

**COMMUNICATION FOR CADRES AT POSYANDU KUNTUM
MEKAR (THE PHENOMENOLOGY STUDY ABOUT THE MEANING
OF COMMUNICATION FOR CADRES AT POSYANDU KUNTUM
MEKAR IN JAYA MEKAR VILLAGE, SUB-DISTRICT
PADALARANG, WEST BANDUNG DISTRICT)**

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Abstract

Health services became one of the indicators of the development of a country. In Indonesia, primary health services were in Puskesmas by medical service unit called Posyandu. Posyandu Kuntum Mekar which located in the village of Jaya Mekar, Padalarang is one of the best posyandu at provincial and national level. The cadres is an important part of the success of posyandu in providing health services for toddlers and elderly. The Cadres has no background of health education, but they are responsible to educate and provide information and health services to the community. This study uses qualitative methods and approaches of Phenomenology. The results of this research show that people's motive to become cadre of posyandu is to get involve in social activity. The cadres get health information from midwives and technical guidance from the Government counselor, for the cadres of posyandu, communication skill is important to deliver information to the community. Knowledge and communication skills of the cadres are the main factor which made Posyandu Kuntum Mekar becomes one of the best posyandu in national level.

Keywords: *Health Communication, Posyandu, Cadre, Counseling, West Bandung District*

INTRODUCTION

Bhis morning Sainah, 58-year-old, was preparing for breakfast with fresh tea for her husband, dressed up neatly in white shirts and veils, wearing lipstick and a bit of perfume, she brought some files and rushed to Village Hall. Sainah is not an employee at Village Hall, she is an ordinary housewife. But in every month there must be one day where she is busy more than usual day, that day is the day of Posyandu. She has been a Posyandu cadre in Jaya Mekar Village for 24 years, Sainah is one of the founders of Posyandu in the community. At first they only borrowed the villagers' porch for Posyandu activities, then had a simple place in the Village Hall, established Early Childhood Education (PAUD), then won the award for the Best Posyandu at Regional and National level. When we asked how much her salary as a cadre Posyandu she said, "Sejuta setengah, sabar jujur tawakal sambal terengah-engah" (Sainah, 2017) it means to become Posyandu cadres you must be patient, honest, and keep trying even if they do not have a salary.

With all the limitations Posyandu in West Bandung regency has four times as a champion as the best posyandu in West Java and National level (<http://www.bandungbaratkab.go.id/content/posyandu-kbb-terbaik-di-jawa-barat>, 2017). The assessment criteria are administrative neatness, observation of posyandu opening day service, and ability test of cadres and judges will also investigate community participation on Posyandu activities and about public opinion about Posyandu.

According to the Minister of Home Affairs Regulation no 19 of 2011, Integrated Service Post or Posyandu is a community-based health effort that is run with the concept of, by and for the community as a form of health development that provides convenience for the community in obtaining basic health services (Peraturan Menteri Dalam negeri No. 19 Tahun 2011). Basically, posyandu is a place to build society. Posyandu as a communication forum, transfer of technology and health services managed and organized by the community for the community. Posyandu is a self-help activity of the community in the health sector with the responsibility of the village head. A.A. Gede Muninjaya (Muninjaya, 2002, p. 169) says: "Integrated health services (yandu) is a form of integrated health service implemented in a working area of the Puskesmas. The place of implementation of integrated program services in hamlet hall, village hall, neighborhood association (RW), and so called the integrated service post (Posyandu) ". Posyandu concept is closely related to integration. The integration of the intent are to cover the target aspect, the location aspect of the activity, the aspect of the organizer, the fund aspect and so forth (Departemen Kesehatan Republik Indonesia, 1987, p. 10).

As one form of government efforts in improving people's health is by closer access to health services for the community, therefore Posyandu was established. Posyandu was developed in the era of President Soeharto in 1984, then Posyandu became the pride of Indonesian society. This community-based health service post is managed by volunteers known as cadres. Health-care volunteers at Posyandu-who have received training from local health authorities-provide health guidance for pregnant women and nursing mothers, the health of the elderly and adolescents. In addition, Posyandu also provides vaccinations and food supplements to infants and toddlers, with the assistance of village midwives. Posyandu is also a medium for early detection of malnutrition and malnutrition cases in infants and toddlers.

