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Skills Training for Integrated Health Post Cadres Using Learning Videos (A Case Study at the Lentora Integrated Health Post, Mamboro Community Health Center, Palu City)

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ABSTRACT : Posyandu (Integrated Health Posts) in the era of primary care transformation provide services for the entire life cycle, including pregnant women, women in labor and postpartum, infants, toddlers, preschoolers, school-age and adolescents, productive-age and elderly. Therefore, it is necessary to improve the skills of Posyandu cadres as mobilizers, counselors, and recorders to enable them to provide services for the entire life cycle through 25 basic cadre skills, including: 1) Posyandu Management Skills; 2) Infant and Toddler Skills; 3) Pregnant and Breastfeeding Skills; 4) School-Age and Adolescent Skills; and 5) Productive-Age and Elderly Skills. The results of a preliminary study at the Mamboro Community Health Center indicate that there is no integrated integrated health post (Posyandu) providing lifecycle services, and no Posyandu cadres possessing the 25 basic Posyandu skills. Therefore, the Community Service Team from the Faculty of Medicine, Tadulako University, conducted training for 25 basic Posyandu cadres and piloted a video learning program for Posyandu cadres. The outputs of this community service program are: 1) Increasing Posyandu cadres' knowledge and understanding of the 25 basic Posyandu cadre skills; and 2) Obtaining information on Posyandu cadre perceptions regarding Posyandu cadre skills training using video learning. The method for analyzing training outcomes uses a case study approach, which focuses on gathering in-depth and comprehensive information about the case, in this case, the training of Posyandu cadres using a video learning model for basic Posyandu cadre skills at the Lentora Posyandu in Palu City. The results of the research on the skills training of Posyandu cadres at the Lentora Posyandu in the Mamboro Community Health Center area using a video learning model for Posyandu cadre skills are as follows: 1) There was an increase in cadre knowledge (before and after training) regarding 25 basic Posyandu cadre skills. Therefore, the video learning model is quite effective for use in Posyandu cadre skills training in the era of primary care integration; 2) Some cadres believe that the video learning model can help cadres improve their knowledge and understanding of the 25 Posyandu cadre skills, provided they are watched continuously and put into practice. The obstacle is ownership of an Android phone.

KEYWORDS : *Training, Posyandu Cadre Skills, Learning Videos*

I. INTRODUCTION

The Ministry of Health is currently implementing the Transformation of Primary Health Care, which involves strengthening basic health care services (Primary Health Care) by encouraging increased promotive and preventive efforts, supported by innovation and the use of technology, and utilizing a strategic approach that integrates primary health care services, community empowerment, and multisectoral collaboration[1,2]. In its implementation, the transformation of primary health care focuses on a lifecycle approach, strengthening promotive and preventive efforts and bringing health services closer to the hamlet/neighborhood unit (RT/RW) level through the Posyandu network[3,4].

To ensure that promotive and preventive services for the entire community through Integrated Health Posts (Posyandu) can be integrated according to standards, Posyandu in the era of primary service transformation provides services for all life cycle targets, starting from pregnant women, giving birth and postpartum, infants, toddlers, preschool children, school-age and adolescents, productive age and the elderly[5,6]. This is reinforced by planned home visits by cadres. Services at Posyandu are provided in an integrated manner to improve the quality of basic social services to the community and to organize and integrate programmatic health posts. Posyandu receives systematic guidance from Community Health Centers (Puskesmas) and Assistant Community Health Centers (Puskesmas) as well as the Posyandu Operational Working Group (Pokjanal) in its working area[7,8].

Therefore, it is necessary to improve the skills of Posyandu cadres as motivators, counselors, and recorders to be able to provide services for all life cycle targets through 25 basic cadre skills, including: 1) Posyandu Management Skills, which have 4 types of skills; 2) Infant and Toddler Skills, which have 7 types of skills; 3) Pregnant and Breastfeeding Skills, which have 6 types of skills; 4) School Age and Adolescent Skills, which have 3 types of skills; and 5) Productive Age and Elderly Skills, which have 5 types of skills[9].

The objectives of Posyandu cadre skills training using the cadre learning video model are: 1) To obtain information about Posyandu cadre knowledge regarding the 25 Posyandu cadre skills (before and after training); 2) To obtain information about Posyandu cadre perceptions regarding the cadre skills training model using learning videos.

