



## Understanding the Lived Experiences of Community Health Cadres

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### ABSTRACT

Health education represents a fundamental component of public health, particularly in empowering communities through preventive care and health literacy. Within this field, the lived experiences of community health cadres have emerged as a crucial yet underexplored dimension of effective program implementation. Despite numerous community-based interventions, little is known about how cadres construct meaning from their roles and navigate cultural or emotional challenges while delivering nutrition education in rural contexts. This study responds to that gap by providing a concise overview of its background, methodological approach, and core findings. This study addresses that gap by exploring the essence of cadres' experiences through an Interpretative Phenomenological Analysis (IPA) approach, aiming to understand how they perceive, interpret, and internalize their responsibilities. Data were collected through in-depth, semi-structured interviews with twelve active cadres and analyzed to identify themes reflecting motivation, emotional struggle, cultural adaptation, and empowerment. The results reveal that cadres' engagement is sustained by moral commitment, empathy, and community trust, which shape their understanding of health education as a moral and social act rather than a technical task. These findings advance existing literature by highlighting the emotional and cultural foundations of health promotion and by reframing community health education as a process of shared meaning-making. The study contributes practical implications for developing training and policy models that support the emotional and ethical dimensions of community health work, offering valuable insights for future research in culturally grounded and human-centered public health education.



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## INTRODUCTION

Health education has long been recognized as a cornerstone of public health, shaping individuals' awareness, attitudes, and behaviors toward healthier lifestyles (Mukhlis, Suradi, et al., 2023; Mukhlis, 2025b). Within community-based health systems, community health cadres play a pivotal role in translating complex health information into culturally meaningful and accessible practices. In rural settings, where access to formal healthcare remains limited, these cadres often act as intermediaries between the health system and the population, fostering health literacy and encouraging preventive behaviors (Umar & Musa, 2020). Nutrition education, in particular, constitutes one of the most significant areas of community health promotion, aiming to reduce malnutrition, improve dietary habits, and support sustainable well-being among vulnerable populations. To date, however, scholarship has paid less attention to the experiential dimensions of this work, despite their importance in shaping program sustainability.

The phenomenon of community-based health education is not solely technical but deeply embedded in social and cultural dynamics (Singh & Meeks, 2023). The experiences of cadres how they perceive, interpret, and perform their roles reflect broader themes of empowerment, social trust, and moral responsibility within their communities (Cohen et al., 2025). Prior studies have emphasized the measurable outcomes of such programs, including improvements in knowledge or behavioral

changes among target groups. However, less attention has been devoted to understanding the subjective experiences of those implementing these programs the emotional, ethical, and interpersonal dimensions that shape how health education is delivered and sustained in community contexts. These lived experiences often determine the success or failure of interventions, especially in settings influenced by traditional beliefs, limited infrastructure, and complex social hierarchies.

In this context, exploring the phenomenon through a phenomenological lens becomes essential. Phenomenology seeks to uncover the meaning of lived experiences as they are perceived by individuals within their natural environments (Caloudas et al., 2025). Rather than quantifying outcomes, it focuses on how people construct understanding, cope with challenges, and find purpose in their everyday engagement with the world. Applying this approach to community health cadres enables a deeper appreciation of their motivations, struggles, and adaptive strategies as they navigate between professional expectations and community realities (Hassen & Lelisho, 2022). Such exploration provides not only empirical insights but also ethical and cultural understanding fundamental for designing more context-sensitive and sustainable health education initiatives.

In recent years, scholarly attention toward the lived experiences of individuals engaged in community health work has grown substantially, reflecting a shift from purely outcome-driven evaluation to a deeper exploration of subjective meaning (Heidari et al., 2024). This transformation acknowledges that community-based health interventions, particularly those focusing on nutrition education, cannot be fully understood without examining the experiential realities of the people who implement them (Demutska & Kiropoulos, 2021). Studies in this domain have revealed that health cadres' personal values, emotional engagement, and social interactions critically shape the success of educational programs. However, much of the existing research remains confined to descriptive or survey-based approaches that emphasize behavioral outcomes rather than the inner dimensions of human experience that influence them.

Despite this growing recognition, methodological challenges persist in capturing the depth and complexity of human experience (Purnomo et al., 2025). Quantitative studies, while valuable for measuring behavioral indicators or knowledge gains, often fail to reveal how cadres interpret their roles, confront barriers, and construct meaning in their everyday practice. Even qualitative studies sometimes remain limited by surface-level descriptions, neglecting the interpretive processes that underlie participants' perceptions and motivations (Husin, 2025). This methodological gap restricts understanding of the phenomenon's emotional and existential aspects elements that are central to comprehending how individuals embody and sustain their roles in community health initiatives.