According to data from Riskesdas 2013 in West Java, there are 10.4% of families with the lowest economy, 20.0% middle to low family, 24.4% middle to middle 28% and 17.3% families with the highest economic level (Badan Penelitian dan Pengembangan Kesehatan, 2013). Still uneven level of economic community impact on low levels of public health.

Currently health issues have been the concern of many parties, in the world we know SDG's, a sustainable development program in which there are 17 goals with 169 measurable targets with specified deadlines. The 3rd point in SDG's is good health. It is also continuously strived by the Ministry of Health of Indonesia through a healthy Indonesia program (Program Indonesia Sehat) in accordance with the National Long Term Development Plan. In West Java the target of SDG's achievement in the health sector is translated into the 2nd Common West Java Common Goals by improving accessibility and quality of health services. Common points of this Goals are the improvement of health services, puskesmas, and the fulfillment of health resources, the fulfillment of basic maternal and child health services, the improvement of referral hospital services and mental hospitals, and the eradication of communicable diseases and non-communicable diseases as well as the improvement of living behavior clean and healthy.

To be able to realize Healthy Indonesia in the period 2015-2019 the health sector is directed to focus efforts on:

1. Reduce Maternal Mortality Rate (AKI) and Infant Mortality Rate (AKB)
2. Lower prevalence of stunting
3. Tackling infectious diseases HIV-AIDS, Tuberculosis, and Malaria
4. Tackling non-communicable diseases Hypertension, Diabetes, Obesity, Cancer, and Mental Disorders (Kementerian Kesehatan Republik Indonesia, 2016)

Various efforts made by the government such as adding resources and increasing human resources, in order to be utilized effectively and efficiently. However, it is futile if the planned program is not integrated from planning, implementation, monitoring and evaluation. For the purpose of the current health program focused on sustainable health services to all stages of the human life cycle, then the focus of health care must be on the family.

As stated in Law Number 52 Year 2009 on Population Development and Family Development and Law Number 23 Year 2014 on Regional Government, Family Development is an effort to realize quality families who live in a healthy environment. That's why the operational strategy of health development through Healthy Indonesia Program with Family Approach. The family approach begins with mapping the deep problems of the human life cycle approach through home visits. In this case Puskesmas have an important role to increase the reach of target and closer / improve access of health service in work area by going to family. This approach includes family visits for health profile data collection, health promotion, follow-up of health services, and community empowerment. With limited human resources and extensive working areas, Puskesmas need assistance from Community Based Health Efforts (UKBM) or Posyandu.

The function of posyandu as the spearhead in providing health services has five functions: monitoring, growth, nutrition and health education, immunization, family planning services and basic health services. Empirical experiences in some places indicate that the primary health care community strategy with a focus on mother and child can be done in every Posyandu Health Center. Posyandu can perform basic functions as a child's growth monitoring unit, as well as deliver a message to the mother as a renewal agent and family members who have babies and toddlers to find the best way to support their child's growth.

Considering that, the role of Posyandu in building public health in Indonesia is very important. But the fact that posyandu cadres do not have a background in health sciences and their devotion is not paid, is a cause for concern. The cadres also complained about the difficulty of regenerating or seeking new cadres. This is because the work as a cadre of Posyandu is unpaid social work, consuming time and energy, in addition the cadres have to master basic health sciences, and they also have to train how to communicate in order to convey health information to the community. The lack of knowledge of posyandu cadres on health issues can degrade public confidence that leads to low public participation in government health programs. While cadres with high credibility can be a model that can generate curiosity and positive attitude of society. Interaction within an organization can occur when people in it are involved in the communication process.

Based on the background that has been presented, the researcher formulated the problem of research with a question, "What is the meaning of communication for the Kader Posyandu Kuntum Mekar?"