II. RESEARCH METHOD

The case study method in qualitative research is an approach used to gain an in-depth and detailed understanding of a specific case, whether it be an individual, group, organization, or event. Case study research focuses on gathering in-depth and comprehensive information about the case, with the aim of understanding the phenomena that occur contextually and in-depth[10,11].

In this study, information was obtained from training conducted specifically for Posyandu Lentora cadres in the Mamboro Community Health Center area of Palu City. Information was obtained from an evaluation of Posyandu cadres using a questionnaire regarding their knowledge of 25 Posyandu cadre skills, before and after the training. Information was also obtained from Posyandu cadres' perceptions of the training using a learning video model.

III. RESEARCH RESULTS

Posyandu Cadre Knowledge

To obtain information on cadre knowledge, a questionnaire was conducted on cadre knowledge of 25 basic Posyandu cadre skills. The questionnaire was completed before the training (Pre-Test) and after the training (Post-Test). The evaluation results (Pre- and Post-Test) of cadre knowledge of the 25 basic Posyandu cadre skills are as follows :

Table 1. Results of the Posyandu Cadre Knowledge Questionnaire (Pre-Test and Post-Test) Regarding the 25 Basic Skills of Posyandu Cadres

NO	SKILLS	PRE-TEST				POST-TEST			
		YES		NO		YES		NO	
		n	%	n	%	n	%	n	%
I	POSYANDU MANAGEMENT SKILLS								
	1. Understand the Posyandu service package	5	62,5	3	37,5	7	87,5	1	12,5
	2. Understand how to record and report	6	75,0	2	25,0	7	87,5	1	12,5
	3. Understand the stages of home visits	6	75,0	2	25,0	8	100,0	0	0,0
	4. Understand how to communicate effectively	2	25,0	6	75,0	5	62,5	3	37,5
	TOTAL KNOWLEDGE SKILLS I	**19**	**59,4**	**13**	**40,6**	**27**	**84,4**	**5**	**15,6**
II	INFANT AND TODDLER SKILLS								
	1. Understand how to use the KIA (Children's Health and Child Health) handbook for toddlers.	5	62,5	3	37,5	7	87,5	1	12,5
	2. Understand the material on exclusive breastfeeding and complementary feeding.	3	37,5	5	62,5	7	87,5	1	12,5
	3. Understand how to weigh, measure height/height, and infant height (MUAC).	5	62,5	3	37,5	7	87,5	1	12,5
	4. Understand how to explain the results of these measurements.	5	62,5	3	37,5	7	87,5	1	12,5
	5. Understand developmental stimulation, vitamin A, and deworming.	1	12,5	7	87,5	5	62,5	3	37,5
	6. Understand complete routine immunization services for infants and toddlers.	3	62,5	5	37,5	7	87,5	1	12,5
	7. Understand how to monitor signs and danger signs for infants and toddlers.	2	75,0	6	25,0	7	87,5	1	12,5

