P-ISSN: 1412-3746
E-ISSN: 2549-6557

JURNAL KESEHATAN
FAKULTAS KESEHATAN
UNIVERSITAS DIAN NUSWANTORO
Volume 24. No.1, April 2026

Posyandu Cadres' Readiness in The Implementation of Integrated Primary Health Care

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Received :08-05-2026
Accepted :08-05-2026
Available online by :29-05-2026

Abstract . The transformation of Posyandu into the Integrated Primary Health Care (ILP) model was initiated by Indonesia's Ministry of Health to strengthen primary health care services. The success of this transformation depends on the readiness of Posyandu cadres, who act as key field implementers. This study aimed to examine the relationship between change valence and information assessment with cadre readiness in supporting ILP implementation in Banyumanik District, Semarang City. A cross-sectional quantitative study was conducted among 50 Posyandu cadres (n = 50) selected using multistage random sampling. Data were collected using a validated questionnaire and analyzed using the Chi-square test with prevalence ratio (PR) analysisA cross-sectional quantitative design was employed, using a validated questionnaire distributed to 50 cadres selected through multistage random sampling. Data were analyzed using the Chi-square test. The findings showed a significant relationship between change valence and cadre readiness (p = 0.001; PR = 10.00), as well as between information assessment and readiness (p = 0.001; PR = 29.13). Cadres who had positive perceptions of change and received adequate information were more likely to be ready to implement ILP. The study recommends that local governments enhance documentation of training outcomes and that Puskesmas and Posyandu coordinators develop structured mentoring and certification systems. These efforts are crucial to improving cadre readiness and ensuring sustainable implementation of ILP at the community level.

Keywords: Readiness for change, Posyandu, Integrated Primary Care

INTRODUCTION

Integrated Health Service Posts (Posyandu) are a form of community-based primary health care established to improve public health, particularly in terms of nutrition monitoring and maternal and child health. The services provided by Posyandu include immunization, maternal and child health (KIA), family planning

(KB), nutrition, and diarrhea treatment, all of which are related to improving the quality of life of the community (Kemenkes RI 2012). In line with the development of public health needs, accompanied by the challenge of equitable health services, the government is striving to implement the six pillars of the Indonesian health system transformation. The transformation of primary health services, which is the first pillar, is realized through Integrated Primary Health Care (ILP), which has three focus areas: the life cycle, bringing services closer through village and hamlet networks, and strengthening Local Area Monitoring (PWS)[1].

The Ministry of Health continues to promote integrated Posyandu services to support the transformation of primary care. Posyandu, which were previously fragmented with various types of Community-Based Health Efforts (UKBM), are expected to be able to serve the entire life cycle[2] (MCGL) program carried out by the Ministry of Health together with USAID in several provinces shows that ILP has been proven to increase service accessibility and the motivation of health workers in remote areas, as seen from the decline in the maternal mortality rate from 1.23% in 2021 to 0.46% in 2023 in areas that implement ILP[3]. This shows that ILP Posyandu has the potential to be implemented throughout Indonesia to strengthen primary health care for the community.

The transformation of an organization such as Posyandu requires readiness in various aspects. In this context, Weiner's Organizational Readiness to Change theory becomes relevant, stating that an organization's readiness to change is highly dependent on the perception of the value of change, the assessment of information related to the demands and resources required, as well as contextual factors such as culture, structure, and organizational policies. As well as contextual factors such as culture, structure, and organizational policies[4]. Weiner's theory is expected to ensure that cadres and other posyandu administrators are ready and able to face changes in the way they work. A study at Puskesmas Pamulang in South Tangerang found that ILP readiness is still hampered by limitations in human resources, infrastructure, and inadequate digital technology, as well as program funding constraints.[5]

The Banyumanik subdistrict was chosen as the research location because it is a strategic area with diverse social and health characteristics, reflecting the challenges in implementing the ILP Posyandu transformation. The urgency of this research is reinforced by Law No. 17 of 2023 concerning Health and Minister of Health Decree No. HK.01.07/Menkes/2015 of 2023 concerning Technical Guidelines for the Integration of Primary Health Services. The ILP program began to be implemented in Semarang City on June 1, 2024, so this study is expected to assess the readiness for the transformation of ILP Posyandu, particularly in Banyumanik District.