Theoretical Foundation

Teori Interaksi Simbolik

Theory that gives direction in explaining the meaning of communication made by cadre of Posyandu Kuntum Mekar is Symbolic Interaction Theory of George Herbert Mead. This theory greatly admired the human ability to use symbols, Mead says that a person acts by symbolic meaning that arises in a particular situation.

Ralph LaRossa and Donald C. Reitzes (1993) say that the essence of symbolic interaction is, "a framework of reference to understand that humans, along with others, create a symbolic world and how the world, instead of forming human behavior" (Turner, 2009, p. 96). In this sense we find that there is an interdependence between individuals and society in creating a symbolic world. This theory also believes that the individual is an active and reflective participation in the social context.

Symbolic interaction is based on ideas about self and its relation to society. LaRossa and Reitzes say that the assumption of this theory shows three major themes:

1. The importance of meaning for human behavior
2. The importance of self-concept
3. Relations between individuals with the community (Turner, 2009)

The meaning for human behavior is very important, because without the same meaning of communicating will be very difficult. But the similarity of meaning does not just happen, it takes interpretive construction among people to create meaning. The theme of this meaning can not be

separated from the work of Herbert Blumer (1969), which says that man acts against other human beings based on the meaning that others give him; meaning is created in human interaction; and meaning is modified through an interpretive process.

The second important theme in the theory of symbolic interaction is the importance of the concept of self. William D. Brooks (1974) defines self-concept as, "those physical, social, and psychological perceptions of ourselves that we have derived from experiences and our interaction with others" (Rakhmat, 2005, p. 99). So we can conclude that individuals develop self-concept through interaction with others. Self-concept also provides an important motive for individuals to behave.

The relationship between individuals and society is also considered important in the Symbolic Interaction theory. This theme deals with the relationship between individual freedom and social constraints. Mead and Blumer explain that people and groups are influenced by social and cultural processes, meaning that social norms constrain individual behavior. Culture has strongly influenced the behavior and attitudes that we consider important in self-concept. But the Symbolic Interaction theory also recognizes that individuals can modify social situations. This theory believes that humans are the author of choice, so they can modify the structure and show its individuality to show that it is not entirely limited by culture or situation.

METHODS

This research will use the tradition of phenomenology which is included in qualitative research with reference to research objectives, namely:

1. To get a description of the motives of the informants into Posyandu cadres
2. To obtain construction of the meaning of communication for Posyandu cadres

Qualitative method is used as an effort to explain social phenomenon from angle of Posyandu cadre as research subject. The qualitative research according to Strauss and Carbin is a type of research that results in discoveries that can not be achieved by using statistical procedures or by other means of quantification (Sukidin, 2002, p. 1).

Qualitative research is a study aimed at obtaining an authentic understanding of the experiences of people, as perceived by the people concerned. One characteristic of qualitative research is that there is no specific hypothesis at the time the study begins; the hypothesis was actually constructed during the research stages, after being tested or confronted with data obtained by the researcher during the study. Qualitative research can enable researchers to combine symbols and interactions, take on the observed role, enter the social world, record behavioral situations, use change and process, and make more directional concepts.

Tradisi studi Fenomenologis menurut Creswell is:

"Whereas a biography reports the life of a single individual, a phenomenological study describes the meaning of the live experiences for several individuals about a concept or the phenomenon" (Creswell, 1998, p. 51)

Thus, studies with phenomenological approaches attempt to explain the meaning of the life experiences of some people about a concept or phenomenon, including the self-concept or view of their own life. Similarly, this research reveals the meaning of life experiences that the Posyandu cadres realize about the importance of their role in the community in providing health guidance.