	TOTAL KNOWLEDGE SKILLS II	**24**	**42,8**	**32**	**57,2**	**47**	**83,9**	**9**	**16,1**
III	SKILLS FOR PREGNANT AND BREASTFEEDING WOMEN								
	1. Understand how to use the KIA (Child and Postpartum Care) handbook.	5	62,5	3	37,5	7	87,5	1	12,5
	2. Understand the information on "My Plate for Pregnant Women and Breastfeeding Mothers" (Illegible Plate for Pregnant Women and Breastfeeding Mothers).	3	37,5	5	62,5	6	75	2	25,0
	3. Understand how to examine pregnant and postpartum women.	2	25,0	6	75,0	5	62,5	3	37,5
	4. Understand how to monitor weight, mid-life measurement (LILA), and blood pressure.	1	12,5	7	87,5	5	62,5	3	37,5
	5. Understand how to provide daily iron supplementation during pregnancy.	2	25,0	6	75,0	5	62,5	3	37,5
	6. Understand how to monitor danger signs in pregnant and postpartum women.	1	12,5	7	87,5	5	62,5	3	37,5
	TOTAL KNOWLEDGE SKILLS III	**14**	**29,2**	**34**	**70,8**	**33**	**68,75**	**15**	**31,25**
IV	SCHOOL-AGE AND ADOLESCENT SKILLS								
	1. Understanding the content of my plate and physical activity counseling materials	2	25,0	6	75,0	5	62,5	3	37,5
	2. Understanding anemia prevention programs (SIB and Hb screening)	0	0,0	8	100,0	5	62,5	3	37,5
	3. Understanding the dangers of smoking, drugs, and teenage pregnancy	0	0,0	8	100,0	5	62,5	3	37,5
	TOTAL KNOWLEDGE SKILLS IV	**2**	**8,3**	**22**	**91,7**	**15**	**62,5**	**9**	**37,5**
V	ADULT AND ELDERLY SKILLS								
	1. Understanding about Germas	3	37,5	5	62,5	8	100,0	0	0,0
	2. Understanding several diseases such as obesity, hypertension, diabetes, stroke, COPD, mental health, and geriatrics	0	0,0	8	100,0	3	37,5	5	62,5
	3. Understanding how to conduct early detection in adults and the elderly by measuring waist circumference and blood pressure	1	12,5	7	87,5	5	62,5	3	37,5
	4. Understanding how to conduct early detection in adults and the elderly using questionnaires (COPD, TB, mental health, geriatrics, diabetes)	0	0,0	8	100,0	3	37,5	5	62,5
	5. Understanding family planning counseling materials	1	12,5	7	87,5	6	75	2	25,0
	TOTAL KNOWLEDGE SKILLS V	**5**	**12,5**	**35**	**87,5**	**25**	**62,5**	**15**	**37,5**
	AVERAGE KNOWLEDGE SCORE	**64**	**32,0**	**136**	**68,0**	**147**	**73,5**	**53**	**26,5**

Source : Primary Data, 2025
Note : Total score = 25 x 8 cadres = 200

The questionnaire results for cadre knowledge of the 25 basic skills of Posyandu cadres showed an average knowledge score of 32%. This means that of the 25 basic skills, cadres only had an average good knowledge of 32%.

After training with instructional videos, Posyandu cadres were given the opportunity to watch several instructional videos and engage in independent learning for 2-3 hours while discussing with student mentors. A post-test was then conducted. The results, as shown in Table 1 above, showed an increase in cadre knowledge of the 25 basic skills of Posyandu cadres, from an average score of 32.0% to 73.5%. This increase occurred across all skills, as follows: a) Posyandu management skills, from 59.4% to 84.4%; b) Infant and toddler skills, from

42.8% to 83.9%; c) Skills of pregnant and breastfeeding mothers, from 29.2% to 68.75%; d) Skills of school age and adolescents, from 8.3% to 62.5%; e) Skills of adults and the elderly, from 12.5% to 62.5%.

Posyandu Cadre Perceptions

The community service team also conducted focus group discussions (FGDs) to obtain information on Posyandu cadre perceptions regarding the 25 basic skills, the cadre training model using video learning, and the challenges faced by cadres. The results were as follows:

a. Perceptions of the 25 Cadre Skills

The FGD results indicated that cadres had minimal information regarding the 25 Posyandu cadre skills. Two senior cadres had previously heard about the 25 skills when they attended a Posyandu cadre meeting at the Mamboro sub-district office. The speaker was a Posyandu officer from the Mamboro Community Health Center. They only received general information about the skills, as explained by Mrs. X, a cadre representing the Lentora Posyandu:

"Yes... I heard about it at a meeting in the village hall. Mr. Alan was there to give the material. But it was only brief and covered general topics..." (Mrs. Ros, 45 years old)"I attended too, but I didn't really understand it, poor thing..." (laughing)." (Mrs. Az, 52 years old)

When asked if the 25 cadre skills were difficult to understand, they said their knowledge and understanding varied, and it seemed difficult. Especially if they hadn't studied or practiced them before.

"...they vary, sir. If I were this old, it would definitely be difficult to learn..." (Mrs. Az, 52 years old)

"I don't really know, but listening to the presentation, it seemed difficult. I need to read it again and practice it..." (Mrs. Rus, 39 years old)

b. Perceptions of the Video Learning Training Model

When asked about the video learning training model, most cadres agreed that the videos were very helpful in facilitating their understanding, provided they were frequently viewed and put into practice.

