51.7 |
| The Implementation of Integrated Primary Service Posyandu (ILP) | | |
| Good | 17 | 58.6 |
| Not Good | 12 | 41.4 |

**The Relationship between Perceptions of the Concept and Objectives of Integrated Primary Service Posyandu (ILP) and Field Implementation of Integrated Primary Service Posyandu (ILP)**

The results of examining the relationship between perceptions of the concept and objectives of Integrated Primary Health Care (IPHC) and the implementation of IPHC can be viewed in Table 3.

Table 3. Bivariate Analysis Using Chi-Square Test of Perception and ILP Implementation

| | | The Implementation of Integrated Primary Service Posyandu (ILP) | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Good | | Not Good | | | |
| | | F | % | F | % | F | % |
| The Concept and Objectives of Integrated Primary Service Posyandu (ILP) | Positive | 10 | 71.4% | 4 | 28.6% | 14 | 48.3% |
| | Expected Count | 19.5 | | 19.5 | | | |
| | Negative | 7 | 46.7% | 8 | 53.3% | 15 | 51.7% |
| | Expected Count | 23.5 | | 23.5 | | | |
| Total | | 17 | 58.6% | 12 | 41.4% | 29 | 100% |
| Total Expected Values | | | | | | 0 | 0.00% |

| Chi-Square Summary | |
|---|---|
| Statistic | Value |
| Pearson Chi-square | 1.830 |
| df | 1 |
| p-value | 0.176 |
| Minimum Expected Value | 5.79 |
| Effect Size (Phi/Crame/s V) | 0.252 (weak association) |

The Chi-square assumption was fulfilled because none of the cells had expected values below 5, indicating an adequate sample distribution and validating the use of the Chi-square test. The results showed no statistically significant association between cadres' perceptions and ILP implementation ($p = 0.176 > 0.05$). The effect size (Phi/Cramer's $V = 0.252$) further demonstrates a weak relationship, reinforcing the conclusion that perception alone does not meaningfully predict implementation outcomes. This finding creates a notable paradox: although more than half of the cadres (58.6%) rated the implementation of ILP as good, a majority (51.7%) still held negative perceptions of the ILP concept. This suggests that ILP implementation at the community level may be driven more by structural and organizational factors, such as the quality of supervision, mandatory reporting systems, the availability of operational tools, and institutional pressure, rather than by individual beliefs or attitudes.

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## DISCUSSION

### Cadres' Perceptions of the Concept and Objectives of ILP Posyandu

The results of the study show that most respondents (51.7%) have a negative perception of the concept and objectives of the Integrated Primary Care Posyandu (ILP). These findings suggest that cadres' understanding of community-based health service transformation through the ILP Posyandu remains suboptimal, which should be taken into consideration, as cadres play a crucial role in implementing Posyandu at the community level. Several factors may influence the negative perception of cadres towards the ILP Posyandu. A lack of comprehensive understanding of the ILP Posyandu concept among cadres may lead to negative perceptions. The transformation of the Posyandu into the ILP emphasizes the integration of primary health services, including promotive, preventive, and family health services, as well as data management. This transformation process requires new knowledge for cadres. If the training provided is not optimal or cadres do not receive adequate explanations, it is natural for them to have negative perceptions of the Posyandu transformation (Luluk & Fannidya, 2025).

Increasingly complex workloads can also influence cadres' negative perceptions. ILP Posyandu requires cadres not only to weigh or record data, but also to be involved in health education, electronic recording, mapping of families at risk, and coordination with health workers. Previous studies have shown that an increase in workload without adequate support has the potential to reduce motivation and give rise to negative attitudes towards new health programs (Tampubolon, 2024). Additionally, the ability and confidence of cadres in carrying out new tasks at the ILP Posyandu can influence their perceptions. If cadres feel less skilled in the use of technology, digital recording, or delivering more complex educational material, they tend to give negative perceptions of the ILP concept. Research shows that cadre self-efficacy is closely related to program acceptance and the quality of services provided (Akhmadi et al., 2021). These high negative perceptions indicate that there are still challenges in the process of transforming Posyandu into ILP, particularly in terms of empowering the cadres. To improve positive perceptions, strategies are needed to enhance cadre capacity through continuous training, more intensive supervision, and the provision of educational materials that are easily understood and accessible. Strengthening motivation and recognition of the role of cadres is also important, given that cadres work voluntarily and play a crucial role in the success of public health programs (Chabibah & Agustina, 2023).

### Implementation of Primary Care Integration (ILP)

The results of the study show that most respondents (58.6%) rated the implementation of ILP Posyandu in Petungsewu Village, Dau District, Malang Regency as good. This finding suggests that the implementation of ILP Posyandu in the area has been quite effective, particularly from the perspective of cadres as activity implementers at the community level. Several factors can influence the successful implementation of the ILP Posyandu. The availability of supporting facilities and infrastructure, such as standard anthropometric examination tools, register books, recording forms, and simple technology to support family health monitoring activities, contributes to the optimal implementation of the ILP Posyandu. The alignment between available resources and cadre tasks can increase work comfort and service effectiveness. The provision of adequate facilities is positively correlated with the successful implementation of community-based health programs. Good communication and coordination between cadres and health workers are also important aspects. When communication is effective, whether in the form of instructions, technical guidance, or sharing problems in the field, cadres feel more confident and find it easier to carry out their duties (Rahmayanti et al., 2022).