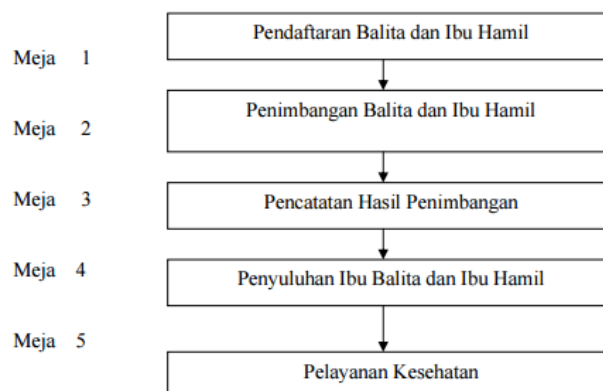
For a phenomenological study, good informant criteria are: "all individuals studied represent people who have experienced the phenomenon" (Creswell, 1998, p. 118). So it is more appropriate to choose an informant who really has the capability because of her experience and able to articulate her experience and her views on something questionable. The subject of this research is active Kader Posyandu Kuntum Mekar, Jaya Mekar Village, West Bandung Regency.

RESULT AND DISSCUSSION

Posyandu Kuntum Mekar has been established since 1993. This Posyandu is located in Jaya Mekar Village, Padalarang District, West Bandung Regency. Posyandu Kuntum Mekar became posyandu built by Jaya Mekar puskesmas with 69 other posyandu spread in three villages, Padalarang Village, Cimerang Village and Jaya Mekar village. Each village in general has one village midwife in charge, except for Padalarang Village because there are more number of Posyandu.

Adapted from General Guidance Manual of Posyandu Management, Posyandu can be classified into four levels namely Posyandu Pratama, Posyandu Madya, Posyandu Purnama and the best is Posyandu Mandiri. Posyandu Kuntum Mekar is currently at Posyandu Mandiri level, which means that it is > 17 years old. In addition, the posyandu located at this level means that it has been able to conduct activities regularly, the coverage of five main programs (Maternal Child Health, Family Planning, Immunization, Nutrition, Diarrhea and ARI Response) is good, there are additional programs and healthy funds. This Posyandu has also reached more than 50% of household heads (Kementerian Kesehatan RI, 2006, p. 56).

Posyandu Kuntum Mekar performs routine activities on the 3rd of every month. Posyandu service activities are started from registration, weighing and measurement of height, recording of weighing result, counseling, and health service. Counseling is usually done per person in accordance with the records of the weighing results, and the card of child growth. Health services are carried out by village midwives such as immunizations or medical examinations.



Picture 1. Posyandu Service Pattern Scheme

Source: Pendoman Umum Pengelolaan Posyandu (2006)

There are 18 cadres owned by Posyandu Kuntum Mekar, but there are active cadres who are not active. When asked what made this Posyandu win the award as the best Posyandu at the national level, Sainah replied, "Their cadres are passionate, want to move forward." She also tells that their victory at national level gives opportunity for Posyandu and the village to develop. Posyandu Kuntum Mekar is well known in West Bandung, so it is easier if you want to ask for guidance from the District Government, submit a proposal for Posyandu development program. Posyandu Kuntum Mekar has also visited several Posyandu from Papua, Ambon and Yogyakarta for a comparative study of Posyandu activities.

Posyandu Kuntum Mekar has a complete development program such as Toddler Family Development, Youth Family Development, Elderly Family Development, Early Childhood Education, Environmental Health, Domestic Complaints, Complaints Human Trafficking, HIV / AIDS prevention and so on. There are also innovation programs such as garbage sodaqoh, hegar earth, composter, house read, catfish cultivation and green house. With the human resources that dimili,

various development and innovation, no wonder if Posyandu Kuntum Mekar selected to be one of the best Posyandu in Indonesia.

To be able to answer the research questions, the researcher conducted interviews with four active cadres and one village midwife. The informant had been a cadre for many years, the youngest being Depi who had been a cadre for three years. Informants are housewives who are on average high school graduates and have no background in health sciences.