Consequently, prior research has not adequately illuminated the essence of the lived experience of community health cadres, especially in rural settings where sociocultural values, moral obligations, and community norms intersect with health education practices (Igra et al., 2021). The predominance of outcome-oriented paradigms has resulted in an incomplete portrayal of how cadres internalize their responsibilities, negotiate challenges, and derive meaning from their engagement. Addressing this gap requires a phenomenological approach capable of interpreting not only what cadres do, but how and why they experience their work as they do thereby uncovering the underlying structures of meaning that define their lived reality.

Although numerous community-based nutrition education programs have been implemented across developing regions, most existing research continues to rely on practical and outcome-oriented frameworks such as behavior change models, knowledge assessments, and program evaluation metrics to understand their impact (Lizarraga et al., 2025). These approaches have been instrumental in measuring the tangible results of interventions but often fall short of capturing the lived realities of those who enact them (Mukhlis, Arifin, Ridwan, & Zulbaidah, 2025; Mukhlis, Arifin, Ridwan, Zulbaidah, et al., 2025). In particular, community health cadres the key facilitators of health education remain underrepresented as subjects of experiential inquiry. Their personal meanings, emotional labor, and interpretive engagement with their work are rarely explored, leaving a conceptual void in understanding how these individuals sustain motivation and resilience within challenging social environments.

The prevailing focus on quantitative or descriptive methodologies has resulted in an incomplete understanding of the phenomenon. Surveys and performance evaluations, while providing measurable indicators of program success, do not account for the interpretive and emotional processes that influence cadres' effectiveness (Caballero et al., 2020). Consequently, such studies overlook the contextual nuances such as cultural resistance, community expectations, or internal value systems that fundamentally shape how cadres deliver and internalize health messages. The absence of this perspective limits the depth and richness of insights into how health education truly operates as a social and moral practice within communities.

To address this limitation, there is a pressing need for a phenomenological approach that delves into the essence of cadres' lived experiences (Dalir et al., 2020). By focusing on the subjective dimensions of their engagement how they perceive their roles, navigate obstacles, and derive meaning from their interactions phenomenology offers a path toward a more holistic and human-centered understanding of community health education (Ahlstrand et al., 2024). This approach moves beyond outcomes to illuminate the essence of being a community health educator: the emotional, cognitive, and ethical processes that underpin sustainable health promotion at the grassroots level.

Previous studies on community-based health education have emphasized the crucial role of health cadres as facilitators of change, yet their lived experiences and interpretive processes remain insufficiently examined. Research in this field often highlights measurable outcomes such as improved knowledge, behavior, or participation without fully exploring the subjective dimensions that underlie these results (Badawy et al., 2021). Several scholars have suggested that understanding the human experience behind such programs requires methodological sensitivity to meaning, emotion, and context. Theoretical foundations from interpretative phenomenology provide a lens through which the dynamic relationship between the individual and the community can be understood. This body of work establishes a foundation for viewing health education as both a technical and existential practice.

Building upon this perspective, the present study employs Interpretative Phenomenological Analysis (IPA) to explore how community health cadres experience, interpret, and internalize their roles in promoting nutrition education in rural contexts (Miyawaki et al., 2025). This approach is particularly suited to addressing the knowledge gap identified earlier by illuminating the emotional, ethical, and social meanings embedded in their daily work. Through this lens, the study seeks to answer how cadres construct personal significance from their responsibilities, navigate cultural and structural barriers, and sustain their commitment within community systems. Phenomenology thus serves as both the philosophical and methodological framework for uncovering the essence of these lived experiences.

This article is organized as follows: the introduction outlines the conceptual and empirical background of the study, situating it within the broader discourse of community health education. The method section details the interpretative phenomenological framework, participant selection, and data collection and analysis procedures (Mukhlis et al., 2024; Mukhlis, Maryam, et al., 2023). The results present emergent themes derived from the narratives of the participants, capturing their subjective meanings and contextual realities. The discussion interprets these findings in relation to existing literature, emphasizing theoretical and practical implications. Finally, the conclusion synthesizes the essential meanings revealed through the study and offers insights for advancing culturally grounded and experience-based health education practices.

