

## KNOWLEDGE, MOTIVATION, TRAINING AMONG VOLUNTEER COMMUNITY HEALTH WORKERS

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### ABSTRACT

**Background:** Integrated Service Post (*Posyandu*) is one form of community based health efforts which is managed and implemented by volunteer community health workers. That performance is very important to monitor the toddlers. The coverage of toddlers weighed at Ngaras at public health Service has decreased by 2014 reached of 87.0% in 2015 reached of 100.4% in 2016 reached of 64.0% but in 2017 it only reached of 68,2%.

**Purpose:** To know the correlation of knowledge, motivation, training among volunteer community health workers at public health services West Pesisir Province of Lampung 2018.

**Methods:** Quantitative research type with cross sectional design and population recruited all of volunteer community health workers. Data collected by using questionnaire sheets. Analysis of data used univariate and bivariate (Chi Square).

**Results:** The results showed that the volunteer community health workers have best performance with number of 45 volunteers (69,2%) comparing with who has a poor performance with number of 20 volunteer (30,8%). Based on bivariate analysis following in several parts of the volunteer such as knowledge with *p*-value of 0,001 OR 4,889 (1,5 to 15,3 95% CI), motivation with *p*-value 0,034 OR 3,778 (1,2 to 11,4 95% CI), and the training with *p*-value 0,009 OR 5,429 (1,6 to 17,8 95% CI).

**Conclusion:** There is a relation of knowledge, motivation and training for the performance of volunteer community health workers. It is suggested to management of public health centre on Ngaras to conduct more intensive training related to volunteer training which includes knowledge sharing which will improve on volunteer community health workers performance on task, and motivation to intensify duty of passion of volunteer community health workers.

**Keywords:** Performance, Volunteer community health workers, Public health centre

### INTRODUCTION

Integrated Service Post (*Posyandu*) is one form of Community Based Health Efforts (CBHE) that are managed and held from, by, to and with the community so as to facilitate the community in obtaining basic health services, with the aim of decreasing the Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), and Under Five Mortality Rate (UFMR) (Ministry of Health of the Republic of Indonesia, 2011).

The success of *Posyandu's* performance is seen from the implementation of *Posyandu* implementation, so that it reaches the *Posyandu* independence strata. The independence of the *Posyandu* is seen from the frequency of weighing, the average cadre on duty, the coverage of under-fives weighed (D/S), additional programs and the coverage of healthy funds (Ridwan,

Herawati, & Hasanbasri, 2007; Jasmawaty, Syam, & Jafar, 2012).

*Pesisir West* Regency coverage of D/S has decreased, in 2014 it reached 84.2%, in 2015 it reached 75.9% and in 2016 it reached 72.6%. Likewise, in Puskesmas Ngaras the (D/S) coverage also decreased, in 2014 it reached 82.8%, in 2015 it reached 100.4%, in 2016 it only reached 64.0% and in 2017 it increased to 68.2% but it has not reached the target predetermined (Health Authority of West Pesisir District, 2017). If the *Posyandu's* performance is good, then efforts to fulfill the basic needs of child development will also be good, such as achieving high immunization coverage and increasing life expectancy. Conversely, if the *Posyandu's* performance is not good, such as in monitoring children's growth through weighing and supplementary feeding, the development

of a child's nutritional status can be disrupted (Nusi, 2006; Badawi, 2014).

The success of *Posyandu* cadres' performance in carrying out their duties and responsibilities as a *Posyandu* cadre will be greatly influenced by the performance model used, in this case there is a performance model called *the achieve model*, formulated by Hersey, Blanchard and Johnson with an acronym ACHIEVE. A: *ability (knowledge and skill)*, C: *clarity (understanding or perception)*, H: *help (organizational support)*, Myself: *incentive (motivation or willingness)*, E: *evaluation (coaching and performance feedback)*, V: *validity (valid and legal personnel practices)*, E: *environment (environmental fit)*. It can be seen that the implementation of performance will be strongly influenced by several factors, both from the workers and from the organization (Wibowo, 2016).

