

THE INFLUENCE OF MENTORING AND EDUCATION ON THE KNOWLEDGE OF POSYANDU CADRES, SPECIAL FOR THE SUKU ANAK DALAM IN BUNGO REGENCY, JAMBI PROVINCE

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Abstract

The health status of the Suku Anak Dalam (SAD) community remains a serious concern, particularly regarding mortality, morbidity, nutrition, and reproductive health. Nutritional problems among toddlers, adolescents, women of reproductive age, and the wider community continue to contribute to poor health outcomes. In addition, childbirth and reproductive health complications are still major factors causing high infant mortality rates within SAD communities. This study aimed to evaluate the effectiveness of mentoring and educational interventions for SAD Posyandu cadres in improving their knowledge and practical skills. The study used a pre-experimental method with a one-group pretest-posttest design and was conducted at the SAD community hall in Dwi Karya Bakti Village, Pelepat District, Bungo Regency, Jambi. The study population consisted of all SAD Posyandu cadres, totaling 19 participants. Most cadres were unemployed, with 6 men (31.6%) and 13 women (68.4%). Fourteen participants (73.7%) had low educational backgrounds, while 5 participants (26.3%) had higher education levels. The youngest respondent was 12 years old, and the oldest was 31 years old, with an average age of 18.53 years and a standard deviation of 5.037 years. Statistical analysis showed a p-value of 0.002 (<0.05), indicating a significant increase in knowledge after the educational intervention. Therefore, continuous mentoring and training are recommended to strengthen cadre competencies and sustain independent health services. Strengthening community participation through regular Posyandu activities may also help reduce preventable diseases, maternal complications, and infant deaths among SAD families.

Keyword: SAD, Posyandu, Assistance, Education, Knowledge

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INTRODUCTION

The health status of the Orang Dalam Tribe (SAD) is still concerned with the high mortality and pain rate due to infectious diseases and nutritional problems in infants, adolescents, and women of childbearing age (1–3). Other factors include unfavorable environmental conditions and traditional practices such as childbirth with traditional midwives and child marriage that increase the risk of infant mortality (3–8). Access to health services is

still not optimal, with trust in traditional medicine still dominant and understanding of healthy behaviors still low (9,10).

The SAD community has a unique and specific culture. This community is difficult to approach; they do not trust others easily. With characteristics like this, the knowledge and skills of the SAD community can be improved, especially in the implementation of Clean and Healthy Living Behavior (PHBS), and also the implementation of Posyandu; assistance or mobilization from the SAD community itself is needed. So far, the SAD community has never wanted to come to the Posyandu to check themselves and their toddlers. On the other hand, the general public is also less able to accept their presence due to poor cleanliness and personal hygiene behavior. This makes this community able to independently carry out Posyandu located in their residential environment, so that it is easy to reach and cadres from the SAD community (11,12).

The results of previous studies have found that knowledge of SAD is still low, as well as in terms of health behavior. Research conducted by Rumita E. S and Fitria E. P found that the low level of education of the SAD community and lack of knowledge make them susceptible to diseases (8). The application of Personal Hygiene in the SAD community is also still lacking. Research conducted by Rakhe et al. found that only a few SAD communities have knowledge of Personal Hygiene and how to practice it (13). Research conducted by Upik Y, et al. also found that there is still a lack of knowledge of SAD, where low motivation to learn and lack of parental knowledge are problems that must be found solutions, so that the SAD community needs assistance to improve knowledge and healthy living skills (14). Assistance must be carried out continuously from cadres from the community itself in a special Posyandu forum for SAD (15).

