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Research Article

The Impact of Work Experience, Knowledge, and Motivation on Cadre Performance in Stunting Prevention in Malang District

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Abstract: Stunting is a critical issue that can be addressed through various interventions, one of which involves the active participation of community cadres. This study aimed to assess the role of knowledge and motivation as mediating factors between the duration of service as a cadre and their performance in the stunting prevention program at the Tajinan and Wagir Health Centers. The research used an analytic observational study design with a cross-sectional approach. The study population consisted of 608 cadres across two health centers, and a sample of 125 cadres from each health center was selected using proportional cluster random sampling. To analyze the data, an Independent Sample T-Test was used to compare the duration of service as a cadre, knowledge, motivation, and performance between the two health centers. Path analysis was conducted to explore the impact of the duration of service as a cadre on performance, mediated by knowledge and motivation. The results indicated that there were significant differences in the knowledge and performance of the cadres, while the duration of service and motivation did not show significant differences between the two health centers. Path analysis revealed that knowledge and motivation were not significant mediators in the relationship between the duration of service and cadre performance. Furthermore, the length of time as a cadre did not significantly impact performance in either health center. However, motivation emerged as the most influential factor, with a substantial effect on the performance of the cadres in both health centers. Based on these findings, it is recommended that stunting prevention programs focus on enhancing the motivation of cadres to improve their performance, rather than solely relying on the duration of their service or their knowledge levels.

Keywords: Cadre Knowledge; Cadre Motivation; Cadre Performance; Cadre tenure; Preventing Stunting

1. Introduction

Stunting is a condition of nutritional status based on length or height for age compared with the 2005 WHO-MGRS (Multicentre Growth Reference Study) standard, with a z-score of less than -2SD (Kementerian Kesehatan Republik Indonesia, 2011). The prevalence of stunting under five in Indonesia from 2007-2011 in the 0-5 month age group was 31.1% - 36.6%, in the 6-23 month age group was 38.2% -39.2%, and in the age group 24-59 months as much as 40.2-41.7% (Kementerian Kesehatan Republik Indonesia, 2011). Data shows that the prevalence of stunting under five is increasing over the period from 2007-2013. Based on data from the Health Office, it is stated that the highest majority of posyandu under-five stunting was in the Tajinan Public Health Center area as much as 27.72%, while the lowest stunting prevalence was in the Wagir Public Health Center area of 0.15%. Other data states that there are 100 priority areas for stunting, including one of them, namely the Malang area, with 27.8% or a total of 57,372 children under five (Tim Nasional Percepatan Penanggulangan Kemiskinan., 2017).

There is the involvement of cadres in the implementation. The stunting program corresponds to the pillars of stunting management in Indonesia at point 3, namely convergence, coordination, and consolidation of national, regional, and community

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programs. Mentioned in the PDTT Permendes No. 19 of 2017 at the 9th point, namely the implementation and empowerment of the community in health promotion and the movement for the district to live a healthy life, which includes sub-points of involvement of posyandu cadres by conducting posyandu cadre meetings (Kementerian Desa, Pembangunan Daerah Tertinggal, dan Transmigrasi Republik Indonesia, 2017).

The research mentions that the length of time working as a cadre significantly affects cadres' performance. Cadres with longer tenure can increase their abilities and skills and affect cadres' performance. Furthermore, good knowledge of cadres also affects the performance of posyandu cadres. Likewise, good cadre motivation affects the role of cadres who are carried out better.

The research location was conducted in two Malang District Health Center areas, Tajinan and Wagir Public Health. Malang Regency is one of the 100 priority areas for stunting, with the highest stunting prevalence of 27.72% in Tajinan Public Health Center and the lowest stunting prevalence percentage of 0.15% in Wagir Public Health Center. Sampling in these two areas is then compared to the final results so that it can be seen how far the influence of being a cadre has on the cadre's performance, mediated by the knowledge and motivation of the cadres between the two regions, which are categorized in 100 priority districts for stunting. Thus, this study aimed to compare the role, knowledge, and motivation as mediating variables for the effect of being a cadre on cadre performance in the stunting prevention program in Tajinan Public Health Center and Wagir. Public Health Center