Some studies have seen many factors that play a role in determining the performance of *Posyandu* cadres. Research results from Asfiah, Purwoatmodjo & Astuti. (2016). in Salatiga City shows that there is a relationship between the level of cadre knowledge, motivation and supervision with cadre performance in the recording of the *Posyandu* Information System (SIP). The results of the research in the work area of the Amplas Medan Health Center showed that there was a relationship between intrinsic and extrinsic motivation with the performance of *Posyandu* cadres (Arwina, 2011). The results of the research of Hasyim, Keswara, Gunawan & Rilyani, (2014). finding that there was a relationship between education, training and incentives with the performance of *Posyandu* cadres in the working area of Tanjung Bintang Health Center, South Lampung Regency.

Knowledge can form an attitude and cause a behavior in everyday life (Notoatmodjo, 2012). The level of knowledge about *Posyandu* at high cadres can form a positive attitude towards the *Posyandu* program, especially the use of counseling tables. Lack of knowledge is often found to be an important factor in the problem of using counseling tables because of lack of confidence in health cadres applying information on counseling in daily life. The higher

knowledge in counseling, the better the utilization of counseling tables (Rachmady, 2013).

Motivation as a process that causes intensity (*intensity*), direction (*direction*) and continuous effort (*exactlyiten*) individual towards achieving goals (Sari, 2014; Wibowo, 2016). Training is an effort to increase the knowledge and ability of cadres in managing *Posyandu* to improve community empowerment efforts in the health sector (Ministry of Health of the Republic of Indonesia, 2012).

The results of a preliminary study conducted at the Ngaras Health Center revealed that there were 13 *Posyandu* worth a total of 65 cadres and had to serve 935 toddlers. Based on the results of interviews with 10 cadres, 70% of cadres said the main activities were carried out at the *Posyandu*, namely weighing toddlers, filling in the Health Towards Card (KMS), and supplementary feeding (PMT), for nutrition counseling activities 50% of cadres said they still could not by cadres, but carried out by individual consultation to health workers. Provision of Fe tablets is also still carried out 100% by health workers. As many as 40% of cadres said that the motivation to carry out *posyandu* was only on the desire to fill their spare time with the frequency of attendance <8 times per year, some 60% of cadres had idealistic motivation, for example to increase community health in their environment  $\geq 8$  times per year. Cadres also said that he rarely received training either from health center health workers or health offices.

## RESEARCH METHODS

The type of research used in this study is a type of quantitative is research that research based on the philosophy of positivism, used to examine certain populations or samples, sampling techniques are generally done randomly, data collection uses research instruments, quantitative data analysis or statistics in order to test the hypotheses that have been set (Sugiyono, 2012).

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## RESEARCH RESULTS

### Univariate Analysis

**Table 1. Frequency Distribution in Domain of Performance**

Performance	Amount	Percentage
Low	20	30.8
Height	45	69.2
<b>Total</b>	<b>65</b>	<b>100.0</b>

From table 1 above can be seen from 65 respondents, 20 cadres (30.8%) had low performance and 45 cadres (69%) had high performance.

**Table 2. Frequency Distribution in Domain of Knowledge**

Knowledge of	Number	Percentages
Poor	20	30.8
Good	45	69.2
<b>Total</b>	<b>65</b>	<b>100.0</b>

Based on table 2 above it is known from 65 respondents, 20 cadres (30.8%) have poor knowledge and 45 cadres (69.2%) have a good knowledge.

### Bivariate Analysis

**Table 5. Relationship between Knowledge and Performance**

Knowledge	Performance				N	%	p-value	OR (95% CI)
	Low		High					
	n	%	n	%				
Poor	11	55.0	9	45.0	20	100	0.011	4,889 1.5-15.3
Good	9	20.0	36	80.0	45	100		

From table 5 above it is known that the analysis of the relationship between knowledge and the performance shows that there are 36 (80%) cadres whose knowledge is good has a high performance, while for cadres whose knowledge is not good there are 9 (45.0%) who have high performance. This data illustrates the better the knowledge the higher the cadre's performance statistical test results *Chi square* obtained *p value* <from  $\alpha$  (0.011 <0.05) means that  $H_0$  is rejected, it can be concluded that there is a relationship between knowledge and performance. The value of OR = 4.889 means that cadres whose knowledge is not good have a risk of 4.889 times lower than the cadres whose knowledge is high. It

**Table 3. Frequency Distribution in Domain of Motivation**

Motivation	Number	Percentages
Low	22	33.8
Height	43	66.2
<b>Total</b>	<b>65</b>	<b>100.0</b>

Based on table 3 it is known that of 65 respondents, 22 cadres (33, 8%) have low motivation and 43 cadres (66.2%) have high motivation.