Cadres have an important role in the implementation of Posyandu. Soekanto said that the role of cadres is divided into three parts, namely active roles, participatory roles, and passive roles (16). Empowerment of SAD is carried out in sufficient time and distance or interval so that it can realize personal hygiene and obtain health independence properly and sustainably (17). The implementation of the Posyandu is driven by cadres; for this reason, cadres are needed who are able to connect information between communities so that Posyandu activities run optimally and are useful for babies, toddlers, pregnant women, and mothers under five (18). To be able to improve the ability and capacity of cadres can be obtained through experience when conducting Posyandu or participating in Posyandu cadre training activities, and carried out continuously to be able to support the roles and duties of cadres through continuous assistance or education (19).

The SAD community is spread across various areas in Jambi Province, one of which is in Dwi Karya Bakti Village, Pelepat District, Bungo Regency. The government has provided settlements for the SAD community in Dwi Karya Bakti village, Pelepat District, Bungo Regency since 2014. Some have left their settlements, but there are still those who remain with their limitations. Assistance through the SAD special Posyandu forum is expected to help the SAD community in improving knowledge, attitudes, and behavior changes to realize health independence. The results of previous research prove that conducting a mobile Posyandu can help increase visits of pregnant women and mothers under five to the Posyandu because it brings the distance and ease of accessibility for mothers closer as the main target of the Posyandu (20).

The purpose of the study was to assess the effectiveness of mentoring and education to SAD community special posyandu cadres to improve the knowledge and skills of the SAD special posyandu cadres in Dwi Karya Bakti village, Pelepat District, Bungo Regency, Jambi Province.

METHODS

The study used a pre-experimental design with a pre-post-test only design. The population was all 19 Posyandu (Integrated Service Post) cadres specifically for SAD (Symptom-Based Childhood Infection) patients, formed by the SAD CARE For Health Matching Fund program implemented by the University of Jambi in 2023. Data collection was conducted from July to December 2023. The variables collected were the cadres' knowledge levels before and after mentoring/education by the Research Team. The interventions provided were education and mentoring at the Posyandu specifically for SAD by the research team and students who conducted an independent study for 5 months in the SAD settlement area of Dwi Karya Bakti Village, Pelepat District, Bungo Regency, Jambi Province.

The independent variable in this study was the provision of training, education, and mentoring to the Posyandu specifically for SAD for approximately 5 months by students living in Dwi Karya Bakti Village and the Research Team. The dependent variable was the cadres' knowledge levels. Data were collected through interviews to assess the knowledge level of cadres using a pre-test and post-test questionnaire consisting of 30 questions. This questionnaire identified cadres' knowledge of the main duties and functions of Posyandu cadres, the steps taken at each desk in the Posyandu specifically for SAD, and health education related to Clean and Healthy Living Behaviors (PHBS) and maternal and child health. Data analysis was performed using statistical data processing applications using univariate and bivariate paired t-tests at a 95% confidence level.

RESULTS

Before conducting the paired t-test analysis, a normality test was first performed. The analysis results showed that the knowledge level of the Posyandu cadres, specifically for SAD, before and after mentoring was normally distributed (table 1).

Table 1. Results of the Normality Test of Data on the Level of Knowledge of Cadres Before and After Mentoring/Education at the Special Posyandu for SAD

Knowledge Level	<i>P</i>	Description
Before Mentoring	0.208	Normal
After Mentoring	0.323	Normal

All Posyandu cadres specifically for SAD who received intervention in the form of mentoring and education from the Research Team were unemployed, mostly women (68.4%), had low levels of education (73.7%), and were aged 20-35 years (31.6%). The average age of Posyandu cadres was 18.53 years, with the youngest 12 and the oldest 31 (table 2).