METHODS

This study used a quantitative design with an explanatory research type. The research method used was observational with a cross-sectional approach, where data collection was conducted at a specific time to assess the relationship between variables simultaneously6. The independent variables in this study were change scores and information assessment, while the dependent variable was the readiness of Posyandu to transform into ILP Posyandu. This study was conducted from October 2024 to June 2025.

The study population consisted of all Posyandu cadres in Semarang City, totaling 13.901 people. The sample size was calculated using the Slovin formula with a 5% margin of error, resulting in 992 respondents. To anticipate non-response, 10% was added, bringing the final sample size to 1.100 respondents. The

distribution of samples per sub-district was adjusted according to the number of cadres and regional characteristics, whereby if the number of cadres was 1.000, 100 respondents were taken. The sampling technique used multistage random sampling, which is a step-by-step selection of samples starting from the city, sub-district, and village levels to the Posyandu (integrated health service post) level, to ensure the representativeness of the area and characteristics of the respondents[7]. Based on these calculations, the research sample used in this article consists of 50 posyandu cadres from 10 Posyandus in 2 villages included in Cluster A of Banyumanik Subdistrict.

This study obtained ethical approval from the Research Ethics Committee of Universitas Dian Nuswantoro (UDINUS), Semarang, with ethical clearance number 000714/UNIVERSITAS DIAN NUSWANTORO/2025, issued on 13 March 2025. All respondents participated voluntarily and provided informed consent prior to data collection. The main instrument of this study was a Google Form-based questionnaire developed by the researcher based on the research indicators. Before use, the questionnaire was tested for validity and reliability. The validity test was conducted to ensure that each question item was able to measure the intended variable, while the reliability test was used to examine the consistency of the measurement results[8]. Supporting instruments in the form of observation sheets and secondary data obtained from Siprosemar were used to supplement the research information. The data collected through the questionnaire was then processed through several stages, namely editing, coding, scoring, data entry, and tabulating[9]. Data analysis was carried out in two stages. First, univariate analysis to describe the frequency distribution of each research variable. Second, bivariate analysis using the Chi Square test to determine the relationship between independent variables (change value and information assessment) and dependent variables (Posyandu Readiness to Become ILP ILP). The Chi-Square test was chosen because it is suitable for testing the relationship between variables with categorical data scales.

RESULT AND DISCUSSION

This study was conducted at 10 Posyandu in two villages in Banyumanik Cluster A subdistrict, namely Tinjomoyo and Srondol Kulon villages. Each sub-district consists of five Posyandu spread across various neighborhood associations (RW), including Posyandu Anyelir, Gotong Royong, Mawar, Mekar Indah, and Ngudi Lestari in Tinjomoyo, as well as Dupa Membara, Mawar, Melati, Mekar Indah, and Sekar Cempaka in Srondol Kulon. The selection of these locations reflects the diversity of regional characteristics and the readiness of cadres to face the transformation of Posyandu into ILP.

A total of 50 Posyandu cadres participated as respondents in this study. Most of the cadres were in the 40–49 age range (48%), indicating a predominance of cadres in middle productive age. In terms of education, the majority of cadres had a high school education (70%) and most worked as housewives (86%). In addition, 48% of cadres had worked for more than five years, indicating considerable experience in managing Posyandu activities. Regarding skills training, although some cadres stated that they had participated in training, most of these activities were still in the form of general socialization and did not lead to in-depth technical training or specific skills. In searching for training documents in the Siprosemar system, no training certificates uploaded

by the cadres responding to this study were found. The results of the univariate analysis of the three variables in this study are described in the table below

Table 1. Frequency Distribution of Respondents Based on Change Score, Information Assessment, and Posyandu Readiness to Become ILP an ILP Posyandu

Variable	Category Value Change	F	%
Change Value	Bad < 23	24	48
	Good ≥ 23	26	52
Information Assessment	Bad < 30,5	22	44
	Good ≥ 30,5	28	56
Posyandu Readiness to Become ILP ILP	Bad < 19	24	48
	Good ≥ 19	26	52

Source: Processed Primary Data, 2025

Based on the results of univariate analysis, it is known that 52% of cadres have a perception of change in the good category, 56% have a good assessment of information, and 52% show good readiness in facing the transformation of Posyandu into ILP.

The results of the bivariate analysis testing the relationship between the variables of change value and information assessment on the readiness of posyandu to become ILP posyandu are described in the table below.