## **RESEARCH METHODS**

### **Study Design**

The study adopted an interpretative phenomenological approach to explore the lived experiences of community health cadres engaged in delivering nutrition education programs in rural settings (Lutz & Knox, 2014; McNabb, 2015). Phenomenology was deemed appropriate as it focuses on understanding the meanings individuals assign to their lived experiences, emphasizing subjective interpretation rather than objective measurement. The interpretative variant, grounded in

Heidegger's philosophy, allowed a deeper exploration of how cadres perceive, internalize, and make sense of their roles within complex social and cultural contexts. This design provided the flexibility to uncover emotional, moral, and contextual nuances inherent in their daily practice as community educators, offering insights unattainable through quantitative or descriptive qualitative methods. In line with the epistemological assumptions of Interpretative Phenomenological Analysis (IPA), the study prioritized depth and idiographic understanding over breadth, focusing on rich, detailed accounts from a relatively small but information-rich group of participants.

### **Participants**

Participants consisted of active community health cadres who had been involved in implementing rural nutrition education programs for at least one year (Hillman & Radel, 2018; Migdal, 2018). Purposive sampling was employed to ensure the inclusion of individuals with rich experiential knowledge relevant to the phenomenon under investigation. Eligibility was determined based on three main criteria: (1) active participation in community-based nutrition initiatives, (2) direct interaction with local residents during health promotion activities, and (3) willingness and ability to articulate personal experiences in depth. Individuals who had recently joined the program or lacked field engagement were excluded.

The final sample comprised twelve participants ten women and two men aged between 32 and 55 years, representing various villages within the same rural district. Their backgrounds ranged from homemakers and schoolteachers to local volunteers, reflecting diverse social roles that influence their perspectives as health educators.

### **Data Collection**

Data were collected through in-depth, semi-structured interviews conducted face-to-face in community health centers or other locations chosen by participants for comfort and privacy (Carreiras & Castro, 2012; Iosifides, 2016). Each interview lasted approximately 45 to 75 minutes and was audio-recorded with prior consent. A flexible interview guide was used, focusing on participants' experiences, perceptions of community engagement, challenges encountered, and personal meanings attached to their roles. The open-ended nature of the questions encouraged reflection and narrative depth.

Field notes were maintained to capture nonverbal cues and contextual observations during the interviews. Data collection continued until thematic saturation was achieved, ensuring that no new experiential dimensions emerged from additional interviews. All data were transcribed verbatim in the original language and later translated into English for analysis, maintaining the authenticity of participants' voices.

### **Data Analysis**

The data were analyzed using the Interpretative Phenomenological Analysis (IPA) framework. This analytic approach involved a systematic, iterative process aimed at identifying patterns of meaning within the participants' narratives (Daly, 2007; Longhofer et al., 2012). The following steps were undertaken:

1. Reading and re-reading each transcript to gain a holistic understanding.
2. Annotating initial insights, significant statements, and emotional expressions.
3. Developing emergent themes that captured the essence of participants' lived experiences.
4. Clustering related themes into higher-order categories to form comprehensive thematic structures.
5. Synthesizing the findings across cases while maintaining sensitivity to individual variations.

NVivo software facilitated data organization and coding without influencing interpretative reasoning (Fife, 2020; Kawamura, 2020). The analytical process was guided by hermeneutic interpretation, allowing the researcher to move between parts and whole the hermeneutic circle to derive the essential meanings embedded in participants' accounts.

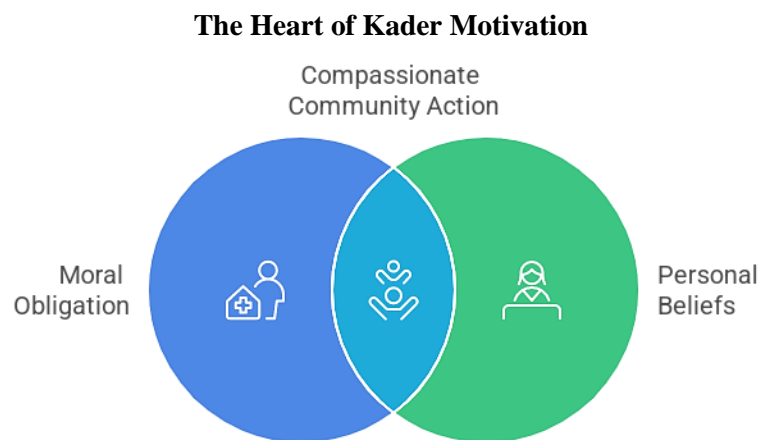
## RESULTS

### Sense of Purpose and Social Responsibility

Kaders expressed a deep sense of social responsibility that guided their commitment to implementing nutrition education programs in rural communities. Many described their roles as a calling rather than a mere duty. This intrinsic motivation stemmed from a moral obligation to improve the health and welfare of their neighbors. One participant stated:

“Even when people ignore me, I still visit their homes because I believe it’s my duty to help them understand how to feed their children properly.” (Female cadre, 42)

This sense of duty was often intertwined with spiritual or moral values, suggesting that the motivation to serve was rooted not only in public health principles but also in personal belief systems. The narratives revealed that for many, participation in the program represented a way to enact compassion, empathy, and community solidarity key dimensions that sustained their long-term involvement despite challenges.



