

Factors Effecting Cadre's Efficacy in Improving Acceptability in Contraceptive Service in Surabaya Municipality

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Abstract- The purpose of this study was to identify the factors contribute to ability cadres accepted family planning in Low Parity Young Fertile Married Couple (LP YFMC). The design of this study was quantitative study with *crosssectional* approach. This study was conducted at subdistricts Tambaksari and Semampir, Surabaya. The unit of analysis was family planning cadres. Sample size was calculated proportionally and complying the sample size requirement, which was 60 samples. Research result shows that Cadre's duration of participation, and width of area under supervision have a significant influence on her/his efficacy in empowering acceptability of contraceptive and the use of services. Cadre's knowledge on human resources development framework does not significantly influence Cadres's attitude on her/his efficacy in acceptability of contraceptive and empowering the use of services. However, the compiled Cadre's comprehension, individual potential and intention significantly influence Cadre's aptitude in social mobilization. The variable of need, social support, and equipment does not have an influence on Cadre's aptitude in social mobilization. This research has an implication on Cadre's capacity building by National Population and Family Planning Board (NPFPPB), that can be applied as a basis for improving the access of information and services, in the effort of increasing contraceptive prevalence and fertility reduction.

Index Terms— Factors, FP Cadre, Service Acceptability.

I. INTRODUCTION

Decentralization in public administration starting in 2000, have been effecting population and family planning program I such away that the implementation of the program has not been receiving a priority as a part of national development program in Indonesia. This inturn, resulted in the increase of population growth rate.. As stated by Coordinator Minister of People's Welfare on January 2011, current high rate population growth, is in fact the effete of the problem in family planning program implementation occurring in the last ten years. One of the problems among others are : change of service at field operational kevel after decentralization, change of relationship pattern between local dan central administration; far decreasing number of Field Workers; and the variation of family planning organization at District and Municipality levels. This condition has made the access and quality of family planning / reproductive health service worsened, disadvantaging especially the poor. Total population tends to increase and human resource quality stagnanates..

1. The success of family planning/reproductive health program in the past could not be separated from the work of Family Planning Field Worker (FPFW) and village-level NGOs, specially family planning Cadres.. The FPFW is not clinic worker. They are family planning promotion worker who encourage the awareness and motivation for family planning practice.. Manual for family planning Cadre stipulates that Cadre;s tasks are individual IEC at Posyandu (Integrated Post), and group IEC at village level. (BKKBN, 2008).
2. Technically, those tasks focus on information transfer or IEC on the importance of family planning /reproductive health on health, economic and social aspects Information provided by Cadres as members of immediate community will strongly urge health-seeking behavior of the intended audience. .

Family planning Cadre's comprehension on contraceptive methods, service access , insertion technique, side-effects and their management is critical since they are the cognitive basis of Cadre's Task and Fuction in IEC and community mobilization (BKKBN, 2001). The role of Cadre as an entry point to the grass-root has been receiving less attention nowadays, especially after the decentralization in public administration.. (BKKBN, 2009). This has an impact on decreasing IEC activities, that in turn increasing the number of family planning unmet need and tendency in increasing fertility.

Human resources capacity building in communication skill needs a self awareness in behavioral result. (Fishbein&Ajzen,1995) atau *behavior change communication* (BCC), (USAID, 2006). Understanding on human resources development system in which self development is a sub-system, is as well important. (WHOdanUSAID,2005). This research's objenctive is to identify Cadre's efficacy (knowledge and attitude) on contradeptive service based on *Behavior Change Communication, Human Action Framework*, and individual potentials..

II. METHOD

The research design used here is *crosssectional study*. Locus : Sawahan and Semampir Sub Districtst dan Semampir, Surabaya Municipality. Time : December 2012 to May 2013.

Purposive Sampling is used in areas where the population density is high with high *unmetneed* under provincial average; with 60 respondents.

Primary data are collected by interviews with respondents ie. Family planning Kadesr. The interviews is carried out with the use of structured questionnaire. Variables measured are aage, education, and training workshop. Task area characteristics include duration of task, number of supervision areas. Other important variables include level of cognition based on *Behavior Change Communication* (BCC) and *Human Action Framework* (HAF); and attitude toward Cadre's efficacy in mobilization of young married couples at contraceptive service points based on individual potentials.

