

The Role of Posyandu Cadres in the Management of Hypertension in Pudukpayung and Gedawang

Teddy Hardiansyah*, Abrori, Iskim Luthfa

Universitas Islam Sultan Agung, Indonesia

Email: teddyhardiansyah66@yahoo.com*

KEYWORDS	ABSTRACT
Hypertension; Role of Posyandu Cadres; Puskesmas	The incidence of hypertension in the community has increased every year. The management of hypertension requires the optimization of the role of <i>Posyandu</i> cadres. This study aimed to describe the role of <i>Posyandu</i> cadres in the working area of the <i>UPTD Puskesmas Pudukpayung</i> in managing hypertension cases in the community. The regeneration of <i>Posyanducadres</i> has become one of the challenges addressed in this study. This study employed a descriptive quantitative design. The research was intended to provide an overview of the role of <i>Posyandu</i> cadres in hypertension management at a specific point in time without intervention. Data were collected using a questionnaire, with validity and reliability test results showing an r-value of 0.411 with a p-value of 0.05 and a Cronbach's alpha of 0.965. Sampling was conducted using a total sampling technique. Data analysis was performed using univariate analysis. Based on statistical analysis, the roles of <i>Posyandu</i> cadres in the primary and secondary categories were more dominant than those in the tertiary category and were influenced by length of service and prior hypertension training history. Continuous empowerment is necessary to balance and strengthen the roles of <i>Posyandu</i> cadres in the primary, secondary, and tertiary categories.

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INTRODUCTION

Hypertension is a condition in which a person has a systolic blood pressure ≥ 140 mmHg and/or a diastolic blood pressure ≥ 90 mmHg (Unger et al., 2020). Hypertension, or high blood pressure, is often referred to as “the Silent Killer” because it frequently occurs without symptoms. Hypertension is a disorder of the blood vessels that disrupts the supply of oxygen and nutrients carried by the blood to the body tissues that need them. The incidence of hypertension increases with age (Elvira et al., 2024). The elderly are a vulnerable group with an increasing incidence of hypertension due to low physical activity (Nusaibah, 2024).

Globally, an estimated 1.28 billion people aged 30–79 suffer from hypertension, and about 46% of them are unaware of the condition. In Indonesia, according to the 2023 Indonesian Health Survey (Survei Kesehatan Indonesia—SKI), the prevalence of hypertension reached 30.8% based on blood pressure measurement results (Chuang et al. 2018; Muntner et al. 2020; Ostchega et al. 2020; Zhang et al. 2023). In Central Java, hypertension cases account for the highest proportion of all noncommunicable diseases (NCDs) at 72% (Central Java Health Office, 2024). In Semarang City, hypertension cases in 2024 reached 288,750 people, with a slightly higher distribution among women than men. In the working area of the Pudukpayung Health Center (Puskesmas Pudukpayung), as many as 6,227 residents aged ≥ 15 years have been diagnosed with hypertension (Semarang City Health Office, 2024).

The management of hypertension requires synergy between various sectors, including optimizing the role of Posyandu cadres (Hidayani et al. 2026). However, despite the existence of 39 ILP Posyandu and 374 health cadres in the working area of the UPTD Pudukpayung Health Center, challenges continue to arise, particularly following cadre regeneration in early 2025. Changes in the structure and transformation of the Posyandu system require cadres to possess adequate knowledge and skills in managing hypertension cases (Irawan et al. 2025; Sumasto et al. 2025; Sutrisno et al. 2023). With this transformation, cadres have not yet been able to work optimally within the five-desk system (Sunarti and Utami, 2019).

Previous research has extensively examined factors influencing cadre performance in community health programs. Afrida (2019) found that knowledge, attitudes, and motivation significantly affect the activeness of Posyandu cadres in carrying out their duties. Anjaswati (2020) further emphasized that knowledge influences the attitudes and behaviors of cadres in empowering and maintaining community health, with good knowledge helping cadres perform their duties optimally in accordance with Posyandu implementation guidelines. Oruh (2021) identified education level as a primary trigger for cadre activeness, explaining that Posyandu cannot operate optimally if cadres do not understand their assigned tasks, which subsequently reduces their motivation to actively participate.

Usti et al. (2024) explained that the success rate of cadres in mastering service activities at Posyandu is influenced by length of experience and education level, as these factors contribute to adequate skill development. Sri Wahyuni (2025) described Posyandu cadres as the spearhead of community services who play a vital role not only in conveying health information and education but also in motivating, encouraging, and responding to community needs in implementing clean and healthy living behaviors, thereby strengthening the global health system. Idris et al. (2024) demonstrated that the unique position of community health workers in society enables them to provide appropriate and culturally acceptable care, overcome barriers to health service access, and improve health outcomes.

