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THE IMPACT OF PROVIDING INCENTIVES ON THE PERFORMANCE OF *POSYANDU* CADRES IN THE STUNTING PREVENTION PROGRAM

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ABSTRACT

Background: Posyandu is an intervention facility for a specific nutrition program carried out by the Ministry of Health. Cadres are crucial to *posyandu* implementation, one of them is attempts to reduce stunting. The Malang district government has implemented a financial incentive program for all *posyandu* cadres to improve their performance, especially in the stunting prevention program. Even though cadres receive the same amount of incentive, the stunting rate in Pagelaran and Gedangan villages is different. **Objective:** This study aims to find out the effect of giving cash incentives on the performance of cadres of Pagelaran Health Center and Gedangan Health Center, Malang Regency. **Methods:** This study used an observational analytic design using a proportional cluster random sampling technique on 125 Pagelaran Health Center cadres and 125 Gedangan Health Center cadres. The research results were analyzed and interpreted using the SPSS 16.0. **Results:** The results of this study prove that there is no influence between the provision of incentives and the performance of *posyandu* cadres in the work area of Pagelaran Health Center and Gedangan Health Center (p=0.98, p=0.657, p>0.05). **Conclusion:** It can be concluded that the provision of incentives has no direct effect on the performance of *posyandu* cadres in the work area of Pagelaran Health Center and Gedangan Health Center.
Keywords: *Incentive, Posyandu Cadres, Performance of Cadres, Stunting*

INTRODUCTION

Integrated Service Post (*Posyandu*) and Community Health Center (*Puskesmas*) are two examples of facilities that specialize in nutrition intervention. Stunting prevalence is being decreased significantly thanks to Posyandu cadres.[1] This is in line with the World Health Organization's (WHO) assertion that *posyandu* cadres are a crucial component of the healthcare system. Cadres serve as a conduit for information between health professionals and the community for those who may not be able to directly communicate with them. Additionally, cadres must be able to enable the community to recognize and resolve its health issues. The effectiveness of a development program in the health sector, such as in *posyandu* activities, is significantly influenced by the performance or capability of cadres. According to the World Health Organization (WHO), a cadre must be paid for a program to be sustained over the long run. The program's effectiveness and long-term viability will be jeopardized if cadres are paid insufficient compensation. Additionally, according to a study done in South Africa, 22% of South African cadres left after a year of starting because they were not given incentives.

In toddlers, stunting results from persistent malnutrition, which hinders growth. Even though the baby has been malnourished since conception or before delivery, this stunting issue won't manifest until the child is 2 years old.[2] According to WHO criteria for assessing height for age, stunting is defined as being very short with a Z-score below -2SD (standard deviation) in the Decree of the Minister of HealthNo.1995/MENKES/SK/XII/2010. Stunting in toddlers can lead to disturbed brain development, which affects a child's level of intelligence, the development of metabolic diseases in the body, and disturbed physical growth. Stunting in children under the age of five has long-term repercussions on their intelligence and academic performance, increases their susceptibility to illness due to lowered immunity, and increases their risk of metabolic illnesses. This state has the potential to lower human resource quality, raise poverty, impede economic progress, and weaken the competitiveness of the country.[3]

According to the Global Nutrition Report, there are 159 million stunted children in the world as of 2018. With around 37.2% of children stunted, Indonesia has the fifth-highest global prevalence of stunting. Stunting is widespread throughout Indonesia; it affects more than 20% of the population

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in every region. One of the main regions for the intervention against stunting is the Malang Regency area. In the Malang Regency region, the stunting rate for toddlers in 2017 was 27.28%, or roughly 57,372 children.[4] With the incidence of stunting reaching 26.1% of the anticipated objective of 30.5%, the handling of stunting in Indonesia has surpassed the target in 2016. Regarding international standards, Indonesia hasn't been able to reduce the prevalence of stunting by 20%, which was the aim set by the WHO. To ensure that no more Indonesian children experience stunting, the government is therefore continuing its efforts to lower the prevalence. The Indonesian government has started launching stunting interventions, such as targeted nutrition treatments and sensitive nutrition interventions. In the First Thousand Days of Life (1000 HPK), the health sector carries out specific nutrition interventions. This intervention is anticipated to lower the prevalence of stunting by 30%. In the meantime, institutions outside the health sector carry out targeted interventions through several programs that can help to reduce stunting by up to 70%.[5]

The Malang district government has implemented a financial incentive program for all *posyandu* cadres to enhance their performance. There are still discrepancies in the outcomes of the successful coverage of the stunting prevention program in several regions in the Malang Regency, although all cadres received the same incentives from the district government. The working area of the Pagelaran Health Center has the highest frequency of stunting, with 27.72% of children under five being stunted, while the working area of the Gedangan Health Center has the lowest prevalence of stunting, at 0.05%.[6] Encouraged scientists to learn more about the impact of providing financial incentives on cadre performance. In the working regions of the Pagelaran Health Center and the Gedangan Health Center in the Malang Regency, this study finds out the impact of financial incentives on cadre performance.