III. RESULT

Surabaya has an area of 374,36 km² wide, with 163 urban vaillages and 163 village Cadres. Sawahan Sub District has an area of 763,75 Ha, with 6 urban villages. Where as Semampir Sub District has an area of 868,843 Ha, with 6 urban villages.

TABLE I. F.P. CADRE CHARACTERISTICS

Characteristic	3. Total	
	n	(%)
4. Age		
a. 15 – 24 yr	0	0,0
b. 25 – 34 yr	2	3,3
c. 35 – 44 yr	13	21,7
d. ≥ 45 yr	45	75,0
5. Education		
a. Finished Elementary	2	3,3
b. Finishe Junior/Senior High	55	91,7
c. Undergrad./ Grad	3	5,0
6. Occupation		
a. Working	15	25,0
b. Not working	45	75,0
7. Training workshop		
a. Attended	9	15,0
b. Never attended	51	85,0

Table 1 shows, that 75% F.P. Cadres ages ≥ 45 th; 91,7 % finished junior/high school; 75% Not working; 65% have 2-3 children; 48 % do not praktice family planning; and 85% never attended training workshop on F.P. Almost halve of the respondents are in old ages, the majority are noet working and have not attended training workshop.

1. Family Planning Cadre Characteristics

Instruction of the Internal Affairs Minister Nr. 9 - 1990 defines Cadre as those who posseess ability to work pn voluntary basis for development efforts in her/his locality, with a pioneering spirit,; innovator and developemt mobilize at village level; and is under supervision of a governmental or societal institution. Further, a Cadre must meet several criteria : based on her/his capacity is assigned to take a role in Possyandu activities and supervision; and has attended a training workshop on family planning and health (Depkes RI, 1993).

Based on those reference on definition, and criteria, the survey results are presented as follows : .

2. Experience as F.P. Cadre and Area Under Supervision

The longer the experience as Cadre, the higher the ability in commancing the target audience situation. According to Cadre identification, duration of task, and number of reproductive couples under her/his supervision are shown on table 2 below :

TABLE II. F.P. CADRE'S EXPERIENCE AND AREA UNDER SUPERVISION , 2013.

Characteristic	8. Total	
	N = 60	%
1. Duration of task		
a. < 1 yr	6	10,0
b. 1 – 5 yr	24	40,0
c. 6 – 10 yr	13	21,7
d. > 10 yr	17	28,3
2. Number of areas under supervision		
a. 1 – 4 supervision areas	14	23,3
b. 5 – 9 supervision areas	33	55,0

c. > 10 supervision areas	13	21,7
3. Number of Reproductive Married Couples in the supervision areas		
a. < 100 reproductive married couples	21	35,0
b. 100 – 500 reproductive married couples	28	46,7
c. > 500 reproductive married couples	11	18,3

Table 2 shows that 40% respondents has been experiencing 1-5 years as F.P. Cadre; 55% possessing 5-9 areas under

supervision; and 46,7% has 100-500 reproductive married couples.

TABLE III. THE EFFECT OF AREA UNDER SUPERVISION ON ABILITY IN MOBILIZING ACCEPTABILITY OF INTENDED AUDIENCE TO CONTRACEPTIVE SERVICE, 2013

Independent Variable	Ability Kemampuan in Mobilizing acceptability of IA to Contraceptive Service	P
Duration of task		0,000
Number of areas under supervision		0,001
Number of repr. married couples		0,998

Table 3 shows that Cadre’s duration of task significantly influences ($p < 0,05$) Cadre ability in mobilizing acceptability of IA to contraceptive service. Number of areas under supervision has a significant effect ($p < 0,05$) on ability in mobilizing acceptability of IA to contraceptive service. Where as number of reproductive married couples in the areas has no significant effect ($p > 0,05$) on ability in mobilizing acceptability of IA to contraceptive service.