**Table 4. Frequency Distribution in Domain of Training**

Training	Number	Percentage
Never	17	26.2
Ever	48	73.8
<b>Total</b>	<b>65</b>	<b>100.0</b>

From table 4 above it is known that of the 65 respondents, 17 cadres (26.2%) had never received training and 48 cadres (73.8%) had received training.

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is also known that in the 95% CI the OR = 4.889 is located between 1.5 and 15.3, which means that the level of trust is low or less significant.

**Table 6. Relationship between Motivation and Performance**

Motivation	Performance				N	%	p-value	OR (95% CI)
	Low		High					
	n	%	n	%				
Low	11	50.0	11	50.0	22	100	0.034	3.778 1.2-11.4
High	9	20.9	34	79.1	43	100		

From table 5 above it is known that the results of the analysis of the relationship between motivation and the performance obtained that there are 34 (79.1%) high motivated cadres have a high performance, while for cadres with low motivation there are 11 (50.0%) who have high performance. The data illustrate the higher the cadre's motivation, the higher the performance. Statistical test results *Chi square* obtained p value <from  $\alpha$  (0.034 <0.05) means that  $H_0$  is rejected, it can be concluded that there is a correlation between motivation and the performance, and from the results of the analysts, it was also obtained the value of OR = 3.778, which means that cadres with low motivation have a risk of 3.778 times lower performance compared to cadres with high motivation. It is also known that in the 95% CI the OR = 3.778 is located between 1.2 and 11.4, which means that the level of trust is low or less significant.

**Table 7. Relationship between Training and Performance**

Training	Performance				N	%	p-value	OR (95% CI)
	Low		High					
	n	%	n	%				
Never	10	58,8	7	41,2	17	100	0,009	5,429 1,6-17,8
Ever	10	20,8	38	79,2	48	100		

From table 7 above it is known The results of the analysis of the relationship between training and the performance obtained, there were 38 (79.2%) cadres who had received training having high performance, while 10 (58.8%) had high performance in the cadres who had never received training. This data illustrates cadres who have received high performance training statistical test results *Chi square* obtained p value <from  $\alpha$  (0.009 <0.05) where the arrays of  $H_0$  were rejected, it can be concluded that there was a relationship between training and the performance. From the results of the analysts, it was also obtained the value of OR = 5.429, meaning that cadres who had never received training had a risk of 5.429 times lower in performance compared to cadres who had been

trained. It is also known that the 95% CI OR = 5.429 is located between 1.6 and 17.8 which means that the level of trust is low or less significant.

## DISCUSSION

### Univariate Analysis

It can be seen from 65 respondents, 20 cadres (30.8%) have low performance and 45 cadres (69%) have high performance. The performance was a high because cadres know and carry out their main duties and responsibilities, especially preparing equipment for the implementation and working with a five-table system. Some cadres have received training so that cadres work according to their duties and responsibilities.

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The performance was a low because some cadres have not provided additional food for infants and toddlers from voluntary funds or cash, this is because funds are an unavailable to prepare additional food. Besides that because some cadres will only provide health and nutrition counseling if they find a toddler BGM, even though health education must be given to all toddlers visiting the *Posyandu*, this is because some cadres has a poor knowledge to provide counseling, because cadres rarely receives training and low cadre performance was also caused by cadres rarely making home visits even though it was a follow-up effort on problems found at the *Posyandu*. The cadre will only make home visits if accompanied by midwives or other health workers.