Table 2. Distribution of Characteristics of Special Posyandu Cadres for SAD (n=19)

Characteristics	n	(%)
Gender		
Male	6	31.6
Female	13	68.4
Education		
Low Education	14	73.7
High Education	5	26.3
Age		
20 – 35 years	6	31.6
< 20 and > 35 years	13	68.4

The results of this study found that of the 30 items of questions about the knowledge of special posyandu cadres for SAD before mentoring, only 6 items (20%) were known by all respondents (all cadres answered correctly), namely knowledge of weighing position, dacin position before weighing, diarrhea prevention, counseling objectives, pregnant women's examination table, and healthy living motivation. However, after being given mentoring, it increased to 18 items of questions from 30 items of questions known by all mothers of toddlers (60%), namely an increase of 40% regarding activities at table 1, mother's name on the pregnant woman's form, weighing results, KMS abbreviation, mother's name in the KIA book, weight column, flipchart, immunization, vitamin A administration, traditional medicine services, traditional medicine ingredients, and motivation at table 6 (table 3).

Tabel 3. Pre-Post Test of Cadre Knowledge Level about Special Posyandu for SAD

No	Statement	Before		After	
		n	(%)	n	(%)
1	One of the activities carried out at desk 1 of the integrated health post is the registration of pregnant women or toddlers (answer = Correct)	18	94.7	19	100.0
2	If a pregnant woman comes to the integrated health post, the mother's name needs to be written on the pregnant woman's form (answer = correct)	18	94.7	19	100.0
3	If the pregnant woman does not bring a toddler, after the pregnant woman's name is recorded, the woman is asked to go directly to table 4 (answer = correct)	11	57.9	6	31.6
4	Mothers do not need to bring their KMS when visiting the integrated health post (answer = wrong)	11	57.9	14	73.7
5	The name of the baby/toddler who is brought to the integrated health post can be written on a piece of paper, which is then inserted into the baby/toddler's KMS (answer = correct)	12	63.2	11	57.9
6	When weighing, the mother is asked to stand up straight and look straight ahead (answer = correct)	19	100.0	19	100.0
7	Before weighing the body with a dacin, make sure the sliding pendulum is at zero (answer = correct)	19	100.0	19	100.0
8	Digital weight scales should be placed on a non-flat surface (answer = wrong)	9	47.4	14	73.7
9	Sandals/shoes, jackets, and heavy objects carried by a person may be used when weighing (answer = wrong)	14	73.7	17	89.5
10	The results of weighing are written in kilograms (kg) (answer = correct)	17	89.5	19	100.0

No	Statement	Before		After	
		n	(%)	n	(%)
11	The abbreviation KMS is Card to Get Out of Sickness (answer = wrong)	10	52.6	19	100.0
12	KMS for boys is pink (answer = wrong)	13	68.4	17	89.5
13	Apart from the child's name, the mother's name must also be written on the front cover of the KIA book (answer = correct)	17	89.5	19	100.0
14	The child's weight is written in the BB (kg) column (answer = correct)	18	94.7	19	100.0
15	The center of gravity is created by connecting the weight line with the general line on the KMS chart (answer = wrong)	6	31.6	3	15.8
16	The activity at table 4 is providing health education (answer = correct)	18	94.7	18	94.7
17	Diarrhea prevention is done by implementing clean and healthy living behavior (PHBS) (answer = correct)	19	100.0	19	100.0
18	Diarrhea can be treated by giving sugar water (answer = wrong)	15	78.9	14	73.7
19	The aim of counseling is to change the behavior of a person or community to conform to health norms (answer = correct)	19	100.0	19	100.0
20	Flip sheets can be used when providing health education (answer = correct)	17	89.5	19	100.0
21	Immunization can be done at table 5 (answer = correct)	16	84.2	19	100.0
22	Administration of iron tablets is carried out at table 4 (answer = wrong)	12	63.2	17	89.5
23	Only midwives/health workers are at table 5 (answer = correct)	8	42.1	5	26.3
24	Vitamin A is given in Table 4 (answer = wrong)	14	73.7	19	100.0
25	Examination of pregnant women is carried out at table 5 by the midwife (answer = correct)	19	100.0	19	100.0
26	Services regarding the provision of traditional medicine are available at table 6 (answer = correct)	18	94.7	19	100.0
27	Information about traditional medicine is provided by traditional midwives or traditional healers (answer = correct)	16	84.2	18	94.7
28	The traditional medicine given is traditional medicine, which is not safe to give (answer = wrong)	13	68.4	19	100.0
29	Motivating healthy living by a midwife or traditional birth attendant can be done at table 6 (answer = correct)	17	89.5	19	100.0
30	Apart from midwives or traditional birth attendants, cadres can also participate in motivating healthy living (answer = correct)	19	100.0	19	100.0