"It's easier, because it's like watching a movie. As long as you view it frequently..." (Mrs. Nov, 41 years old)

"For older people like me, it's easier. The important thing is to keep watching..." (Mrs. Az, 52 years old)

"...yes, it's good. I frequently watch it and practice..." (Mrs. Ros, 45 years old)

c. Perceptions of Obstacles

According to Posyandu cadres, the only obstacle to this learning video model is the availability of devices or Android phones to watch them. This is because not all cadres (especially the elderly) have Android phones.

"The only obstacle is the phone. I only have this one..." (showing her Nokia phone)." (Mrs. Az, 52 years old)

"...that's right, doc. The only obstacle is the availability of phones... Who knows, maybe they can give me a phone... (laughing)" (Mrs. Ros, 45 years old)

Several cadres mentioned obstacles in maintaining discipline in watching learning videos. They said they found watching entertainment on their Android phones more engaging.

"I have an Android phone…but I don't want to watch too many movies or TikTok…(laughing)" (Ms. Er, 24 years old)

"Yes, that's right… The problem is that there are other, more interesting shows…" (Mrs. Ag, 43 years old).

IV. DISCUSSION

This video model for learning basic skills for cadres was implemented on a limited basis among Lentora Posyandu cadres in the Mamboro Community Health Center (Puskesmas) work area, combined with a conventional training model that provided a checklist of 25 basic skills for cadres. Using only the checklist, cadres' understanding was somewhat difficult to develop. However, after watching the video, their understanding and skills improved. Questionnaire results for cadres' knowledge of the 25 basic skills for cadres showed an increase in average knowledge scores before and after training using the video learning model.

Similarly, the cadres' skills were not satisfactory. Although the results were not yet satisfactory, the relatively short learning time (2-3 hours), diverse educational backgrounds, and busy schedules as housewives, enabled them to improve their knowledge. Although no skills evaluation was conducted before and after the video learning intervention, the results of the evaluation of cadres' knowledge of the 25 skills for cadres can provide information about the impact of the training.

From a program management perspective, this evaluation model has the potential to improve the national cadre development system by providing a standardized mechanism for evaluating cadre skills, providing direct feedback that can be used for remedial and further training, and encouraging the digital transformation of cadre training, in line with the Ministry of Health's primary care transformation agenda[12,13].

Interviews regarding cadre perceptions of the video-based training model revealed that the videos were very well received. Cadres expressed that the videos made it easier to understand the flow of actions because they presented practical practices visually and accompanied by audio explanations. Furthermore, this model provided positive challenges for cadres, allowing them to independently assess and improve their skills.

Research by Herlambang et al, 2021 indicates that the use of audiovisual media can improve information absorption, particularly in the context of community training, such as for health cadres. A visual-auditory approach to learning offers advantages in terms of repetition and procedural memory retention[14].

However, the implementation of learning videos in the field still faces several obstacles. Not all cadres have Android phones, and even if they do, their interest in independent learning remains low. Some cadres prefer to open entertainment apps rather than replay educational videos. Therefore, a targeted video distribution strategy and mentoring support from health workers are needed so that the learning process does not rely solely on individual initiative.

Overall, this demonstrates that developing a cadre training model using learning videos is a viable and relevant innovative step for measuring and improving the competency of integrated health post (Posyandu) cadres. These videos serve not only as an evaluation tool but also as a sustainable learning medium that can support the implementation of integrated health posts (Posyandu) and the primary care transformation agenda of the Indonesian Ministry of Health.

V. CONCLUSION

1. There was an increase in cadre knowledge of 25 basic Posyandu cadre skills before and after training using the Posyandu cadre skills learning video model, from an average score of 32.0% (Pre-Test) to 73.5% (Post-Test);
2. The Posyandu cadre skills learning video model is very helpful in facilitating cadre understanding, provided it is frequently opened (watched) and practiced directly. The constraint is ownership of Android phones, as not all cadres have one.

VI. SUGGESTIONS

1. The text in the learning videos could be enlarged, especially for things that are important for cadres to know;
2. Additional live demonstrations by cadres in videos on skills that require application to the target, such as measuring weight, length, upper arm circumference, etc.;
3. The Community Health Center should support the implementation of similar training at other integrated health posts (Posyandu).

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