The performance is very dependent on the activity of cadres, namely cadres are involved in community activities which is a reflection of their efforts to fulfill various perceived needs and dedication to their work as cadres (Siagian, 1995; Gunawan, 2014).

Performance is influenced by three factors, namely individual factors (ability, expertise, background, demography), psychological factors (perception, *attitude*, *personality*, learning, motivation), and organizational factors (resources, leadership, appreciation, structure, job design) (Mangkunegara, 2014).

In the opinion of the researchers, many factors can improve the performance of *Posyandu* cadres, including knowledge, motivation and training, these factors will later encourage the activity of cadres in activities at the *Posyandu*. Active cadres have more opportunities for high performance because cadres are familiar with existing activities and know which activities are needed in accordance with the conditions of the *Posyandu* they are participating in. These results was a similarly with opinions saying education results in cadres obtaining information that increases understanding and directs behavior in accordance with the adoption process of behavior (Sunaryo, 2004; Fatmawati, 2012).

Knowledge is information that can be used as a basis for action, to make decisions and to take certain directions or strategies. According to researchers the knowledge possessed by a cadre is influenced by the

level of cadre education. Cadres with higher education, knowledge In addition, more experience and training factors also influenced the cadre's knowledge (Nursalam, 2017). The cadre motivation is mostly high because in the cadre they have been embedded in the desire to serve the community and a high sense of community cadre, which is reflected in the implementation of activities *Posyandu* activities, especially if there is a problem, the cadres are looking for solutions together. However, there are still cadres whose motivation low because their desire to become cadres is only to fill their free time at home and only to get awards, so that some cadres object if given another task that is not a routine task for example helping health workers in registering targets that are not having to do with *Posyandu* activities. Motivation refers to the relationship between needs, drives and goals so that this condition results in individuals being motivated to behave (Kusumanigrum, & Hidayat, 2011; Suarli & Bahtiar, 2015). The essential element of motivation is formed as an accumulation of internal and external factors. Internal factors in the form of personality, intelligence, physical characteristics, habits, awareness, interests, talents, willingness. External factors are physical or social environment, organizational pressure and regulation. All factors interact so that they are actualized in the form of performance (Danim, 2004; Fatmawati, 2012). According to researchers cadre motivation can be seen from the results of work productivity, work morale, work, discipline and work performance so that all *Posyandu* programs can work. The cadres who have never received training in the past two years are new cadres. This is because the Puskesmas does not conduct continuous training. The Puskesmas said the reason for the training was not being carried out continuously because of limited funds. Funds in the Puskesmas are intended for activities that are directly targeted, namely community. Training involves all human resources to acquire learning knowledge and skills so that they will immediately be able to use them at work. Basically, training is needed because of the gap in the skills of current workers with the skills needed (Wibowo, 2014).

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The cadre training is one of the activities to prepare cadres to be able to participate in efforts to realize optimal community health degrees. In conducting cadre training, knowledge and skills are given must be adapted to the cadre's task in developing health programs in cadre villages (Saraswati, 2014).

### **Bivariate Analysis**

The results of the study showed that there were 36 cadres (80%) whose knowledge had high performance, while 9 cadres (45.0) had poor knowledge. %) that has high performance. These results indicate that cadres with good knowledge have high performance compared to cadres whose knowledge is not good, because cadres who have good knowledge, especially about the concept of *Posyandu*, the cadres will carry out their duties and responsibilities so that later the cadres will improve their performance. But there are 9 cadres (20%) whose knowledge is of low performance, this is because there are still cadres whose motivation to become cadres is only to fill their free time at home, even though he has been a cadre for a long time so he has received training to improve his knowledge. There are 9 cadres (45%) whose knowledge is poor in performance. This is because the cadres are new cadres so there is not much knowledge about the *Posyandu* concept, but the cadre has a good motivation, namely the desire to serve the community so that even though the cadre's knowledge is not good, the motivation is good so the cadre will try to work with both of which will eventually improve the performance of the cadre.