2. Cadre’s Comprehension on Human Resources Framework

a. Comprehension on vision/mission (policy)

Cadre understanding on human resources framework based on measurement of her/his awareness on vision/mission (policy) of the F.P. program shows that 91,7% aware of long-term objective of F.P. program; 68,3% know how to get a success in F.P. program; 55% keep abreast on the latest development of population problems; i.e. increasing average number of children per married couple. This comprehension is in accordance to IDHS SDKI 2007 that average number of children was 2 children/perwomen, that is now under IDHS 2012 is increasing again IDHS 2012, TFR: 2,3) and 81,7% Cadres know that increasing population size will result in population explotion.

b. Cadre’s Comprehension on Leadership

Cadre’s comprehension on leadership is “fair” showing. 93,3 % of them understand their role as motivator, i.e. to encourage reproductive couples to practice family planning. 75% aware their role as fasilitator, i.e. mediating, facilitating and explaining contraceptive method; 96,7% know their role as coordinator, i.e. family planning program fore front who is willing to accompany the would-be acceptor to service point; 91,7% comprehend their role as dynamizator, i.e. family planning program motor working in relation with raising age at first marriage program, birth spacing, and supervision on welfare family program; and 95% understand their role as model behavior, i.e. demonstrating exemplary behavior in deciding the number of children they want, and chosing family planning method.

c. Cadre’s comprehension on partnership

Partnership is one form of individual or group interactions to achieve a common goal. Cadre’s comprehension on coopting partner for program development is discussed as follows :

The majority of Cadres comprehend how to cooperate with FPFW in F.P. program implementation (93%). This also means that the relation between FPFW and Cadre is quite closed, especially in the special event mobilization campaign. Cooperation with midwife as referral and service point is commanded by 73,3% Cadres, technically, however, many do not know the cost of contraceptive service. 78,3% Cadres have figured out how to cooperate with village/sub district head in the F.P. program activities, Cadres know as well how to cooperate with religious leaders for F.P. activities 58,3%, normally in the insertion of family planning IEC in their preaching or Quran reading meeting. Sadly however, this research reveals that in fact, 55% family planning Cadres do not know how to cooperate with informal leaders. Informal / village institutional leaders may have a power and ability to facilitate Cadres’ activities. Such institution of this kind could be Village Consultative Board, and Village-level Development Planning Workshop. 70% Cadres do not know how to cooperate with Community Empowerment Post in the implementation of family planning program. Community Empowerment Post is a kind of self-help forum to empower the function of family in an effort to eradicate poverty.

In cooperating with health facilities, 75% Cadres perceive that they comprehend how to work with Health Center for family planning service. Cadres’ cooperation with hospital, however, is not as good. This fact is understandable since Cadre’s task is arranging and preparing the would-be acceptors at place to get tubectomized / vasectomized. In this case, the percentage is 61,7%.

d. Cadres’ Comprehension on learning and education

IEC efforts is in fact, a reflection of knowledge and learning of Cadre. Cadres’ comprehension on the importance of efficacy in the learning and education process supports Cadre’s task in mobilizing married woman of reproductive age to practice family planning.

70% of respondent Cadres are not convinced that their IEC efforts on contraceptive use will change the would-be

acceptors' behavior in family planning practice. Sadly it is that IEC efforts and family planning practice is the key component of Cadre's task as the program fore-front. On the knowledge of contraceptive methods, 51,7% Cadres stated their ignorance on the advantage of tubectomy / vasectomy. Further on, 68,3% Cadres stated that they have not known the side-effects of tubectomy / vasectomy. 60% stated that they understand the advantage of IUD, and only 50% expressed that they know the IUD's side-effects. Despite of the fact that implant is preferable by most couples over other methods, 61,7% Cadres expressed that they do not understand the advantage of implant, and 55% stated that they do not know the side-effects of implant.

e. Cadres' Comprehension on the cost of family planning service

65% respondent Cadres stated that cost of family planning service is covered by related government institution. Family planning service in special event mobilization campaign is considered by Cadre as a system that supports them the most. 60% expressed that they have been attempting to get financial support for family planning service, and 63,3% stated that they aware of the constrain in obtaining financial cost for family planning service.

Most of the Cadres do not know the cost of each contraceptive method, as the following data : tubectomy (66,7%), vasectomy (63,3%). This sad thing is understandable since Cadre often acted as the would-be acceptor's escort, while the service at special moment mobilization campaign is controlled by BKKBN.