The pre-test and post-test results showed that the mentoring and education activities had a positive impact on increasing the knowledge of Posyandu Special for the SAD cadres, especially in understanding the implementation of the Posyandu five-table system, monitoring toddler growth and development, health counseling, and maternal and child health services. After receiving mentoring, cadres became more familiar with the flow of Posyandu services, were able to better monitor toddler nutritional status, and were more skilled in providing health education to the community, so that it is hoped that the quality of Posyandu Special SAD services can be optimally improved.

Table 4. Pretest and Posttest Results (n=19)

Level of Knowledge	Min	Max	Means	SD	Difference	95% CI	P-Value
Before Mentoring	19	27	23.78	2.15	2.31 (2.7)	0.97 – 3.66	0.002
After Mentoring	23	29	26.10	1.37			

This study found that the average knowledge score of Posyandu cadres specifically for SAD before being given mentoring was 23.78, with the highest score being 27 and the lowest

being 19. Meanwhile, the average knowledge score after being given mentoring increased to 26.10, with the highest score being 29 and the lowest being 23. The results of the mentoring carried out were able to increase the average knowledge score of Posyandu cadres, specifically for SAD, by 2.31 points, or with an increase of up to 10%. This increase was proven to be significant ($P\text{-value} = 0.002$) (table 4).

DISCUSSION

The results of this study found that there was an increase in the knowledge of Posyandu cadres, specifically for SAD in Dwi Karya Bakti Village, Pelepat District, Bungo Regency, after being provided with mentoring and education for six months. These results align with research conducted by M. Ridwan et al., who found that providing education to cadres using the Emotional Demonstration method in an effort to prevent stunting can improve cadre knowledge and skills with a $p\text{-value}$ of 0.001 (19). The results of this study are also consistent with research by Imran Tumenggung et al., who found that education, training, and refresher training for cadres can improve the skills and knowledge of integrated health post (Posyandu) cadres in the Tilango Community Health Center (PHC) work area ($p\text{-value} = 0.001$). The study found an increase in cadre knowledge after receiving training based on the cadre guidebook (20). Research by Aisah Nur Ana Bilah, et al. also showed something similar, where there was an increase in knowledge before and after treatment, with an increase of 27.72% (21).

Another study that is also in line with this was conducted by Ninuk Permata Sari, et al., which showed that there was a difference in knowledge before and after being given education about children's anthropometric standards (22). Similar results were also found with a $P\text{-value}$ of 0.000, indicating that there was an effect of module-based education on ISPA prevention efforts on the level of knowledge of mothers at the Paccinongan Integrated Health Post (Posyandu) in the working area of the Tino Health Center, Tarawang District, Jeneponto Regency (23). Other research also found that there was a significant change ($P\text{-value} = 0.001$) in mothers' knowledge before and after counseling (22). In line with research by Sony Bernike et al., there was an increase in the knowledge scores and skills scores of Posyandu cadres before and after mentoring was provided to Posyandu cadres in the Malei Health Center work area, Lage District (24),(26).

However, the results of this study are inconsistent with the results of a study by Setyaningrum et al. (2025), which showed that there was no relationship between cadre knowledge about integrated health service posts (Posyandu) and the activeness of Posyandu cadres for toddlers. This study explains that even though some cadres have a low level of knowledge, they still actively participate in Posyandu activities. This finding also indicates that cadre activity is not only influenced by knowledge, but can also be influenced by other factors such as motivation, commitment, support from health workers, and community participation. The difference in results with this study is likely caused by the characteristics of the respondents, the cadre's work environment, and other supporting factors that are very different (27).