2. Proposed Method

Public Health Center. The research design used an analytic observational design with a cross-sectional approach. The research objective is comparative, namely to compare the two areas of Tajinan and Wagir. Tajinan Public Health Center has the highest stunting prevalence in the entire Malang Regency, as much as 27.72%, while the Wagir Public Health Center has the lowest stunting prevalence in Malang as a whole, 0.05%. This comparative research study was conducted by comparing the influence of the length of time being a cadre, motivation, and knowledge of the cadres on the performance of posyandu cadres in Tajinan Public Health Center and Wagir Public Health Center. This research was conducted in the Tajinan and Wagir. Public Health Center in February-March 2019. The research instrument used was a questionnaire to measure the knowledge, motivation, and performance of cadres.

2.1 Population and Sample

Public Health Centre. The population in this study was all posyandu cadres in the Public Health Center Tajinan and Wagir Public Health Center, totaling 705 cadres. The sample of this research is 250 cadres, divided by 150 cadres in the Public Health Center Wagir, calculated using the sample size formula to test the hypothesis of two populations. Sampling was carried out using proportional cluster random sampling in each area, Tajinan and Wagir. All cadres are given a code in a number according to the name listed in the data sub-district. The number

of towns in the Tajinan District is divided into ten villages. In comparison, the number of villages in Wagir District is divided into eight villages so that the entire sample is by the sample distributed of each town. The sample criteria used were at least an elementary school education and willingness to participate in the research.

3. Results

This study uses a different test analysis for comparing the old variables being a cadre, knowledge, motivation, and performance of the cadres. The comparison of mechanisms in each Tajinan and Wagir Public Health Centre was analyzed using path analysis. Path analysis was used to determine the role of knowledge and motivation as a mediating variable for being a cadre on the performance of posyandu cadres in the stunting prevention program (5-7) in Tajinan and Wagir Public Health Center. Data analysis was conducted using SPSS Windows version 25. Before the study of the difference test was carried out, the ordinal data were transformed into interval data. A feasibility test includes a homogeneity test on respondent characteristics, including age, education, occupation, and a data normality test on the research variables.

Based on the demographics of cadres in the Public Health Center Tajinan in Table 1, the highest percentage is 23.2% of cadres aged 34-40 years, 38.4% have a junior high school education, and 70.4% work homemakers. On the other hand, in the Wagir Public Health Center area, the highest percentage was 32.0% who were 41-47 years old, 36.8% had junior high school education, and 37.6% worked as housewives.

Table 1. General characteristics of Tajinan and Wagir Public Health Center Cadres

Characteristics		**Public Health Center**			
		Tajinan		**Wagir**	
		n	%	n	**%**
Age	20-26	8,0	8,0	10,0	8,0
(year)	27-33	27,0	21,6	23,0	18,4
	34-40	29,0	23,2	40,0	32,0
	41-47	25,0	20,0	28,0	22,4
	48-54	23,0	18,4	17,0	13,6
	55-61	9,0	7,2	6,0	4,8
	62-68	2,0	1,6	0,0	
	69-75	0,0	0,0	1,0	
	Total	125,0	100,0	125,0	0,0
					0,8
					100,0
Education Level	elementary	25,0	20,0	29,0	23,2
	SMP	48,0	38,4	46,0	36,8
	SMU	44,0	35.2	39,0	31,2
	PT	8,0	6,4	11,0	8,8
	Total	25,0	100,0	125,0	100,0
Cadre work	IRT	88,0	70,4	73,0	58,4
	Swasta	24,0	19,2	28,0	22,4
	Petani	6,0	4,8	15,0	12,0
	Guru	6,0	4,8	9,0	7,2
	Perawat	1,0	0,8	0,0	0,0
	Total	125,0	100,0	125,0	100,0

Table 2. The results of the different tests for being a cadre

Variable	Public Health Centre		Sig.2
	Tajinan	Wagir	tailed
Long time as cadre	2.1760	2.0880	0,375
Cadre knowledge	69,96	79,44	0,00
Cadre motivation	41,78	43,17	0,084
Cadre Perfomance	80,22	86,27	0,001

The results (Table 2) show no difference in the length of time being a cadre in the two Public Health Centers; significant differences are found in the variables of knowledge, motivation, and performance. Although statistically, there is no significant difference in being a cadre in the Tajinan area is longer than in the Wagir Health Center area. In addition, cadres in the Tajinan Public Health Center area (with a higher stunting rate) have lower knowledge and performance. However, they are statistically significant when compared to cadres in the Wagir Public Health Center area.