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However, the findings also reveal a paradox: despite most cadres holding negative perceptions (51.7%), the implementation is still rated as good. This suggests that implementation success may be primarily driven by external factors—such as structured supervision from health workers, clear operational guidelines, and consistent resource availability—rather than the cadres' internal beliefs or readiness. These structural drivers appear to override negative perceptions and support effective task performance.

**The Relationship between Cadres' Perceptions and the Implementation of Primary Service Integration (ILP) Posyandu**

Statistical analysis using the Chi-Square test yields a p-value of 0.176, which is greater than 0.05, indicating that there is no significant relationship between cadres' perceptions and the implementation of ILP Posyandu in Petungsewu Village, Dau District, Malang Regency. This finding indicates that the level of ILP Posyandu implementation in the area is not entirely influenced by how cadres interpret the concept and objectives of ILP Posyandu. In other words, cadres can continue to carry out their duties at ILP Posyandu even though their perceptions vary, both positive and negative. Statistical analysis using the Chi-Square test showed that none of the cells had expected values below 5, indicating that the Chi-square assumptions were met. The test result ($p = 0.176 > 0.05$) confirmed that there is no statistically significant relationship between cadres' perceptions and the implementation of ILP Posyandu. This means that cadres can carry out ILP activities regardless of whether their perceptions are positive or negative. However, this finding presents a notable paradox: although 58.6% of cadres rated ILP implementation as good, a majority (51.7%) still held negative perceptions of ILP. This discrepancy suggests that successful ILP implementation may be driven more by structural and external factors—such as strict supervision, standardized procedures, mandatory reporting mechanisms, and adequate resource availability—than by internal attitudes or beliefs of the cadres themselves. From a theoretical perspective, this is consistent with the Theory of Planned Behavior (TPB), which explains that behavior is shaped not only by attitudes but also by subjective norms and perceived behavioral control (Nur et al., 2025).

In the ILP context, cadres may comply with ILP procedures because of organizational expectations or supervisory demands, even when their personal perceptions are negative. The Diffusion of Innovations Theory (DOI) also supports this interpretation, suggesting that strong system-level support, training, and organizational reinforcement can facilitate adoption even when individual acceptance is incomplete. The findings of this study are consistent with previous evidence on community health workers (CHWs). Several studies in Indonesia and other countries have shown that CHW and cadre performance is more strongly shaped by system-level factors—such as infrastructural readiness, supervision quality, mentoring systems, and the availability of standard operational facilities—rather than by individual knowledge or perceptions (Spinnewijn et al., 2024).

The success of ILP Posyandu depends mainly on the strength of mentoring and infrastructure support. Cadre perceptions and knowledge do not significantly influence Posyandu implementation, as the quality of implementation is driven more by guidance, supervision, and organizational support (Perkasa et al., 2024). These findings reinforce the conclusion that ILP implementation tends to be driven by systems rather than perceptions. Taken together, these findings strengthen the conclusion that the non-significant relationship observed in this study is consistent with theoretical expectations and prior evidence, where structural readiness and supervisory mechanisms play a more decisive role in shaping ILP implementation outcomes.

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### Limitations of the Study

This study has several limitations. First, the sample size was small (N = 29), which reduced statistical power and limited the ability to generalize the findings. Second, the purposive sampling technique further limits representativeness. Third, the cross-sectional design captures perceptions and implementation at only one point in time, preventing causal interpretation. Fourth, the reliance on self-reported data may introduce social desirability bias, where cadres may overreport positive implementation behaviors. Future research should address these limitations by employing larger sample sizes, using probability sampling, and adopting longitudinal designs.

### Policy Implications and Recommendations

Given that structural factors appear to play a more dominant role than individual perceptions, policy interventions should focus on strengthening system-level supports. These may include enhancing cadre training modules, ensuring continuous supervision, improving data recording tools, and guaranteeing adequate operational facilities. Strengthening village-level governance and accountability mechanisms may also help sustain high-quality ILP implementation even when cadre perceptions vary.

### Future Research Directions

Future studies should employ mixed methods designs to explore why negative perceptions do not hinder implementation. Qualitative exploration may reveal deeper factors, such as social norms, an obligation to village leadership, intrinsic motivation, or community expectations. Comparative studies across regions may also reveal contextual factors that influence the relationship between perception and implementation. Additionally, evaluating the long-term impact of training and supervision improvements can provide insight into whether perceptions eventually align with implementation performance.

## CONCLUSION

This study found no significant relationship between cadres' perceptions and the implementation of ILP Posyandu, suggesting that system-level factors—such as mentoring, infrastructure readiness, and supervision—play a more decisive role than individual attitudes. Policymakers should prioritize strengthening these structural supports rather than relying solely on perception- or knowledge-focused training to improve ILP performance. Future research should employ larger probability-based samples and mixed-methods or longitudinal designs to better understand contextual barriers and the complex determinants of ILP implementation.

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## CONFLICT OF INTEREST

In this study, we declare that we have no conflicts of interest with any institution.

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