According to Didah (2020), good cadre knowledge can influence cadre activity in Posyandu activities (29). However, not all cadres who have poor knowledge are not active in Posyandu activities, because the cadre's activeness is influenced by several other things, such as beliefs, traditions, attitudes, facilities, social support from health workers, family, religious leaders/community leaders (30). Posyandu cadres' knowledge can improve their skills and expand the Posyandu system, thereby increasing the quantity and quality of Posyandu. Cadres'

knowledge can be gained from the training they have attended (31),(32). This is what was found in research that has been conducted in the SAD community, which proves that even in the SAD community, which has limited language and low education levels, its knowledge and skills can also be improved in implementing integrated health posts and providing education for its own community properly. Empowerment and education are carried out through five months of mentoring using modules translated into the SAD language, filled with images that make it easier for SAD community cadres to remember, and are equipped with illustrated flipcharts in the local language of the SAD community that were specially developed by the Research Team.

Knowledge is the result of knowing, and this is after people sense certain objects (33). Meanwhile, Keraf stated that knowledge is the fruit of human thoughts, ideas, concepts, and understanding, which then takes the initiative to share knowledge using various methods, such as patterns and types described in several descriptions (30). Knowledge is everything that is known and obtained by the five senses regarding a particular object, as has been experienced by the special SAD posyandu cadres through 5 months of mentoring, after being given cadre training and literacy about health, there has been an increase in knowledge and it is hoped that it can be transmitted to other SAD communities so that they are willing and able to implement health behavior independently and continuously.

According to Lawrence Green's (1991) basic theory, there are two factors that influence the health of an individual or community: behavioral factors and non-behavioral factors. Behavioral factors are influenced by several factors, including predisposing factors (age, occupation, education, knowledge, and attitude), enabling factors (distance to health facilities), and reinforcing factors (support from family and community leaders) (34). In this context, improving cadre knowledge is a predisposing factor that plays a crucial role in changing their behavior in providing health services. Furthermore, enabling factors such as accessibility to health facilities, as well as reinforcing factors such as support from traditional leaders, village midwives, and local government, also contribute to the effectiveness of the mentoring program. In this study, the educational approach employed not only improved the cadres' cognitive aspects but also strengthened social and structural support that encouraged the sustainability of the Posyandu program specifically for SAD. Village midwives and traditional leaders such as the Tumenggung were involved in providing education, as were community leaders such as the head of the local Community Health Center, sub-district head, village head, and traditional birth attendants from the SAD community. They were also asked to participate in providing education through motivational videos in local languages that were shared through social media.

In this study, the approach used was mentoring and education. Mentoring is a systematic and ongoing process to help community groups increase their capacity, skills, and knowledge through direct guidance and mentoring (34,35). In this context, mentoring was provided to Posyandu cadres from the Suku Anak Dalam community. This mentoring played a crucial role in ensuring that the cadres knew and understood their duties and how to carry them out. The mentoring in this study was conducted through an educational and participatory approach. Education, in this case, is related to training and outreach activities conducted to increase the knowledge and understanding, as well as the skills of Posyandu cadres in running Posyandu. The educational materials were also adapted to the conditions, taking into account

the cultural background of the Suku Anak Dalam to make them easier to understand and accept. The methods used were lectures, group discussions, and simulations.

Mentoring was also carried out using a participatory approach. This participatory approach was carried out through intensive mentoring, with the research team living and living with the SAD Community for approximately five months (36). Apart from participatory mentoring, mentoring is also carried out by collaborating with existing Posyandu cadres in the village (37). Posyandu cadres in the SAD Group are also accompanied by village Posyandu cadres who have previously been active and are trained and experienced in implementing Posyandu. This aims to provide sympathetic support so that SAD Posyandu cadres can train themselves and build confidence (37,38).