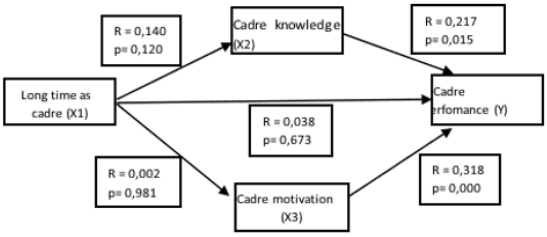

Figure 1. The results of the comparative path analysis of the length of time being a cadre on the performance of posyandu cadres mediated by the knowledge and motivation of the cadres in the stunting prevention program in the Tajinan Public Health Center

Path analysis (Figure 1) shows that being a cadre at Tajinan Public Health Center for a long time has no direct effect on performance, nor direct effect through knowledge and motivation. Presently, the length of time being a cadre also has no impact on the knowledge and inspiration of the cadres. On the other hand, the motivation and knowledge of the cadres are variables that have a direct and significant effect on performance by explaining greater variance in the motivation variable (31.8%).

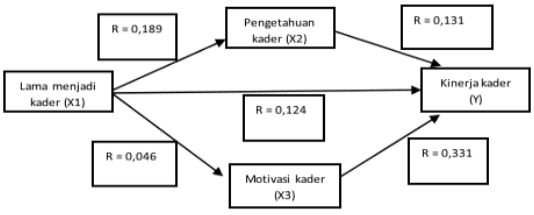

Figure 2. The results of the comparative path analysis of the length of time being a cadre on the performance of posyandu cadres mediated by the knowledge and motivation of the cadres in the stunting prevention program in the Wagir Public Health Center

Figure 2. The results of the comparative path analysis of the length of time being a cadre on the performance of posyandu cadres mediated by the knowledge and motivation of cadres in the stunting prevention program in the Wagir Health Center Different results were

obtained from the path analysis of cadres at the Wagir Public Health Center. The length of time being a cadre has no direct or indirect effect on the cadres' performance. Still, the length of time being a cadre significantly impacts knowledge even though the influence is small (18.9%). The length of time being a cadre does not affect motivation. Unlike the Tajinan Public Health Center results, only explanation has a direct and significant effect on performance, while knowledge does not.

4. Discussion

The results showed no difference in the length of time being a cadre in the two Public Health Center areas. However, the Wagir Public Health Center, with the lowest stunting cases, had better and significantly better knowledge and performance than the Tajinan Public Health Center. Thus, the results of the path analysis in each area of the Public Health Center Tajinan and Wagir show that knowledge and motivation are not mediating variables of the long-term influence of being a cadre on cadre performance. Instead, the cadres' reason had a significant effect on the performance of posyandu cadres in Tajinan and Wagir Public Health Center.

The length of time being a cadre was not different in the two Public Health Centers and did not affect cadres' performance in both Tajinan and Wagir Public Health Centers, either directly or indirectly. The results of this study contradict other studies that state that the length of time being a cadre affects cadre performance because cadres with a longer tenure can further improve their abilities and skills. Another fact shows that the length of time being a cadre has no significant effect on enhancing cadres' performance in the Tajinan and Wagir Public Health Center. The length of time being a cadre is not matched by upgrading knowledge and skills regularly in each region. On the other hand, the routines of posyandu cadres that are carried out tend to be monotonous around data collection, data collection, and implementation of the posyandu. Therefore, training for cadres and monitored supervision is needed to optimize cadre performance.

Cadres in Tajinan Public Health Center have better knowledge than cadres in Wagir Public Health Center. The results of interviews with several local cadres showed that midwives routinely monitor and control the implementation of posyandu in their respective working areas. Carry out data collection and assistance for cases of stunting under five, and hold regular cadre meetings even though the regions in Wagir Public Health Center are very far apart. Other studies have shown that a support system conducive to local health workers' assistance can increase the knowledge of posyandu cadres. It is in line with Roberton's opinion that one of the efforts to strengthen cadres' duties by providing routine assistance and controlled evaluation can make cadres feel cared for and cared for.