METHODS

This study uses a cross-sectional analytical observational design. The Pagelaran Health Center and Gedangan Health Center region's *posyandu* cadres made up the entire study's sample. 125 staff members from the Pagelaran Health Center and 125 staff members from the Gedangan Health Center were sampled using the proportional cluster random sampling methodology. The inclusion criteria for this study's sampling were *posyandu* cadres who were currently in active service and had at least completed elementary school. The Posyandu Pocket Book questionnaire and a questionnaire about the level of performance motivation among community health workers were utilized in the research instrument, with adjustments made to meet the needs of the study. Before being used in research, the survey passed validity and reliability checks. processing research data via editing, coding, scoring, and tabulating procedures. Before beginning data analysis, the Kolmogrov-Smirnov test was used to measure the distribution of the data, and it was discovered that the data was normally distributed. The SPSS 16.0 was used to run and analyze a regression analysis.

RESULTS

Characteristics of Subjects

Table 1 displays the distribution of respondents' general characteristics in the working environments of the Pagelaran Health Center and Gedangan Health Center. In comparison to Gedangan Health Center cadres, the high estrange for Pagelaran Health Center cadres was 34–49 years, with 25 people (20%), while it was 46–51 years, with 40 people (32%). The majority of the cadres at Pagelaran Health Center and Gedangan Health Center, or 70.4% in Pagelaran Health Center and 58.4% in Gedangan Health Center, were housewives, and their average education level was junior high school. Age, education, and occupation did not significantly differ between the two research groups, according to the analysis's findings ($p>0.05$).

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Table 1. Lists the general characteristics of survey respondents in the areas served by the Pagelaran and Gedangan health centers.

Characteristics	Pagelaran Health Center		Gedangan Health Center		*p*
	N	%	N	%	
Age					
22-27 years	14	11,2	10	8	
28-33 years	23	18,4	23	18,4	*0,669*
34-39 years	23	18,4	40	32	
40-45 years	23	18,4	28	22,4	
46-51 years	25	20	17	13,6	
52-57 years	11	8,8	6	4,8	
58-63 years	6	4,8	1	0,8	
Education					
Elementary school	25	20	29	23,2	*0,789*
Junior high school	48	38,4	46	36,8	
Senior high school	44	35,2	39	31,2	
College	8	6,4	11	8,8	
Work					
Housewife	88	70,4	73	58,4	*0,218*
Private employees	24	19,2	28	22,4	
Farmer	13	10,4	24	19,2	

Rewards Earned by Respondents

Table 2 displays the distribution of incentives awarded to cadres at the Pagelaran Health Centre and the Gedangan Health Centre. There were differences in the amounts of incentives that the cadres in the Pagelaran sub-district and the Gedangan sub-district area received from the village government, but all cadres in the work area of the Pagelaran Health Centre and Gedangan Health Centre received the same amount of incentives from the Health Service. For as many as 75 persons (60%) in the Pagelaran Health Centre work area, cadres earn rewards from the village government on an average of Rp.25,000/month, while cadres in the Gedangan Health Centre work area receive incentives from the village government on an average of Rp.25.000,00 /month.

Table 2. Distribution of the Respondents' Compensation Amount

No.	Monthly Source of Incentive	Pagelaran Health Center		Gedangan Health Center	
		n	%	N	%
1	**Village government**				
	<Rp.25.000	75	60	45	36
	Rp.25.000	40	32	65	52
	>Rp.25,000	10	8	15	12
	Total	125	100	125	100
2	**Public health office**				
	<Rp.25.000	0	0	0	0
	Rp.25.000	125	100	125	100
	>Rp.25,000	0	0	0	0
	Total	125	100	125	100

Performance Level of Respondents

Table 3 displays the distribution of respondents' performance levels in the Pagelaran Health Centre and Gedangan Health Center's working spaces. The Pagelaran Health Centre and Gedangan Health Center's work area has an average performance level that falls into the good category. The percentage of cadres in the Pagelaran Health Center's working area who performed well was 91 (72.8%), while the percentage of cadres in the Gedangan Health Center's area who performed well was 100 (80%). However, there are cadres with a low-performance level of 2 employees (1.6%) in the Gedangan Health Center's working area.