The results of this study indicate a significant increase in knowledge before and after mentoring and education on integrated health post (Posyandu) implementation. Mentoring has a significant impact because it provides opportunities for cadres to learn through hands-on practice, receive feedback, and build self-confidence (38–40). Because the SAD community has a unique culture and language, this mentoring approach can help overcome communication barriers and strengthen social ties. Mentoring can also help cadres internalize their role in implementing integrated health service posts (Posyandu). However, to ensure the sustainability of this Posyandu specifically for SAD, monitoring and support from the local government, particularly the village and community health centers, are necessary. Furthermore, capacity building for cadres is still needed to further enhance their skills.

A limitation of this research is the language barrier. The solution was to translate the educational modules and materials into the local language of the SAD community. The modules and materials were specifically developed with more images and symbols because most of the cadres could not read or write. The continuity of measurement and education had to be adjusted to the time when the cadres or the SAD community were not active in the forest. Therefore, mentoring and measurement could only be carried out during the cadres' stay in the settlement, which was about one week each month.

CONCLUSION AND RECOMMENDATION

There is an increase in the knowledge of Posyandu cadres, specifically for SAD after being given mentoring/education in Dwi Karya Bakti Village, Pelepat District. It is recommended to conduct monitoring and evaluation of the implementation of Posyandu specifically for SAD and the continuation of mentoring for the implementation of Posyandu Special SAD by local village cadres and cadres are expected to become role models for the SAD community in their area so that health independence can be increased and there is an increase in the health status of the SAD community in Dwi Karya Bakti Village, Pelepat District, Bungo Regency.

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REFERENCES

1. Ummi Kalsum, Raden Halim AF. Marriage patterns, consumption patterns and nutritional status of toddlers of the rimba orang in Sungai Terap and Hajran Villages. <https://doi.org/10.22437/jkmj.v2i2.6557>. 2018;2(2).
2. Abdul Haris, Adelina Fitri UK. Determinants of Stunting and Underweight of underfive children of Suku Anak Dalam. <https://doi.org/10.22437/jkmj.v3i1.7598>. 2019;3(1):41–53.
3. Kalsum, Umami Lesmana OPD. Jambi Province Patterns of Non-Communicable Diseases and Their Risk Factors in the Suku Anak Dalam. <https://doi.org/10.30597/mkmi.v15i4.7062>. 2019;15(4).
4. Rumita Ena Sari FEP. Balanced nutrition education and monitoring of nutritional status of children aged 0-2 years in the suku anak dalam of bukit suban village, air hitam district, sarolangun regency. <https://doi.org/10.22437/jssm.v3i1.15683>. 2021;3(1):43–9.
5. Ridwan M, Sari P, Ningsih VR. Supporting Factors in Searching for Childbirth Assistance for the Anak Dalam Tribe (SAD) Community in Bungo Regency , Indonesia. <https://doi.org/10.30604/jika.v6i4.813>. 2021;6(4):631–8.
6. Amir A, Mekarisce AA. Childbirth Behavior Analysis of Remote Indigenous Communities in the Bukit Duabelas National Park Area, Sarolangun District, Jambi Province. <https://doi.org/10.22437/jkmj.v4i2.8935>. 2019;15(4):391–9.
7. M. Ridwan O lesmana. The concepts of Househole in clean and healthy habit (PHBS) of ganta's indigenous Community Community on Merangin District. <https://doi.org/10.22437/jkmj.v4i1.8986>. 2020;4(1):47–55.
8. M. Dody Izhar FEP. An Evaluative Study of the Implementation of Healthy Behavior in Children in Sialang Village, Pemenang District, Merangin Regency, Jambi. <https://doi.org/10.22437/jkmj.v4i1.8987>. 2020;4(1):57–67.
9. Febi Rizka Eliza MR dan DN. The Role of Government toward KAT SAD Empowerment Program in Jambi Province in 2018. <https://doi.org/10.22437/jkmj.v2i1.6538>. 2018;2(1):40–9.
10. Ayuningtyas D, Roro R, Utami M, Maulidya AN. The readiness of Batang Hari district as a district of human rights care: case study of the Anak Dalam tribe. <https://doi.org/10.1108/IJHRH-04-2019-0027>. 2020;13(3):209–17.
11. Safitri1, Sri Maharani, Tina Yuli Fatmawati, Asparian L. PODKESAD as an effort to prevent the risk of stunting in KAT. <https://doi.org/10.36565/jak.v7i1.898>. 2025;7(1):137–47.
12. Ridwan M, Noerjoedianto D, Gusdian M, Sitanggang D, Nasution HS, Kalsum U, et al. PHBS education to improve knowledge in the inner child tribal community (SAD). <https://doi.org/10.59407/jpki2.v1i6.246>. 2023;1(6):1041–8.
13. Maihanda R, Khoiriyah SM, Septiani S, Oktafia D, Pendawa D. Optimizing personal hygiene for children of Suku Anak Dalam (SAD). <https://doi.org/10.36565/jak.v5i2.515>. 2021;3(1):21–6.
14. Yelianti U, Fitri AD. Empowerment of the Suku Anak Dalam (SAD) Through Improving the Quality of Informal Education in Preventing the Covid-19 Pandemic in Nyogan Village, Mestong District, Muaro Jambi Regency. <https://doi.org/10.22437/jkam.v4i3.11556>. 2020;4:412–9.
15. Eka Lailatul Safitri HS. The Role Of Posyandu Cadres In Developing Community Health In Cemengbakalan Village , Sidoarjo District. <https://doi.org/10.33087/jiubj.v23i1.3066>. 2021;1–9.