Research by Sicilia et al. (2018) emphasized that hypertension management must involve cross-sector collaboration and local community leaders, with good cross-sector coordination supporting cadre performance even when cadres have limited knowledge and skills. Gunawan and Ayubi (2023) highlighted that cadres are expected to improve alignment in access to basic health services, while Yasmine, Setyorini, and Yulianita (2024) noted that Posyandu implementation processes run smoothly when accompanied by active cadre participation. Yuniar (2025) emphasized that moral support in ensuring regular medication consumption, accompanying patients during control visits, and maintaining comfortable home environments significantly influences hypertension treatment success.

Despite the wealth of research on cadre roles in various health programs, few studies have specifically examined cadre roles in hypertension management following Posyandu system transformation and cadre regeneration (Aji et al. 2023; Rahmawati et al. 2020). The working area of the UPTD Pudukpayung Health Center presents a unique context, with 374 cadres undergoing recent regeneration in early 2025, creating both challenges and opportunities for understanding how cadre roles adapt to new system requirements. Based on observations by health center officers, cadre regeneration has resulted in some new cadres still requiring assistance in carrying out their roles, particularly in education, early detection, and monitoring of hypertension patients. This situation underscores the importance of conducting research that

specifically describes the role of health cadres in Posyandu management within the context of hypertension prevention and control.

This research aims to provide an overview of basic information on the role of Posyandu cadres in managing hypertension, thereby serving as a foundation for improving policies and cadre development programs in the future. By documenting the current state of cadre roles across primary, secondary, and tertiary categories, this study seeks to identify areas of strength and weakness that can inform targeted interventions for capacity building. The findings are expected to contribute to the optimization of Posyandu services for hypertension management in the community, ultimately supporting the reduction of hypertension-related morbidity and mortality.

METHOD

This research was a quantitative study with a descriptive research design. The variable of this study was the role of posyandu cadres in the management of hypertension. The population in this study consisted of all posyandu cadres in the working area of the UPTD Pudukpayung Health Center, totaling 374 individuals. The sample in this study consisted of 344 cadres, and the sampling technique used was total sampling.

The data collection instrument was a questionnaire developed by the researcher. The questionnaire contained 35 items related to the role of posyandu cadres, consisting of 14 statements on the role of primary cadres, 7 statements on the role of secondary cadres, and 14 statements on the role of tertiary cadres. The questionnaire used a Likert scale with the following response options: 1 = never, 2 = rarely, 3 = often, and 4 = always.

The questionnaire was tested for validity on 30 active posyandu cadres. The validity test used the Pearson Product–Moment correlation, with the condition that the results showed that most items had a calculated r-value greater than the r-table value (0.361) at a significance level of $p = 0.05$. The reliability test used Cronbach's alpha, with the criterion that if the Cronbach's alpha value ≥ 0.60 , the instrument was considered reliable (Puspasari & Puspita, 2022).

The data analysis technique in this study used a statistical method in the form of a univariate analysis of the presented data (categorical/ordinal data). Ethical approval was obtained from the Faculty of Nursing, Sultan Agung Islamic University, with ethics number No. 1623/A.1-KEPK/FIK-SA/X/2025.

RESULTS AND DISCUSSIONS

The data collection process in this study is accompanied by in-depth observation of the activity process. The data collection technique using questionnaires and the results of the analysis show that a cadre will be seen to be active when the cadre already has enough experience and already has good skills. This is in line with research from Anjaswati (2020) who explains that the main factors that affect the performance of cadres are knowledge, attitude and motivation. Knowledge influences the attitudes and behaviors of cadres in empowering and maintaining the community. Good knowledge helps cadres in carrying out their duties optimally in accordance with the guidelines for the implementation of Posyandu. Positive attitudes are also greatly influenced by the level of knowledge possessed by cadres. A positive attitude will be seen in Posyandu activities, such as cadres recording Posyandu activities, assisting health

workers in carrying out health services and implementing them in accordance with guidelines. Cadre motivation is supported by good knowledge to support good performance as well

The management of hypertension in the community cannot be separated from the role of a Posyandu cadre. According to Sri Wahyuni (2025) research, it is explained that as the spearhead of community services, Posyandu cadres play a very important role. In addition to conveying information and education about health, they also function to motivate, encourage, and respond to the needs of the community in carrying out clean and healthy living behaviors, so that the global health system can be strengthened. Activities that can be carried out by health cadres in managing hypertension are monitoring hypertension in the community through Posyandu.