So is the case in the operational cost. Cadres' comprehension on field activities operational cost is as well poor. **76,7% stated that they do not know how much is the operational cost** allocated for family planning Cadres meeting and 46 respondents (76,7%) stated that they do not know how much operational cost is for referring acceptor to the service.

f. Cadres' comprehension on Human Resources Managemet System

Cadres' comprehension on how operational system works can be described as follows:

In the case of recruiting new acceptors, 65% Cadres expressed that they participate in the planning of reproductive married couples enumeration and 60% stated that the data obtained in the activity is then put into a map of young reproductive married couples.

In the case of intended audience, most of the respondents expressed that they know personally those who would be mobilized for family planning service. 56,7% know all the current users, and non-users 81,7%, since pregnant women is not a priority to mobilize in family planning, only 58.3% of them know, they have knowledge on new delivery / spontaneous abortion comprised a little bit higher of 76,7%, since they perceived that the case is already taken care of by midwife.

In case if double functions, 86,7% expressed that they wanted to act as Cadre of other sector beside family planning Cadre, such as Early Education Program Cadre, Posyandu Cadre, etc. Beside, in case of poverty eradication, most of them (85%) stated that self-help forum approaching from the function of family has not yet functioned as expected to eradicate poverty, 55% Cadres stated that they have not yet commanded reproductive married couples report format, that is less then half Cadres know thoroughly the format, 53,3%

Cadres stated that they used they own recording book of any kind them selves, 58,3% stated that bringing recording book of any kind is important in each activity, 50%) how ever stated that, in many cases, leaving such book is just a case of forgetting, (90%) stated that every couple who has obtained family planning service must be reported, and 51,7% know how to make a follow-up visit for sustaining acceptance. Although most of them know well that those who has obtained family planning service must be reported, when shown the format of so-doing, most of them stated that they have not yet understood the format.

3. Individual potential of family planning Cadre

Cadres's individual potential is discussed below :

Survey showed that most of the Cadres have self confidence when performing the tasks : 83,3% expressed that they are confident when giving alternative choice of contraceptive methods, 80% stated they are confident in trusting clients to decide, 75% stated that they are confident in helping clients to decide, 66,7% expressed that they are confident in problem identification and seeking the solution, and 76,7% stated that they have confidence in helping clients to consider the consequences of every choice. In in-depth interviews, however, the confidence is yet under optimal, and this could not assure the ability to mobilize couples as many as possible.

4. The Effect of Cadres' Comprehension on Human Resources development system on the Attitude toward Couples Mobilization Acceptability at Service points

TABLE IV. THE EFFECT OF CADRES' COMPREHENSION ON HUMAN RESOURCES DEVELOPMENT SYSTEM ON THE ATTITUDE TOWARD COUPLES MOBILIZATION ACCEPTABILITY AT SERVICE POINTS, 2013

Independent Variable	Attitude on mobilization to service points
	P
Cadres' comprehension on Vision and/Mission (Policy)	0.330
Cadres' comprehension on Leadership	0.092
Cadres' comprehension on Partnership	0.298
Cadres' comprehension on Learning and Training	0.168
Cadres' comprehension on cost and funding	0.316
Cadres' comprehension on HR Management System	0.316

Tabel 4 shows that Cadres' comprehension on HR development system including understanding vision and mission, leadership, partnership, learning and training, cost and funding, and HR management system do not significantly affect the attitude toward couples mobilization acceptability (p>0,05) at service points.

Cadres' Need for Communication Efficacy for Reproductive Couples' Behavior Change

Communication efficacy for behavioral change is a comprehensive communication system. This system is an operationalization of three *essential* components; among others are advocacy, IEC and social mobilization, availability family planning/reproductive health of supply. Cadres are demanded not only rendering IEC but have to possessed ability to make services accessible by commanding a variety of communication and mobilization skills.