16. Pebriyani D, Hermawan E. The Role of Village Government in Community Empowerment in Tirtawangunan Village, Sindangagung District, Kuningan Regency, West Java Province. <https://doi.org/10.47492/jip.v2i1.619>. *Inov Penelit.* 2021;1(3):197–206.
17. Listautin, Asmeriyani R. Application of storytelling method of health education towards personal hygiene of toddlers of the Suku anak dalam. <https://doi.org/10.33024/jkpm.v5i9.7098>. 2023;1:9–16.
18. Kamaruddin MI, Wibowo W, Anto S. Efforts to Improve the Attitudes and Knowledge of Posyandu Cadres Regarding Balanced Nutrition for Toddlers Through Education. <https://doi.org/10.35816/abdimaspolksaka.v2i1.33>. 2022;54–8.
19. Muntafiah A, Arjadi F, Santosa Q. Upgrading Posyandu Cadres through Education and Training as an Effort to Revitalize Posyandu in Linggasari Banyumas Village Fostered by FK UNSOED. <https://doi.org/10.30653/jppm.v8i1.240>. 2023;8(1):105–13.
20. Sri Wulan, Supriadi EW. The influence of mobile posyandu activities on posyandu visits by mothers with toddlers in Sangkuriman Village, Paser Belengkong District. <https://doi.org/10.52299/jks.v14i2.142>. 2023;14(2):21–8.
21. Aisah nur ana et al. Capacity enhancement and mentoring of posyandu cadres in adaptation of new habits in an efforts to prevent stunting. <https://doi.org/10.31764/jmm.v7i3.14218>. 2023;7(3):1–6.
22. Sari NL. Posyandu Cadres Education for HIV / AIDS Prevention and Transmission to Increase Cadre Knowledge on Women ' s Reproductive Health. <https://doi.org/10.35877/454RI.mattawang1548>. 2023;4(1):1–5.
23. Alwi, Dewiyanti I. Effect of Education Based on Disease Prevention Module Acute Respirational Infection on The Level of Knowledge of Women in Posyandu Paccinongan Working Area of Tino Health. <https://doi.org/10.33023/jikep.v9i2.1581>.
24. Try D, Saragih L, Ridwan M, Rahayu V. Factors Affecting The Activeness of Posyandu Cadres in The Working Area of The Pondok Meja Health Center in 2022. <https://doi.org/10.55606/ijhs.v3i2.2637>. 2023;3(3):30–6.
25. Amini C, Ridwan M, Ningsih VR. Factors Associated With The Activeness Of Cadres In Posyandu Implementation During The Covid-19 Pandemic In The Working Area Of The Puskesmas Semurup. <https://doi.org/10.22437/jkmj.v6i1.17674>. 16(September 2023).
26. Sony Bernike et all. The Influence of Mentoring on the Knowledge and Skills of Posyandu Cadres in Early Detection. <https://doi.org/10.33024/jkpm.v6i2.8083>. 2021;15(3):283–7.
27. Setyaningrum AP, Firmansyah, M Mutalazimah M. The relationship between cadre knowledge about integrated health service post (Posyandu) and the activeness of toddler Posyandu cadres in the Kerkopan Community Health Center area. <https://doi.org/10.33084/jsm.v8i3.4510> Magelang City.
28. Yanti, Mulyadi SU. Knowledge, Funding Incentive, Facilities And Infrastructure With Participation Of Cadres. <https://doi.org/10.24815/jik.v3i2.5314>.
29. Didah. Cadre knowledge about the 5-table system at the integrated health post (Posyandu) in the Jatinangor Community Health Center working area, Sumedang Regency. <https://doi.org/10.24198/jkp.v4i4.424>. 2020;6(1):95–8.
30. Fatimah et all. The relationship between knowledge and posyandu cadre activeness in preparing health administration reports. <https://doi.org/10.33024/jkm.v9i2.8165>. 2023;14(7):82–96.
31. M. Ridwan OL. Empowerment Model Of Indigenous Community in Health Sector on Batin XXIV Sub-District Batanghari District. <https://doi.org/10.22437/jkmj.v2i2.6558>. 2018;2(2):97–103.
32. Rimbawati Y, Surahman A, Studi P, Keperawatan I, Kader U, Palembang B. The relationship between environmental sanitation and the incidence of diarrhea in toddlers.