Narasumber atau Informan dalam penelitian ini, yaitu:

| NO | Name | Positions |
|----|--------------------|--|
| 1 | Ibu Innah Sainah | Head of Posyandu |
| 2 | Ibu Yuke Ermawaty | PIC of the program is conscious of nutrition |
| 3 | Ibu Nia Kurniawati | PIC for HIV / AIDS prevention program |
| 4 | Ibu Depi | Member |
| 5 | Ibu Refi | Midwife Desa Jaya Mekar |

Although a Posyandu cadre is a social activity without wages, some cadres show a high commitment to their work. Children and the elderly who come will get healthy snacks such as green beans porridge, vegetable soup, milk, boiled eggs, prepared by the cadres. Funds for the provision of snacks come from the donations of residents commonly called "kencleng". For toddlers and elderly who experience illness or malnutrition will get a pack of biscuit Food Supplement ASI (MPASI) from the government.

The target of residents visit in Posyandu activity which is routinely conducted every month is 100%, so if there are residents who are not present then the cadres will pick up the ball. That is, the cadres visited the houses of residents who did not attend the Posyandu with weights, meters and notebooks. This is because the Posyandu cadres must send a report to the village government regarding the activities of the month. Administrative sophistication is very emphasized by Sainah as Posyandu chairman, because it is one of the assessment points of the Posyandu Observer.

For the moment the biggest obstacle is the difficulty of regeneration. Nothing can be promised by being a cadre, other than friendship and knowledge that can be applied in the family. "Because this is genuine social, there is no salary or any allowance .. if there is a salary that only once a year of Rp. 50.000, if we want to recruit again, helpin a month or two months, then they resign .. rarely young people want to be cadres .. maybe they feel loss if they not used their graduated certificate (to find a job), " (Sainah, 2017) said Sainah when we asked about regeneration.

From the results of interviews and observations with the informants, this study found that the motives of the informants into posyandu cadres and the meaning of communication for them.

1. Motivation to become a Posyandu cadre

Discussing the motivation of informants in running posyandu activities is quite interesting. The informant who became the youngest cadre in this research has been three years as a cadre. Posyandu Chairman, Sainah has been a cadre for 24 years, while other cadres have 10 years and 15 years as Posyandu cadres. In general, Posyandu routine activities are only once a month. But outside the days of the Posyandu, the cadres have various tasks such as organizing the updating of Posyandu target data: babies, children under five, pregnant women and nursing mothers. Other tasks are to graph the number of under-fives in the weight-bearing working area, follow-up on non-arriving goals or targets that require continued counseling, and follow-up on other development and innovation programs.

As the village midwife in charge of Posyandu Refi is well aware of the importance of incentives to motivate cadres, but she knor that she can not do much. Facilities for the cadres from Puskesmas Jaya Mekar are free medical treatment and other facilities that can be given in Puskesmas.

Background Sainah loyalty to be Posyandu cadres for 24 years, "this is my social activities, for the afterlife must be sincere .. sometimes get negative comments, humiliated, no problem is common" (Sainah, 2017). Further confirmed on her statement about being humiliated she recounted, after the victory of the Kuntum Mekar Posyandu many people came for comparative studies from other villages around and even beyond Java. There are some cadres from other places that compare their Posyandu with Posyandu Kuntum Mekar, and judge that Kuntum Mekar does not deserve to be champion because there are still many limitation. "Achieving victory is rather easy but maintaining the quality is difficult .. because I'm here so I know .." (Sainah, 2017)

Yuke, a housewife who has been a cadre of Posyandu in Kuntum Mekar for 10 years, said that her motivation to be a cadre because of awareness, "Awareness, actually there are a lot of cadres here, but sometimes they absent in a duty. We can not force them. That's why it's very hard to find new kader. " (Yuke, 2017). Yuke conveyed about some of the residents who originally became cadres but then did not come again with a variety of reasons. "They just Want to get the uniform, the style of Posyandu cadres, but if we ask for help they refuse for many reasons." (Yuke, 2017). Yuke feels some people want their self-image to increase by becoming a cadre Posyandu Kuntum Mekar. The status of Posyandu cadres in the village community is a fairly prestigious status, as a community leader.