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Table 3. Gedangan Health Center and Pagelaran Health Center's Cadre Performance Levels Comparative Analysis

No.	Performance level	PagelaranDistrict		GedanganDistrict		*P*
		n	%	n	%	
1	Low	0	0	2	1,6	
2	Medium	34	27,2	23	18,4	0,916
3	Good	91	72,8	100	80	
Total		125	100	125	100	

Motivational Effects on Performance

Table 4 displays the findings of the investigation of the respondent's movement at the Pagelaran and Gedangan Health Centres. There is no significant linear correlation between incentives and performance at the Pagelaran Health Centre, and the magnitude of the effect of incentives on knowledge is -0.002 (beta value), according to the significance value for incentives on performance in the Pagelaran Health Centre work area of 0.980, which is greater than the significant level of 0.05 (0.980>0.05). This is consistent with the findings of the research data path analysis test at the Gedangan Health Centre, which indicated that there was no significant relationship between incentives and knowledge at the facility. The magnitude of the influence of incentives on knowledge was 0.04 (beta value), and the significance value for incentives on performance was 0.657, which was higher than the significance level of 0.05.

Table 4. The Results of Analysis of The Path of Respondent at the Gedangan Health Center and Pagelaran Health Center

No.	Regression Analysis	R^2	p	B Coefficient	Beta	Equality
1.	The Influence of Incentives on Performance at the Pagelaran Health Center	0,000	0,980	80,336	-0,002	Z = 80,336 - 0,002X
2.	The Influence of Incentives on Performance at the Gedangan Health Center	0,002	0,657	88,919	0,040	Z = 88,919 + 0,04X

DISCUSSION

Characteristics of Subjects

It was possible to draw the conclusion that there was no difference in the characteristics of age, occupation, and most recent education between the Pagelaran Health Centre and Gadang Health Centre based on the homogeneity statistical test results, which showed that the p-value was characteristic of age (p=0.669), education (p=0.789), and occupation (p=0.218). This demonstrates that the cadres at the Gedangan Health Centre and Pagelaran Health Centre are comparable and deserving of comparison.

The Asymp. sig value (2-tailed) of 0.214 indicates that there is no difference in the average incentive amount between cadres at PagelaranHealth Centre and Gedangan Health Centre according to the findings of the various tests conducted on the incentive variable. Although the amount of incentives earned by cadres from the village administration varies between the Performance and Gedangan sub-district regions. The village government provides incentives to cadres in the Pagelaran Health Centre work area on an average of Rp. 25,000 per month for up to 75 persons (60%) while providing Rp. 25,000 per month to cadres in the Gedangan Health Centre work area.

The link between rewards and performance

There is no significant linear relationship between incentives and performance at the Pagelaran Health Centre, according to the results of the path analysis test of research data in the work area of the center. The significance value for incentives on performance is 0.980, which is greater than the significant level of 0.05 (0.980> 0.05). The magnitude of the influence of incentives on performance is -0.002 (beta value). This is consistent with the findings of the research data path analysis test at the Gedangan Health Centre, which indicated that there was no significant relationship between incentives and performance there. The magnitude of the influence of incentives on knowledge was 0.04 (beta value), which is greater than the significant level of 0.05.

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This is in line with the findings of Baworo's (2015) study, which found that providing incentives had no beneficial impact on performance.[7] Other studies' findings have also been used to support the notion that cadres in Zambia who get monetary incentives perform better than those who merely receive presents in kind.[8] However, study data also demonstrate that particularly when compared to other performance-influencing elements, a higher level of financial incentives does not always correlate with improved performance.

The findings of this study conflict with those of Wisnuwardhani's study, which found that providing financial incentives to cadres could enhance their performance.[9] Sharma (2011) contends that non-cash rewards have a greater role in boosting the motivation of female community health workers than financial incentives.[10] Additionally, several other variables, including the *posyandu* cadres' motivation and level of understanding, affect their performance to varying degrees. This is consistent with the findings of Brahmayanti's (2010) study, which found a very strong association between knowledge and performance.[11]& Lehman (2017) asserts that the secret to effective performance is motivation.[12]

ETHICAL APPROVAL

This study has obeyed procedures and ethics from The Health Research Ethics Committee of Brawijaya University. The ethical clearance certificate issued by the committee is No. 65/EC/KEPK-S2/02/2019.

CONFLICTS OF INTEREST

The authors declare no conflict of interest related to this study.

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