1. Relationship between Change in Value and Posyandu Readiness to Become an ILP Posyandu

Table 2. Cross Tabulation of the Relationship between Change Value and Posyandu Readiness to Become ILP

Change Value	Posyandu Readiness to Become ILP ILP				Total		P-Value	CI 95%	PR
	Kesiapan Bad < 19		Kesiapan Good ≥ 19						
	F	%	F	%	F	%			
Bad < 23	18	75	6	25	24	100	<0,001	2,730 - 36,636	10
Good ≥ 23	6	23,1	20	76,9	26	100			

Source: Processed Primary Data, 2025

The results of the Chi-Square test show that there was a highly significant relationship between change scores and the readiness of Posyandu to become ILP ($p < 0.001$). Cadres with good change scores are 10 times more likely to be ready to transform into ILP Posyandu compared to cadres with poor change scores (PR = 10, CI 95%: 2.730 – 36.636).

Change Value scores (PR = 10, CI 95%: 2.730 – 36.636). The relationship between the value of change value and the readiness of Posyandu to become ILP Posyandu can be understood through Weiner's Organizational Readiness for Change theoretical framework. In this theory, organizational readiness was influenced by two main dimensions, namely change commitment and change efficacy (belief in the ability to make changes). Change value describes the extent to which Posyandu cadres view ILP change as something valuable, important, and worth pursuing, which had a direct impact on their commitment to supporting the transformation of the Integrated Health Center[10]. When cadres see that the change to ILP Posyandu brings benefits to the community and to the role of the cadres themselves, they will feel a sense of obligation and attachment to the change[11]. This commitment encourages psychological and behavioral readiness to engage in the implementation of change. This aligns with the Ministry of Health's focus on

primary care transformation, which emphasizes strengthening the promotive and preventive roles through cadre empowerment and integration across the entire life cycle. If cadres believe that the change will enhance service effectiveness and community health quality, they will feel more responsible for ensuring the change's succes[12].

Posyandu ILP was part of the first pillar of national health transformation, which aims to make primary services the spearhead of health development. In this context, cadres' assessment of the value of change was very important. As stated in the 2022 policy of the Indonesian Ministry of Health, the transformation of primary services will only be successful if it is supported by health workers and cadres who are highly motivated and aware of the importance of change. The value of change includes perceptions, benefits, motivation, involvement, and expectations of sustainability, which were important components in shaping readiness for change. Cadres who view change as an opportunity to increase their capacity and contribution to the community show a higher level of readiness. Similarly, research by Raniwati et al. on Factors Affecting the Performance of Cadres in the Implementation of Posyandu Activities in the Working Area of the Anak Air Community Health Center in Padang showed that the attitudes and motivation of cadres play an important role in influencing their performance in implementing Posyandu activities, which indirectly also illustrates their readiness to face changes in the program13 . A high change value makes cadres feel that the change is in line with their personal goals and social values, making it easier to form active involvement.

In addition, when cadres feel involved in the change process, they will feel a sense of ownership and support for the Integrated Health Post Program[14]. This is in line with the principle of participation in the systems management approach, where involvement from the planning and implementation stages increases the sense of ownership of the system being developed. The ILP health post was not just a new program, but a new system that requires reintroduction by its implementers. Therefore, the value of change becomes an important indicator to assess whether cadres feel that this change is relevant, important, and can strengthen their position as community health cadres.

2. Relationship Between Information Assessment and Posyandu Readiness to Become Posyandu ILP

Tabel 3. Cross-tabulation of the Relationship between Information Assessment and Posyandu Readiness to Become ILP

Informational Assessment	Posyandu Readiness to Become ILP				Total		P-Value	CI 95%	PR
	Bad readiness < 19		Good readiness ≥ 19						
	F	%	F	%	F	%			
Bad < 30,5	19	86,4	3	13,6	22	100	<0,001	6,153 - 137,947	29,133
Good ≥ 30,5	5	17,9	23	82,1	28	100			

Source: Processed Primary Data, 2025

The bivariate analysis results show a significant relationship between change scores and cadre readiness (p = 0.001), as well as between information assessment and cadre readiness (p = 0.001). Cadres with good change scores were 10 times more likely to be ready for ILP transformation, while cadres with good information assessments were 29 times more likely to be ready than cadres with poor assessments. These findings emphasize the importance of perceptions of change and access to information in supporting cadre readiness at the primary care level.

Based on the results of the chi-square analysis, the relationship between information assessment and Posyandu readiness to become ILP is also statistically significant (p <0.001). Cadres with good information assessment are 29 times more likely to be ready to become ILP Posyandu compared to cadres with poor assessment (PR = 29.133 CI 95%: 6.153 – 137.947).