### Emotional and Structural Challenges in the Field

Kaders encountered emotional fatigue and frustration due to various structural barriers, including low community engagement, limited resources, and lack of institutional support. Several participants spoke about feeling isolated when conducting outreach activities, especially in villages where traditional beliefs conflicted with health recommendations. As one respondent expressed:

“Sometimes, they laugh at me and say I am too modern. It hurts, but I try again because I know it’s for their good.” (Male cadre, 37)

Such experiences illustrate a dual tension between professional commitment and emotional exhaustion. The psychological burden of rejection and the persistent need to persuade skeptical community members created feelings of helplessness. Nevertheless, this emotional struggle also motivated cadres to seek new communication strategies, reinforcing resilience through adaptation.

### Adaptive Strategies and Localized Communication

Faced with cultural and logistical challenges, cadres developed adaptive strategies that relied heavily on local wisdom and informal social networks. They tailored messages to align with community values, using storytelling, food demonstrations, and religious gatherings as educational platforms. One participant noted:

“We use traditional proverbs and examples they understand. When we talk about nutrition using local sayings, they listen.” (Female cadre, 50)

This adaptive approach revealed cadres’ ability to integrate public health messages with culturally embedded norms, creating a bridge between biomedical concepts and local understanding. Collaboration with village leaders, teachers, and women’s groups also emerged as a key strategy to enhance credibility and reach.

### **Empowerment Through Knowledge and Recognition**

A recurring narrative across participants was the transformative sense of empowerment derived from their involvement in the program. The training sessions and regular community interactions enabled cadres to gain confidence and self-efficacy as community educators.

“Before, I was just a housewife. Now people call me ‘Bu Kader.’ I feel proud because they trust me to talk about health.” (Female cadre, 39)

This empowerment was both individual and collective. Individually, cadres experienced growth in communication and leadership skills; collectively, they became agents of behavioral change. Their evolving identities as educators fostered greater autonomy and respect within their social environment, reinforcing the sustainability of community health initiatives.

### **Meaning-Making and Reflection on the Role**

Throughout the narratives, cadres articulated a process of self-reflection and meaning-making that went beyond their technical duties. Many perceived their participation as part of a broader journey toward community transformation.

“I realized it’s not only about giving information; it’s about changing how people see health. That change starts from us.” (Male cadre, 45)

This reflective stance revealed that cadres internalized the program’s purpose, transforming it into a personal mission. Their interpretations of success were not solely based on measurable outcomes (such as attendance or adoption of practices) but on subtle shifts in community dialogue and awareness. This highlights the phenomenological essence of their experience understanding the being of a cadre in the lived context of social health transformation.

## **DISCUSSION**

### **Summary of Key Findings**

The findings of this phenomenological study reveal that the lived experiences of community health cadres in rural nutrition education are deeply shaped by a sense of moral responsibility, emotional endurance, and adaptive cultural intelligence (Mukhlis, Janwari, et al., 2023; Mukhlis & Abdullah, 2025). The essence of their experience lies in the intersection between personal meaning and collective service, showing how their engagement transcends formal program objectives to embody a broader sense of social purpose and identity.

### **Contribution of the Findings to the Research Question**

The study provides a meaningful answer to the central research question how community health cadres in rural settings make sense of their experiences while implementing nutrition education programs. The analysis demonstrates that cadres do not perceive their roles merely as facilitators of information but as agents of moral and social transformation within their communities. Their narratives show that commitment arises from an intrinsic sense of care, empathy, and moral duty rather than external incentives (Groinig & Pokoj, 2025). This intrinsic motivation allows them to persist despite emotional fatigue, community resistance, and institutional limitations. By interpreting these lived experiences through an interpretative phenomenological lens, the study contributes a nuanced understanding of how emotional resilience, spiritual values, and local adaptation practices collectively sustain health education efforts in resource-limited settings. This perspective advances the discourse from outcome-based evaluation toward experience-centered public health understanding, emphasizing the inner dynamics that sustain long-term behavioral and cultural change at the grassroots level.