The statistical test results obtained *p value* <from  $\alpha$  (0.011 <0.05) mean that  $H_0$  is rejected, it can be concluded that there is a relationship between knowledge with the performance, but the level of trust is low, because of the characteristics of respondents homogeneous and also the sample taken by researchers here under a hundred so that this will affect the results of the study. The results of this study are also a like with the *Mangkunegara* theory (2014) which explains that the factors that influence performance are the ability factors that consist of potential ability (IQ) and the ability of reality

(education) which means that employees who have an IQ above the average with adequate education and skilled in doing the work will be easier to achieve maximum performance.

There is a significant influence between knowledge on the performance (*p value*= 0,000). It is also supported that there is a significant relationship between knowledge and performance in an effort to improve the use of *posyandu* (*p value* = 0.043) (Rachmady, 2013; Saraswati, 2014). In the opinion of the researcher that the performance of cadres is influenced by knowledge about health, especially *posyandu* services, the better the knowledge, the higher the cadre's performance and cadre loyalty to the work in *posyandu*, so that it can increase the utilization of *posyandu* as a quality health service facility for the community. Judging from the level of education and the level of knowledge, cadres only know and understand, but have not been able to fully apply, analyze, synthesize and evaluate the performance carried out on efforts to utilize the *posyandu*.

### **Relationship between Motivation and Performance**

The results of the analysis of the relationship between motivation and *Posyandu* cadre performance were found that there were 34 cadres (79.1%) who had high performance, while 11 cadres had low motivation. cadres (50.0%) who have high performance. The data illustrate the higher the cadre's motivation, the higher the performance. The high motivation was caused by the fact that cadres received awards in the form of incentives, but because of the motivation of some cadres to serve the community, so that even though the cadre had a basic job, the cadre still took the time to attend *Posyandu* activities.

But there are 9 cadres (20.9%) whose motivation is low in performance; this is because the cadres are new so they have never been trained. This causes the cadres not to know and understand their duties and responsibilities which ultimately results in low performance. There are 11 cadres (50%) whose motivation is low in high performance; this is because cadres carry out their duties only to get rewards not because of motivation from within. So, even though the motivation is low, but because of the demands of

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the work, the cadres continue to carry out their duties and responsibilities.

The statistical test results obtained *p value* <from  $\alpha$  (0.034 <0.05) mean that  $H_0$  is rejected, it can be concluded that there is a relationship between motivation and *Posyandu* cadre performance, but the level of trust is low, this is because the respondents' characteristics are not homogeneous and also the sample taken by researchers here under a hundred so that this will affect the results of the study.

Motivation arises because of the encouragement of various needs of human life, starting from physiological, security, social, appreciation and actualization self caused by several things that are related Policy. Individuals will meet the needs at the basic level before the needs of the upper level. This thrust will determine the individual's attitude that leads to behavior as a form of response that comes from within themselves and from outside the individual. The real form of this behavior is reflected in the implementation of the tasks and responsibilities (Rismayani, & Dharma, 1970; Nursalam, 2017).

This is also in line with the *Mangkunegara* theory (2014) Mangkunegara (2014) which concluded that there is a positive relationship between achievement motivation and achievement, meaning that having high achievement motivation will achieve high performance and vice versa. There are two work motivation techniques, namely the technique of meeting needs and persuasive communication techniques. Motivation affects work productivity in which high of cadre motivation will produce high productivity and vice versa, but this situation does not apply absolutely because of various factors that interact and influence (Danim, 2004; Fatmawati, 2012). Based on the results research of Asfiah (2016). It also shows that there is a relationship between motivation and the performance (*p value*= 0.006).

According to the researchers' assumption that cadre performance is influenced by intrinsic or extrinsic motivation or encouragement, the higher the motivation, the higher the cadre's performance. The motivation of a *Posyandu* cadre can be seen from work productivity, morale, work, discipline and work performance, which will later improve the performance

of cadres in carrying out *Posyandu* activities. Judging from the motivational theory, one of them needs theory according to Abraham Maslow, the *Posyandu* care needs have not been fulfilled, so that it has an impact on cadre motivation in implementing *Posyandu* activities. It is hoped that the government will pay attention to the basic needs of a way know the motives (needs, behavior), expectations and incentives or awards that will be given to cadres so that they will ultimately affect the performance.