Another informant in the study, Nia has 15 years become a cadre, She said that being a cadre is her soul calling. "It's a soul call. Because if we are not trying to develop this area who else will do. We want to recruit young people who are still fresh, and smart, it will be easy to them to learn. Because old ladys like us are slow learning and easy forgot.. ahahahah .. " (Nia, 2017) Ibu Nia enjoys her role as a Posyandu cadre, she feels she has received useful medical knowledge for her and her family. Besides that she also can share with others about the knowledge she knows. "The benefit is we become so close to the citizens, look at their son as like my own grandchildren because I knows the baby since they born." (Nia, 2017) Nia felt that being a cadre made her relationship with the villagers better.

As the spearhead of Posyandu, the cadres are required to master basic health sciences and government policies related to citizen health surveys and data collection. Coaching in the form of training, counseling, comparative studies and courses for the cadres is often uneven, because of limited funds so only representatives who follow it. Cadres who attend the training are expected to transfer their knowledge to other cadres in their area. Receiving new knowledge for Nia who is 50 years old is quite difficult.

Being a Posyandu cadre brings its own pleasure to Depi's mother. Since moving to Jaya Mekar Village three years ago she was bored and didn't have friends and activities, "I am happy to be a posyandu cadre, I have a useful activity" (Depi, 2017). Nevertheless, unpleasant incidents have been experienced by Depi and other Posyandu cadres. Got negative comments from the residents when the Posyandu cadres came to the resident's house to do the survey, "what will you give to me? You keep asking for data. Will there be any change!" "If anyone talk like that to me, I just calm and patient, when being on duty there likes and grief" (Depi, 2017) replied Depi. Whereas data collected by Posyandu cadres will be sent to the local government and central government, to later become the government's basis in making strategic decisions related to the health and welfare of the citizens.

From the previous explanation it can be said that the key informant of this research has the background to become a cadre Posyandu as follows:

| No | Name | Motivation |
|----|-------------|---|
| 1 | Mrs. Sainah | social activities for the afterlife |
| 2 | Mrs. Yuke | Awareness, improve self-image |
| 3 | Mrs. Nia | Soul calling, get knowledge about health, get closer to the community |
| 4 | Mrs. Depi | Fill up the free time |

2. Communication Meaning for Posyandu cadres

Communication is present in all areas of community life, one of them in the field of health. This type of communication is part of human communications, usually occurring between health workers, patients and families of patients. Liliweri in his book says health communication is a study that studies how to use communication strategies to disseminate health information that can affect individuals and communities so they can make informed decisions about health management (Liliweri, 2007, p. 46).

Another definition of health communication quoted from Liliweri *Health Communication Partnership's M/MC Helath Communication Materials Database*,

Health communication is the art and technique of disseminating health information that intends to influence and motivate the individual, encouraging the birth of an institution or institution either as a regulation or as an organization among audiences that regulate health concerns. Health communication includes information on disease prevention, health promotion, health care policy, business regulation in the health field, which as far as possible changes and updates the quality of individuals in a communication or community by considering aspects of science and ethics (Liliweri, 2007, p. 47).

From the definition of health communication can be concluded, as follows:

- Health communications inform and influence decisions
- Health communication aims to motivate a person
- Health communication aims to change behavior
- Communication health improves knowledge, understanding of health problems
- Health communication empowers the community
- The process of information exchange in health communication is done with two-way dialogue

Before we discuss about the meaning of communication for the cadres Posyandu Kuntum Mekar let us see first the duties and responsibilities of Posyandu cadres. Based on the General Guidebook of Posyandu Provision which was published by the Department of Health of the Republic of Indonesia in 2006, the duties and responsibilities of cadres on the opening day of Posyandu, among others:

- a. Preparing the Posyandu, equipment, facilities and infrastructure including the preparation of additional food
- b. Conduct registration of Posyandu visitors
- c. Implement the weighing of toddlers and pregnant women who visit the Posyandu
- d. Record the weighing result in KMS or KIA book and fill the register book of Posyandu
- e. Conducting health and nutrition education activities in accordance with the results of weighing and providing additional food
- f. Provide health services and family planning according to their authority, such as providing vitamin A, giving iron tablets (Fe), oralite, birth control pills, and condoms. This activity was held with Puskesmas staff
- g. After the Posyandu service is completed, the cadres along with the officers complete the recording and discuss the results of activities and follow up