The cadres' performance in the Wagir Public Health Center area was better than those in the Tajinan Public Health Center, influenced by motivation. Another study explains that the optimal performance of cadres is much influenced by the high reason of cadres (11,12). The path analysis shows that cadres' motivation is the dominant factor affecting cadres'

performance in the two regions. This motivation shapes the personality of the cadres to be more passionate in carrying out their duties and obligations as cadres. Therefore, forming and maintaining a cadre environment is crucial to remain conducive, mainly by providing moral support from the immediate family or the cadre's surroundings, for example, health workers.

The motivation that arises is inseparable from the role and support of the cadre's immediate environment, namely the nuclear family or the outside of the cadre, such as support from fellow cadre members and local health workers. Research related to the source of motivation for cadres in the Tanzanian region found that high motivation can be generated through the support of the closest family. Furthermore, this study shows that there is a positive correlation between the support provided and increased self-confidence. Conversely, the lack of support offered, including underestimating health workers or supervisors above, causes cadres to feel inferior and inadequate in optimizing their performance.

This support can also make a cadre feel more meaningful in carrying out their function as a posyandu health cadre. Based on Maslow's theory, an individual needs meaning in his life to actualize himself to be a better person. Therefore, cadres with high motivation need to fill their lives with positive things so that their lives become more meaningful. The concept of Emotional Spiritual Quotient explains a God spot function in the inner part of the limbic brain system. It encourages a person to look for the meaning of his life, including searching for a purpose for what he loves and how he will be returned after undergoing the life process and ending in death.

The higher the level of motivation the cadres have, the better their performance will be. It is in line with other research, which explains that high motivation can increase the activeness of cadres better, which also affects the quality of their performance compared to cadres who have common reasons. The existence of high social enthusiasm forms motivated cadres to inspire, anticipate, activate, stimulate, mobilize, and encourage people to live healthier lives. The philanthropic spirit in cadres to empower themselves for mutual benefit is one of the motivational forces that enable cadres to work optimally. Greenspan said that motivational support from the closest family also greatly influenced cadres' motivation in carrying out their duties. Another factor that also affects the cadres' motivation is the support from local health workers. The existence of good interpersonal relationships of mutual trust, communication, and interactive dialogue between cadres and local health workers also motivates cadres to carry out their duties optimally. The data shows that the Wagir Public Health Center area cadres have better motivation than those in the Tajinan Public Health Center area. The support of health workers in the Wagir Public Health Center area is also better than the Wagir Public Health Center area.

The cadres' knowledge in the Tajinan Public Health Center area also had a significant relationship with cadre performance, but this did not apply to the Public Health Center Wagir area. It was possible because cadres with junior high school education were higher in the Tajinan area than Wagir. The theory explains that a person's education level also affects their

level of knowledge because it can form a person's pattern of reasoning and think. However, the effect of education on cadres 'performance is not significant compared to motivation's role on cadres' performance. Not all cadres get the same opportunity to gain knowledge sharing or renewal through refreshing knowledge from the cadre training agenda or refreshing cadres. Several cadres said that the cadre training schedule tended to be dominated and followed by only cadre coordinators and the restorative cadre schedule that could not be carried out routinely due to constraints on implementation costs. In line with Sutiani's research, knowledge is sufficient to change a person's behavior because behaviour change requires a complex process and a long time. Therefore, it is necessary to increase skills and knowledge outside the formal education level through equal cadre training to improve cadres' performance in areas with high stunting.

The findings of this study indicate that the duration of being a cadre does not have a direct and indirect effect through knowledge and motivation on the performance of posyandu cadres in the stunting prevention program in the Tajinan and Wagir Public Health Center. Instead, motivation is a dominant factor that consistently influences cadre performance. However, knowledge also affects cadres' performance in the health centre with the highest stunting rate and motivation. Therefore, efforts to build motivation are vital in improving cadres' version, provided in moral support ranging from family, community, and local health workers.

5. Conclusions

Recommendations resulting from this study will include steps that governments and health organizations can take to raise awareness about the importance of healthy pregnancy spacing. Educational programs for expectant mothers and couples on family planning and nutrition during pregnancy can be an effective solution. In addition, increasing access to health services, especially in remote areas, is also very important to support maternal and child health.

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