Relationships between Training and Performance. The results of the analysis of the relationship between training and the performance of were that there were 38 (79.2%) cadres who had received high performance training, while there were as many as 10 (58.8%) that have high performance. This data shows that cadres who have received training have high performance compared to cadres who have never received training, by attending training cadres will get the knowledge that will later be applied in the form of services at the *Posyandu*. But there are 10 cadres (20.8%) who have received low performance training, this is because cadres only know and understand but have not been able to fully apply the knowledge gained during the training in the form of activities at the *Posyandu*. There are 7 cadres (41.2%) who have never received high performance training, this is because working together, work together, especially if they have difficulties in implementing *Posyandu*, so even though the cadre has never received training the cadre is assisted by other cadres, which finally can improve the cadre's performance. The statistical test results obtained *p value* <from  $\alpha$  (0,009 <0,05) where the arrays are rejected, it can be concluded that there is a relationship between training with the performance, but the level of trust is low, this is because the respondent characteristics are not homogeneous and also the sample taken by researchers here under a hundred so that this will affect the results of the study. This is in line with the opinion (Rasyid, & Samah, 2001; Arwina, 2011) that the training aims to increase knowledge and skills as well as the dedication of cadres so that self-confidence can be carried out as serving the community, both at

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*posyandu* and during home visits. Finally, with the training will improve the performance of health cadres. This is consistent with the objective is conducted training by the Ministry of Health of the Republic of Indonesia (2012). That is an attempt to improve the knowledge and skills of cadres in managing the IHC in order to increase community empowerment efforts in the field of health. Hashim, Keswara, Gunawan & Rilyani, (2015). Finding on factors related to the performance, showed no significant relationship between the training ( $p$  value = 0.009) with the performance. According to the assumption researcher stated that the cadre's performance was influenced by the training that the cadres had participated in while becoming a *Posyandu* cadre, because cadre training was one of the important activities in order to prepare cadres to be willing and able to participate in carrying out their activities in their village. Cadres who have high skills and dedication in carrying out their duties are the keys to the success of their activities. Therefore cadre knowledge and skills needed must be adapted to their duties in implementing and developing these activities. Judging from the results of the training research for provided by *Puskesmas* officers, it is not carried out continuously every year, so that in carrying out their duties, the cadres are still less capable. The lack of training received from *puskesmas* officers made the cadres feel less confident to be able to provide guidance to the community especially mothers regarding family health and childbirth.

## CONCLUSION

Based on the results of the correlation of knowledge, motivation, training among volunteer community health workers (*kader posyandu*) at public health services West Pesisir Province of Lampung 2018. The result shown of the performance in category has a high performance of 45 cadres (69.2%), have good knowledge of 45 cadres (69.2%), have a high motivation as many as 43 cadres (66.2%), who received training as many as 48 volunteers (73.8%). There is a correlation between the performance and knowledge ( $p$  value  $<$ of  $\alpha$  (0.011  $<$ 0.05) OR = 4,889. The motivation and the performance ( $p$  value  $<$ from (0.034  $<$ 0.05) OR = 3.778. And between the training

and the performance ( $p$  value  $<$ from  $\alpha$  (0.009  $<$ 0.05) OR = 5.429.

## SUGGESTIONS

### Public Health Centre (*Puskesmas*)

Expected to provide input and evaluation of health workers in health centers to consider fostering more intensive linked to the training cadre that includes that provides knowledge that will improve the performance of cadres to the activities in *Posyandu*, and motivation so that adds to the morale of the cadres.

### For Community

It is hoped that the active participation of the community, especially mothers of infants and toddlers, will visit *Posyandu* to support the role of cadres in carrying out and improve the performance of *Posyandu* cadres. Because the implementation of *Posyandu* activities is not only the responsibility of cadres and health workers on duty, it is also the responsibility of the community as users of services together with community leaders and related institutions as organizers.

### For Further Researchers

Expecting that the results of this study can be preliminary data to conduct further research and a more in-depth analysis of other factors related to the performance of cadres through unexamined variables such as perceptions, support of other organizations, the environment and others.

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