In addition to the opening day of Posyandu, the cadres are also on duty outside the opening day, the task is, among others,

- a. Conduct updating of Posyandu target data
- b. To make a graph (SKDN) of all balilta residing in Posyandu work area, number of children under five have Health Card (KMS) or Mother and Child Health Book (KIA), number of toddlers who come on opening day of Posyandu, and number of balita who lose their weight.
- c. Follow-up on
- d. Citizens who are not present

- e. citizens who need counseling
- f. Inform the target group to visit Posyandu on the opening day
- g. Make face-to-face visits to community leaders, and attend regular meetings of community groups or religious organizations.

(Kementerian Kesehatan Republik Indonesia, 2006)

If you see the duties and responsibilities of Posyandu cadres and their educational background that is not from the health sector then it can be concluded that the main task of the cadres is health promotion. Because to provide health services such as immunization and Keluarga Berencana (KB), a person must have a qualification in health such as a nurse, midwife or doctor. The presence of Cadres in Posyandu as a representative of the community, is expected to build better connections with the residents as a promotive and preventive effort to build a Healthy Paradigm.

As a health promotion agency, it is important for cadres to understand communication techniques and strategies to transform the paradigm of illness into a healthy paradigm. The paradigm of illness is a perspective that focuses on the healing of illness and the restoration of health, whereas the healthy paradigm is the perspective that prioritizes efforts to maintain health. However, based on the results of interviews with informants, there has never been a coaching on how to communicate well and correctly for the cadres Posyandu.

Overall, informants said that communication is very important in carrying out their duties and responsibilities as Posyandu cadres. There are several communication activities conducted by the cadres of Posyandu Kuntum Mekar, including:

1. Mendata profil kesehatan warga
2. Membuat proposal program kesehatan
3. Memberikan penyuluhan atau promosi kesehatan
4. Presentasi program Posyandu

When asked about the meaning of communication for Depi, the youngest cadre at Posyandu Kuntum Mekar, she said communication is needed to boost confidence, "It is very necessary, sometimes like nervous (*geumpeur*) if you meet people during a visit. I feel ready and already learned everything that is needed.. but then, I forgot. " (Depi, 2017)

Innah interpreted communication as the main capital of a Posyandu cadre, "Communication is the most important cadre's capital. When we talk face to face with citizens, there are many risks, afraid of offense, cadres are said to be knowledgeable when giving counseling. So in addition to learning the science (health) you also have to know how to deliver it. Because it's a daily task, so it a must, that's why I said that communication is capital" (Sainah, 2017)

According to Refi, the village midwife who is in charge of the Posyandu Kuntum Mekar, "there are also field officers, who specifically advocate to citizens and Posyandu in accordance with their field of science. Kesling (environmental health), nutrition officers, and Promkes (health promotion), one person for 3 villages. so the human resources are limited.. But if we complain about the limitations, it is not as easy to recruit new resources. You know, long government bureaucracy. What we can do is optimize the existing human resources. Therefore cadres must understand everything including the way how to communicate " (Refi, 2017)

According to Nia communication is the ability to provide appropriate targeted counseling. "It's important (communication) because the cadres have to extend counseling based on KMS card (baby health record), child intelligence, what can be done by the toddler. If they not be able to do something then the cadres give homework. For example, The baby can not walk, then the cadres provide tips on home exercise, if within three months in a row there is no progress, so the cadres given referral to the Puskesmas " (Nia, 2017) that's the statement from Nia, who is in charge of the HIV / AIDS program at Kuntum Mekar.

While Yuke interpreted the communication as the ability to make presentations. "Communication is important, especially if you join the race (Posyandu competition), chosen by a smart person. The person must make a presentation about the activities of Posyandu and its programs.