Table 1. Characteristics of Respondents n=344

Variable		n	Percentage
Age	Median (min-max)	46 (23-69)	
Gender	Male	0	0
	Women	344	100
	Quantity	344	100
Education	SD	18	5.2
	SMP	47	13.7
	SMA	174	50.6
	DIPLOMA/BACHELOR	105	30.5
	Quantity	344	100
Posyandu Location	Pudukpayung	227	66
	Gedawang	117	34
	Quantity	344	100
Term of Service	≤5 Years	204	59.3
	>5 Years	140	40.7
	Quantity	344	100
History of Hypertension Training	Ya	209	60.8
	No	135	39.2
	Quantity	344	100

Source: Research primary data, 2025

Based on the data above, the average respondent is 46 years old. The youngest age is 23 years old and the oldest age is 69 years old. All respondents as many as 344 people were women. Most of the respondents had the last high school education as many as 174 people (50.6%). Respondents were dominated by Posyandu cadres from the Pudukpayung sub-district area as many as 227 people (66%). Most of the respondents had a service period as Posyandu cadres ≤5 years, which was 204 people (59.3%). Posyandu cadres who have participated in hypertension training are 209 people (60.8%).

According to research conducted by Oruh (2021), the level of education is the main trigger for the activeness of cadres in carrying out Posyandu because Posyandu will not be able to run optimally if Posyandu cadres themselves do not understand the tasks that have been given so that it can reduce their motivation to actively participate in it.

Table 2. Level of Role of Posyandu Cadres in Hypertension Management n=344

Variable	Frequency	Percentage
Low	18	5.2
Medium	105	30.5
Height	221	64.2
Total	344	100.0

Source: Research primary data, 2025

Based on the data above, as many as 221 Posyandu cadres (64.2%) have a high role in managing hypertension in the work area of the UPTD Pudukpayung Health Center. Posyandu cadres as a whole have a very good role in managing hypertension in the work area of the Pudukpayung Health Center UPTD; 64.2% of these cadres have a good role. These results directly answer the purpose of the research, which is to describe the role of Posyandu cadres in managing hypertension in the community. They also show that most cadres have done their assigned duties to motivate, prevent, and help.

Based on the results of the researcher's observations, the activeness of cadres also received support from the village level and local health workers. As explained by Sicilia et al (2018), good cross-sector coordination supports the performance of cadres in carrying out activities even though the cadres still have limited knowledge and skills.

Table 3. The role of Posyandu cadres in the management of hypertension based on role categories n=344

	Primary		Seconds		Tertiary	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Low	15	4.4	23	6.7	28	8.1
Medium	103	29.9	103	29.9	136	39.5
Height	226	65.7	218	63.4	180	52.3
Total	344	100	344	100	344	100

Source: Research primary data, 2025

Based on the data above, 226 Posyandu cadres (65.7%) played a high role in managing hypertension in the primary category. 218 Posyandu cadres (63.4%) played a high role in managing hypertension in the secondary category. 180 Posyandu cadres (52.3%) played a high role in managing hypertension in the tertiary category.

These findings support the theory of community empowerment that cadres, which say that cadres are usually better at tasks such as providing health education and encouraging healthy behaviors, than in tasks related to advanced clinical services or medical support that require cooperation between various health systems. It is hoped that cadres will also be able to increase the alignment of access to basic health services (Gunawan and Ayubi, 2023). It is also emphasized in research from Yuniar (2025) that one of the influences of the success of treatment of hypertension patients is moral support in the regularity of drug consumption, accompanying patients during control, maintaining home situations so that patients feel comfortable.

Posyandu cadres actively invite the public to carry out routine health check-ups both at health facilities and at Posyandu. Of course, this was also explained in previous research, where

the process of implementing Posyandu can run smoothly, if it is followed by the active participation of Posyandu cadres (Yasmine, Setyorini and Yulianita, 2024).

The activeness of Posyandu cadres is also seen in the implementation of early detection of hypertension and complementing it with recording in KMS or register books. The provision of information by Posyandu cadres has also gone well through health education, both during Posyandu activities and during home visits. The many roles and responsibilities of Posyandu cadres in hypertension management provide a unique position in society, which allows them to provide appropriate and culturally acceptable care, thereby overcoming barriers to access to health services and improving health outcomes (Idris et al., 2024).

The success of programs in the community in managing hypertension requires synergy from various sectors to support the performance of cadres. Due to the uneven experience and skills of cadres, it is better for the city health office together with the health center officers to review the empowerment system that has been running and maximize cross-sectors to reach a wider range of services.

CONCLUSION

The findings of this study indicate that the role of posyandu cadres in the working area of the UPTD Pudukpayung Health Center, particularly in community hypertension management, can be categorized into primary, secondary, and tertiary roles, with an imbalance observed among these categories. Primary and secondary roles were implemented more strongly than tertiary roles. The primary role of cadres was mainly reflected in conducting periodic health check-ups and routinely providing health education during posyandu activities. The secondary role was evident in recording activities and providing follow-up on complaints and symptoms by consulting with health workers. In contrast, the tertiary role showed the lowest performance, as cadres were still limited in providing moral support to encourage community members to maintain healthy lifestyles and adhere to regular treatment. Overall, the role of posyandu cadres in the UPTD Pudukpayung Health Center working area was considered good, as most cadres had received hypertension management training. Future research is recommended to further develop this topic by applying different research methods and exploring strategies to strengthen cadre empowerment in the comprehensive management of posyandu services.

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