- <https://doi:10.37287/picnhs.v2i2.934>. 2019;4:189–98.
33. Yunita J, Syahadat R. Health behavior & health promotion. 2024.
 34. Gasper IA V, Arna YD. Behavioral Health Science. <https://doi.org/10.1007/978-3-030-18435-3>. 2025.
 35. Khoirul Anwar et al. MOTHER’S LOVE (Education on Exclusive Breastfeeding and MP-ASI for Mothers) At Posyandu Kenanga, Cipadu Village, Larangan District, Tangerang City. <https://doi:10.33860/jpmsh.v3i1.1876>. 2023;3(1):1–7.
 36. Sururi A. Community Empowerment Through Rural Infrastructure Development Programs. <https://doi.org/10.30656/sawala.v3i2.229>. Naskah Artik J Sawala Vol 3 No 2. 2015;3–4.
 37. Rahayuningsih et al. The Relationship Between the Knowledge Level of Posyandu Cadres and the Activeness of Cadres in Posyandu Activities for Infants and Toddlers in Kebarongan Village, Kemranjen District. <https://doi.org/10.55173/nersmid.v6i1.149>. 2023;0231:87–95.
 38. Suurmond J, Kruithof K. Does mentoring improve the health of people in the community ? A realist evaluation. <https://doi: 10.1177/14680173221144411>. 2023;
 39. Salim S. Effective Mentoring : A Guide for Mentors and Mentees. https://doi.org/10.1007/978-3-030-59335-3_43. :351–8.
 40. Garvey B, Stokes P, Megginson D. Coaching and Mentoring - Theory and Practice. 2020;