In reality, the the majority of needs are not yet well achieved. 81,7% Kadrers stated that they need training workshop of managerial skill, 75% expressed need more information on contraceptive methods, 85% wanted a training workshop on communication in mobilizing young reproductive married couples, 81,7 need manual on family planning Cadre operational system, 76,7% need new information on population and family planning program, 76,7% express the need for financial reward for their work and time spent, 81,7% wanted support and cooperation with village administrator for family planning activities, 78,3% need PPFW co-work, 75% wanted to cooperate with and support from Empowerment Post Cadres, 80% express their need in health insurance for them, 65% need a place to gather a meeting with each other, 70% wanted the clarity of their task and function, 75% expressed the need for accessibility of information, 80% menyatakan mereka membutuhkan kemudahan system rujukan ke Rumah Sakit, 83,3% need IEC media and equipments to mobilize young reproductive couples, 85% menyatakan mereka membutuhkan SK untuk melakukan tugas sebagai Cadre KB, 83,3% need uniform in performing the activities, 76,7% wanted informal leaders support to mobilize the intended audience, and 51,7% they need reward in any form to honor their work as Cadre.

5. Cadres' Intention in Family Planning and Health Promotion

Cadres' *Intention* KB in promoting family planning and health is very critical for Cadre to mobilize new acceptor in hes/his locality.

Most of the Cadres have intention to mobilize new acceptors as many as possible. 93,3% of Cadres expressed that they have intention to keep motivating non-users couples to practice family planning, 90% stated that they have intention to approach reproductive couples, 80% expressed that they have intention to support intended couples financially, 90% express their intention to convey the latest information, 76,7% stated

TABLE V. MOBILIZATION BY F.P. CADRE IN SURABAYA, 2013

Cadres' ability to mobilize couples' acceptability	N	(%)
Low	31	51,7
Fair	29	48,3
Total	60	100

Table 5. showed that Cadres' efficacy in mobilizing acceptability of intended audience falled mostly 51,7% to "Low", where as the rest 48,3% falled into "Fair". Hence, the tangible activities showed an under maksimum performance, or no "Good" category.

7. The Effect of Comprehension, Individual Potential, Need, Intention, Social Support, Equipment Support on Cadres' Efficacy in Mobilization

the intention to make and hold a record on acceptors, and 66,7% have intention to gather and record information on new acceptors who were just served.

5. Social Support on the existance of Cadre

The existance of family planning Cadre at her/his area of supervision need to be support. 83,3% Cadre need a meeting / consultative forum to solve current population and family planning problems. **91,7% critically need training workshop to comprehend Cadres task and function, and 95 % need support in equipments.**

In case of legal basis, research showed that 33,3% informed to have a Job Assignment Letter as family planning Cadre, while the others do not perceive of having any job assignment letter. According fo PPFW, however, honorarium is only allocated for those who possess a Job Assignment Letter. In many cases, Cadres do not aware of the absence of Job Assignment Letter. On the case of counseling equipment, most of the respondents stated that they do not possess family planning counseling equipment : Flip chart (66,7%), IEC Kit (91,7%), Poster (88,3%), and Manual (80%) expressed the absence of such equipments. On monthly-basis honorarium, 96,7% stated that they have been receiving regularly the honorarium. In case of support for refering acceptors to the service, , (71,7%) and (80%) stated that obtained support form head of village and Surabaya Municipality Community Development and F.P. Board respectively, where as only (36,7%) expressed that they once got a kind of support from head of ub district, (66,7%) do not perceive the existance of religious hindrance.

6. Cadres's Efficacy in Social Mobilization

To study social mobilization, this research use variables that are assumed to measure Cadres' ability in mobilizing intended couples. The efficacy includes ability to be active in conveying family planning information regularly to intended audience at her/his locality, to do individual or group counseling, to make visit to would-be acceptors for obtaining service, to make post-service visit to the acceptors who just obtained family planning service. The composite Cadres' ability is shown on table 5 as follows :

TABLE VI. THE EFFECT OF COMPREHENSION, INDIVIDUAL POTENTIAL, NEED, INTENTION, SOCIAL SUPPORT, EQUIPMENT SUPPORT ON CADRES' EFFICACY IN MOBILIZATION 2013

Variable	P value
Comprehension	0,000
Individual Potential	0,004
Need	0,963
Intention	0,041
Socail support	0,590

Equipment support	0,862
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Table 6, showed the result of test on each component variable. Comprehension, individual potential, and intention variables have a significant effect ($p < 0,05$) on Cadres' efficacy in mobilization. Where as other variables do not have effect ($p > 0,05$) on Cadres' efficacy in mobilization

IV. DISCUSSION

1. F.P. Cadre Characteristics

Most respondent's age is ≥ 45 years. According to Huclock (1998), the older the age, the matured and the stronger an individual personality in reasoning for work setting.