### **Relationship with Previous Literature and Theoretical Frameworks**

The findings resonate strongly with prior qualitative inquiries into community-based health promotion that highlight the role of intrinsic motivation and social meaning in sustaining community participation (Biswas & Sharma, 2025). Similar to Smith and White (2019), this study underscores the

relational nature of health education, where communication is not merely informational but dialogical and interpretive, involving empathy and trust-building between cadres and community members. However, this research extends previous works by uncovering the emotional and existential dimensions of the cadre's experience, aspects that are often neglected in traditional health education frameworks.

Furthermore, the findings align with Heidegger's interpretative phenomenology, which posits that meaning arises from lived experience within specific contexts of being-in-the-world. The cadres' reflections illustrate how their roles acquire meaning through social interactions, moral engagement, and cultural embeddedness dimensions that quantitative and behaviorist paradigms fail to capture fully. This study also complements (Mwansa et al., 2025), who identified cultural barriers in rural health promotion, by showing that cadres actively reinterpret these barriers as opportunities for cultural dialogue rather than impediments. Thus, this research strengthens the argument that community-based health programs must be understood not only as systems of implementation but as human experiences rich in meaning, emotion, and identity formation.

### **Implications of the Findings**

The findings of this study carry both scientific and practical implications for the field of community health education. On a theoretical level, the results emphasize that health education is not merely a transfer of information but a meaning-making process grounded in empathy, cultural negotiation, and moral agency (Pejic et al., 2025). This reconceptualization of health education challenges conventional models that prioritize behavioral metrics over subjective experience, positioning cadres as co-constructors of health knowledge rather than passive implementers of top-down programs. From a practical perspective, the study underscores the importance of designing capacity-building programs that recognize the emotional and cultural dimensions of cadres' work such as fostering peer support networks, reflective learning, and community dialogue spaces. The insights extend beyond rural nutrition programs, offering a model for empowering community-based practitioners in diverse health systems to engage communities through relational trust and contextual sensitivity.

### **Limitations of the Study**

This study's phenomenological focus necessarily entails certain limitations. The sample was confined to a specific rural region and a relatively small group of participants, which limits the transferability of the findings to other settings or populations (Mukhlis, 2025a; Mukhlis & Saidah, 2025). As with most qualitative research, the results reflect the participants' subjective interpretations and the contextual factors shaping their experiences, rather than universal generalizations. Furthermore, the reliance on self-reported narratives may introduce interpretative bias or selective memory, although measures such as member checking and audit trails were employed to enhance credibility. The interpretative nature of the analysis also means that findings should be understood as contextually grounded insights rather than definitive conclusions about all community health cadres. These limitations, however, do not weaken the study's value; rather, they highlight the importance of depth over breadth in exploring complex human experiences.

### **Directions for Future Research**

Future research could build on these findings by expanding the scope to include comparative analyses across different cultural or institutional contexts, allowing for deeper understanding of how local norms shape the meaning of health education work. Longitudinal qualitative designs could explore how cadres' perceptions evolve over time, particularly as they gain more experience or encounter shifting public health priorities. Moreover, integrating phenomenological insights with participatory action research could generate practical interventions that empower cadres to co-create educational strategies aligned with their lived realities. Further interdisciplinary studies linking phenomenology with social psychology or anthropology may also enrich theoretical understanding of health promotion as a lived moral and social practice. By continuing to explore the human experience underlying community health work, future research can bridge the gap between policy and practice, ensuring that health education remains both effective and deeply humane.

## CONCLUSION

This study explored the lived experiences of community health cadres engaged in rural nutrition education using an interpretative phenomenological approach. The findings revealed that their sense of moral responsibility, emotional resilience, and cultural adaptability are central to how they interpret and sustain their roles in promoting health within their communities. By uncovering the deeper meanings behind their motivations and struggles, this research addressed the limitations of prior outcome-focused studies that overlooked the human dimension of health education. The study contributes to a richer understanding of community health work as a process of meaning-making, trust-building, and social transformation. These insights offer practical implications for designing training and support programs that recognize the emotional and cultural foundations of community engagement. Future research may extend these findings by comparing experiences across different cultural contexts or integrating participatory approaches to further strengthen the link between phenomenological understanding and public health practice.

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article. All procedures and analyses were conducted with full academic independence, and no financial, personal, or institutional relationships influenced the outcomes or interpretations presented in this study.

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