If they are selected, they will go to the next stage to Kecamatan, three cadres who selected will go to the next stage in the District, and then the first winner will be compete in the Province Posyandu competition. If people are not able to learned, can not make a presentation, it's gonna be difficult. So it should be a young, clever, familiar with presentation computer programe, and have confident when talk in public. We are already old and clueless in technology, so would not work.. ahahah " (Yuke, 2017)

From the above discussion it can be concluded that the key informants of this research interpret communication as an important skill that must be owned by a cadre of Posyandu to carry out their duties and responsibilities that is delivering health information to the society. They are well aware that they have limitations in communication techniques that is why they hope to get good communication training from the government.

CONCLUSION

From the results of research and discussion about the motives of the informants into Posyandu cadres and the meaning of communication for cadres Posyandu Kuntum Mekar can be summarized as follows:

1. The motive of the informants into Posyandu cadres is to get involve in social activity, improve self-image and to fill the spare time.
2. The meaning of communication for informants is communication is the basic capital of a cadre; communication skills become a means of improving self-confidence; communication is the ability to provide counseling; and the ability to make presentations.

Knowledge and communication skills of the cadres are the main factor which made Posyandu Kuntum Mekar becomes one of the best posyandu in national level. The authors suggest that the government provide training in communication techniques for Posyandu cadres in order to promote better health programs, as an effort to realize Healthy Indonesia Program with the application of Healthy Paradigm.

REFERENCES

- Badan Penelitian dan Penmgembangan Kesehatan. (2013). *Riset Kesehatan Dasar (RISKESDAS)*. Kementerian Kesehatan RI.
- Creswell, J. W. (1998). *Qualitative Inquiry and research Design: Choosing Among Five Traditions*. USA: Sage Publications Inc.
- Departemen Kesehatan Republik Indonesia. (1987). *Buku pengantar Kader Usaha Perbaikan Gizi di Desa Siaga*. Jakarta: Departemen Kesehatan RI.
- Kementerian Kesehatan Republik Indonesia. (2006). *Pedoman Umum Penyelenggaraan Posyandu*. Jakarta: Kementerian Kesehatan RI.
- Kementerian Kesehatan Republik Indonesia. (2016). *Pedoman Umum: Program Indonesia Sehat dengan Pendekatan keluarga*. Jakarta: Kementerian Kesehatan RI.
- Kementerian Kesehatan RI. (2006). *Pedoman Umum Penyelenggaraan Posyandu*. Jakarta: Depkes RI.
- Liliwari, A. (2007). *Dasar-Dasar Komunikasi Kesehatan*. Yogyakarta: Pustaka Pelajar.
- Muninjaya, A. G. (2002). *Book Title*. City Name: Publisher Name.
- Peraturan Menteri Dalam negeri No. 19 Tahun 2011. (n.d.).
- Rakhmat, J. (2005). *Psikologi Komunikasi*. Bandung: Remaja Rosdakarya.
- Sukidin, B. d. (2002). *Metode Penelitian Kualitatif: Perspektif Mikro*. Surabaya: Insan Cendekia.
- Turner, R. W. (2009). *Teori Komunikasi*. Jakarta: Salemba Humanika.

Website:

(2017, Mei 25). Retrieved from <http://www.bandungbaratkab.go.id/content/posyandu-kbb-terbaik-di-jawa-barat>.

Interview :

Nia. (2017, Mei). (R. d. Renata, Interviewer)
Refi. (2017, Mei). (R. d. Renata, Interviewer)
Sainah, I. (2017, Mei). (R. d. Renata, Interviewer)
Yuke. (2017, Mei). (R. d. Renata, Interviewer)
Depi. (2017, Mei). (R. d. Renata, Interviewer)

Other Source:

Commons Goals Jawa Barat
UUD 1945
Undang-Undang Nomor 52 Tahun 2009 tentang Perkembangan Kependudukan dan Pembangunan Keluarga
Undang-Undang Nomor 23 Tahun 2014 tentang Pemerintahan Daerah

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