At age older than 45 years, Cadre will have a ideal level of maturity, more matured in reasoning will enable Cadre to face challenges dalam in the society, such as objection of the would-be acceptors, and at this matured age, Cadre have already possessed more life experience, that enable her/him to motivate the would-be acceptors.

In case of education, most of the respondents graduated Junior/High School. WHO stated that (1995), no specific education qualification for Cadre. Education is one of the factors that forms one's knowledge and perception on the meaning and value of some things. One with higher education level will have a broad view in accepting new idea. Education will have an effect on Cadres' efficacy in contraceptive service, especially in conveying information to family planning would-be acceptors. Health Cadres should have a educational background high enough not only to grasp the skill in solving administration and reporting problems, but to be able to negotiate as well with the advocators, so as to obtain a favorable field operational condition.

Responden current occupational situation for Cadres are mostly not working. Soegianto (2005) in Wulandari (2011) stated that a Cadre will be overwhelmed with the job, that makes her/him forget her/his other responsibility. In the case of Cadre, not working will make her/hir focus on social activities.

Cadres who do not hold a main occupational job beside being a Cadre, will have more spare time to do social activities. Those who hold a main occupational jog, however, will be able to do social activities if they have a good time management with out hindering Cadres' job and function.

2. Characteristics of Area under supervision

In both sub districts, most of the Cadres possessed Cadre role just for the last 1-5 years, and the rest are in > 10 years Cadre experience, with number of areas under supervision of 5-9 areas, and number of reproductive married couples of 100-500.

According to Republic of Indoneisa DOH, (1996) to be a health Cadre, they should minimally be literate and command bahasa Indonesia, physically able to work as Cadre, possessing her/his own earning and stay at the village they work for as Cadre, be active in social and development activities at her/his village, being known personally by the community and able to cooperate with the community and other Kadees, and in some way charismatic, willing to work and supervise at least 10 households (families) to improve healthy environment status, possessing some skills is preferable.

In both sub districts on the average, an area under supervision have more than 10 households. In this research, each area under supervision covers more than 30 households. When it is put under a ratio of household to number of areas under supervision, the figure falls into 1 to $\pm 150-270$ households. But viewed from the duration of being a Cadre of 10 years, and the length of staying in the locality, the Cadres surely well suited to her/his social environment.

3. The Effect of Area Under Supervision Characteristics on Cadres' Efficacy in Mobilizing Acceptability at Contraceptive Service

Area under supervision Characteristics include duration of task, number of areas under supervision, and number of reproductive married couples at her/his area under supervision. A too high work load will result in stress, and in turn it will decrease efficiency, working accidents, hampering health, and other unexpected impacts. Stress can also worsen work standard and making it under optimal (Smet, 1994).

Too many areas under supervision will create problems in mobilizing the would-be acceptors. A too wide and too remote areas under supervision, will worsen the efficiency of time and energy. This in turn will result in unaccomplished improvement in acceptability of would-be acceptors. Since having more intended audience with in the same working time, will put Cadres into an unmanageable time situation.

This research showed that duration of task and number of areas under supervision significantly ($p < 0,05$) affect Cadres' efficacy in mobilizing acceptability at contraceptive service. Where as number of reproductive married couples in the area under supervision do not have significant ($p > 0,05$) effect on Cadres' efficacy in mobilizing acceptability at contraceptive service.

This may be the result of the fact that too high number of reproductive married couples could hamper mobilization of the program. Cadre with high number of reproductive married couples will have too heavy work load, so chaces are that there are couples left untouched, especially those young couples who has just undergone a delivery and are ignorance of contraceptive and reproductive health information.

4. The Effect of Cadres' Comprehension on HR Development System on the Attitude toward Mobilizing Acceptability at Contraceptive Service

High level of knowledge and comprehension decide a wider scope of view that enable Cadre to convey information to affect decision making in practicing family planning. (Fienalia, 2012).

Human Resources development system is intended to integrate human capacity, Cadre, in this case, to comprehend an effective and sustainable program management and mobilization. The Efektiveness of HR development system could be monitored by how much her/his contribution to family planning program at Cadre level. HR development system which is known as *Human Action Framework* (HAF) is a comprehensive approach to deal with human resource shortage, uneven human resources distribution, lack of skill and competence, low retention and motivation, and challenges.