Information assessment was closely related to the readiness of Posyandu to transform into ILP because it reflects the dimension of change efficacy in the Organizational Readiness to Change theory. Change efficacy was the collective belief that members of an organization have the capacity to implement change[10]. Information assessment consists of understanding task demands, perceptions of resource adequacy, and situational conditions that affect cadres' ability to implement change. When cadres understand what to do, feel technically capable, and are supported by a clear social environment and system, they will be better prepared to face the change process[15]. The ILP Posyandu transformation promoted by the Ministry of Health requires cadres to master various health services covering the entire life cycle. With a broader scope of duties, information assessment is crucial in creating readiness. Cadres must be confident that these tasks can be carried out with the available resources and supported by adequate logistics and supervision systems.

According to Weiner's theory, the perception that an organization had sufficient resources (resource perception) and that task demands can be met (task demand) greatly contributes to the formation of change efficacy[4]. In the context of ILP Posyandu, resources include medical equipment, consumables, recording forms, as well as training and support from health workers. If one of these elements is lacking, cadres may doubt the success of this change and experience resistance.

Government policy regarding the transformation of Posyandu into ILP states that the success of primary service transformation depends on the readiness of cadres and health workers at the community level[1]. Therefore,

training, facility support, and effective communication are the main focuses of this change. If cadres feel that they have received adequate training and supportive facilities, their assessment of the information will be more positive and able to increase their readiness to play a role in the change[16]. Similar research was also conducted by Rachmaningsih on the Analysis of Integrated Primary Health Care (ILP) Readiness at Puskesmas Pamulang in South Tangerang City, which showed that although cadres' understanding of ILP was not yet uniform, organizational commitment and the existence of supporting policies at the community health center and village levels were important drivers in ILP implementation readiness[17]. Support in the form of decrees, cadre training facilities, and the provision of infrastructure reflects that readiness was not only determined by individual factors, but also by governance and the overall supporting ecosystem. Good information assessment creates confidence and encourages cadres to be more active. This confidence was not only psychological but also collective in nature because cadres work in teams and communities.

Additionally, situational factors such as community social support and local government attention were also part of information assessment. When the community shows support for the ILP program and the government provides policy support, cadres will feel that they have strong supporters. This was in line with the management system approach, where readiness for change was not only determined by the individual implementers, but by all elements of the system, including the external environment and feedback mechanisms[18]. Thus, information assessment was not just a matter of knowing what to do, but also the extent to which cadres believe they can do it well. Without positive information assessment, readiness will be weak and the implementation of change will be disrupted. Therefore, policymakers need to pay attention to strengthening communication, training, and logistical availability as the foundation for cadre readiness in the field later on.

CONCLUSION

This study shows that most cadres in Banyumanik Subdistrict Cluster A have a positive perception of the value of change in the transformation of Posyandu into ILP, with 52% falling into the good category. The cadres' assessment of information is also good (56%), which includes understanding of tasks, availability of resources, and social support. Overall, the readiness of cadres to face the Posyandu ILP transformation was classified as good, at 52%. There was a significant relationship between change values and cadre readiness (p=0.001; PR=10), as well as between information assessment and cadre readiness (p=0.001; PR=29.13). This means that cadres with good perceptions of change values and information assessment had a higher chance of being ready to undergo the transformation to Posyandu ILP.

AUTHOR CONTRIBUTIONS

Conceptualization and methodology were developed by R.N. and E.R., who designed the overall framework and research approach. Z.N.A. was responsible for data collection in the field, as well as conducting data validation and statistical analysis to ensure the accuracy and reliability of the findings. V.A.V.S., F.K.P., and M.I. contributed by critically reviewing the manuscript and providing valuable comments and suggestions that improved the clarity and quality of the paper. R.N. performed the final review and editing of the manuscript to ensure coherence and consistency across all sections. All authors have read and agreed to the published version of the manuscript.

ACKNOWLEDGEMENTS

The authors gratefully acknowledge the Semarang City Health Office for its invaluable support and facilitation throughout the implementation of this study. The authors also wish to thank the Semarang City Posyandu Forum for their kind cooperation and assistance in coordinating field activities. Special appreciation is extended to all Posyandu cadres who generously contributed their time, expertise, and perspectives. Their commitment and active participation were instrumental in the successful completion of this research.

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