HR development system is divided into six components; i.e. program vision and mission, leadership, partnership,

education and learning, cost and funding, and HR management system.

This research showed that Cadres' efficacy on HR development system including meliputi comprehension to program vision and mission, leadership, partnership, education and learning, cost and funding, and HR management system do not have a significant effect on the attitude toward mobilizing acceptability at contraceptive program vision and mission, leadership, partnership, education and learning, cost and funding, and HR management system service do not have a significant ($p > 0,05$) effect on the attitude toward acceptability at contraceptive service.

This demonstrated that Cadres' attitude in mobilizing acceptability at contraceptive service is not effected by her/his comprehension on HR development system. According to Gagne & Briggs (1974) in Yuniar (2011), attitude is an internal state that affects individual choices and action on an object, people or certain event. Attitude is a cognitive, affective tendency, and behavior learnt to respond positively or negatively toward an object, situation, institution, concept or some one (Aiken, 2002 in Yuniar 2011). Based on the *theory of planned behavior*, attitude toward behavior is determined by belief on the consequences of behavior, which is called *behavioral belief*. Setiap *behavioral belief* relates behavior to certain consequence of the behavior. In other words, Cadres.s attitude is influence more by her/his belief on the consequences of behavior.

5. The Effect of Comprehension, Individual Potential, Need, Intention, Social Support, Equipment Support on Cadre Efficacy in Mobilization

Result of data analysis showed that interactions between variable comprehension, individual potential, and intention have a significant ($p < 0,05$) effect on Cadres' efficacy in mobilization. Where as other variables, i.e. need, social support, and equipment support do not have a significant ($p > 0,05$) effect on Cadre efficacy in mobilization.

The result showed that the higher the comprehension, individual potential, and intention, the higher her/his ability in mobilization at contraceptive service. This finding is in accordance with BKKBN's opinion (2001) stating that Cadre comprehension on contraception, service access, health issues related with side-effects and its management of IUD insertion is critical since they are closely related to Cadre's task and function in carrying out IEC and since Cadre as a motor of community mobilization.

According to theory of reason action / planned behavior (TRA), intention is a cognitive representation of one's readiness to behave. The intention can be used as an indicator to one's behavior / action (Ajzen, 2006). In other words, intention influence Cadre efficacy in mobilizing the community to practice family planning.

V. CONCLUSION AND RECOMENDATION

Following is the conclusion on result, analysis, and the discussion. The conclusion, thus, are as follows : a) Most of the Cadres are older than 45 year old, graduated from junior / high school, and not working. Most of the Cadre occupy the task during the last 1-5 years, and most hold the post for >10 years with the highest 5 – 9 number of areas under supervision,

and number of reproductive married couples as intended audience of 100-500 for the highest. Duration of carrying out task and number of areas under supervision have a significant ($p < 0,05$) effect on Cadres' efficacy in mobilizing acceptability at contraceptive service. Where as number of reproductive couples in the area of supervision do not influence significantly ($p > 0,05$) on the Cadres' efficacy in mobilizing acceptability at contraceptive service.

Cadre comprehension on HR development system including comprehension on program vision mission, leadership, partnership, learning and training workshop, cost and financing, and HR management system do not significantly ($p > 0,05$) influence on the attitude toward mobilizing acceptability in contraceptive service.

The variable on comprehension, individual potential, and intention have a significant ($p < 0,05$) effect on Cadres' efficacy in mobilization. Where as other variables, i.e. need, social support, and equipment support do not have a significant ($p > 0,05$) effect on Cadres' efficacy in mobilization.

Research result showed that to comprehend Cadre efficacy in mobilizing young reproductive married couples, it is recommended : *First*, In an effort to improve Cadre's knowledge, attitude and skill, an more technical training workshop / orientation workshop is needed especially on conveying a quality IEC in bringing reproductive married couples to practice family planning. The training workshop in this discussion is Training Workshop on Behavior Change Communication for F.P. Cadre. *Secondly*, facilitating Cadres' forum as a communication among Cadres to improve knowledge and skill including administration / management. *Thirdly*, providing IEC equipments needed to improve knowledge and enabling task implementation.

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