

The Presence of Posyandu as an Approach in Improving Health Development in the Community

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ABSTRACT

Posyandu is a form of community-based health effort that is managed and organized from, by, for and with the community in the implementation of health development, in order to empower the community and provide convenience to the community in obtaining basic health services, especially to accelerate the reduction of maternal and infant mortality. . This research is a type of qualitative research, using descriptive method. While the notion of qualitative research can be understood as a research procedure that utilizes data and has the aim of describing and analyzing events, social dynamics, phenomena and attitudes of individual and group perceptions of something, the results of this study explain that community independence in health services is needed to improve visits to posyandu, but in general posyandu visits will decrease if posyandu is not managed properly, the management of posyandu is very dependent on the activity of health cadres and agencies that foster it, because posyandu is a form of Community Based Health Efforts (UKBM) which is managed from, by , for, and with the community, in order to empower the community and provide convenience to the community in obtaining basic health services. On the other hand, the presence of posyandu cadres acts as a health motivator, health educator and health service provider through the posyandu program. Because community empowerment is created from motivational factors to improve family and community health, the ability to identify health service needs and barriers, and understand available resources.

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1. INTRODUCTION

One part of the development of national goals is the equitable distribution of health development in every region in Indonesia in order to increase the willingness, awareness, and ability to live a healthy life for each individual with the aim of realizing a good public health degree. As we have seen before, basically community empowerment must be carried out through three pillars, namely creating a climate that allows the development of community potential, strengthening the potential and power of the community and being able to provide protection to every group. Empowerment is an effort to increase the ability of the community to realize a change, while community empowerment in the health sector is an effort to develop their attitudes and behavior and knowledge so that they are better able to deal with the health problems they face (Aprilliasari, 2016).

Health is a human right of all Indonesian people, as stated in the 1945 Constitution, article 28 paragraph 1 and Law No. 23 of 1992 where health is an investment, so it needs to be strived for, fought for and improved by every individual and all components of the nation, so that people can enjoy a healthy life. , then in the end can realize the optimal degree of public health. This needs to be done,

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because health is not the responsibility of the government alone, but is a shared responsibility of all levels of society, including the role of the private sector. The world of health in Indonesia is currently being stricken with bad cases, starting with cases of anthrax in West Java, bird flu in various regions, malaria, polio which almost every day graces the media pages of newspapers and television screens. These cases have not yet been completed, now a new case has emerged, namely starvation that afflicts several provinces in Indonesia, then exacerbated by the lack of health services at the community level and the weak direct support of the government in tackling several health problems.

The community empowerment activities in the health sector include maternal, infant and toddler health, health for school-age children and adolescents, productive age health, elderly health, occupational health, and improvement of community nutrition, where these processes are carried out by prioritizing the approach promotive and preventive, on the other hand the government's efforts in developing community empowerment strategies, especially in the health sector, are a tangible manifestation of community participation in health development. There are many types of community empowerment in the health sector that are widely developed in the community, one of which is posyandu. As for the dynamics that often occur, causing the posyandu program to be underdeveloped in the current era, some are even discontinued, due to the role of field officers as motivators of the program not providing encouragement and motivation to the community in this case to their health cadres, especially in terms of development and sustainability of the posyandu program (Banowati, 2018).

Posyandu itself is the responsibility of all components of the nation in providing facilities and organizing comprehensive health efforts for the community through promotive and preventive health efforts so that the community has optimal growth and development. of, by, for and with the community. Posyandu can provide convenience to the community in obtaining basic health services, especially to accelerate the decline in maternal and infant mortality. Posyandu is also a community-based health service system, carried out effectively and efficiently and can reach all targets that need services for child growth and development, pregnant women, breastfeeding mothers, and postpartum mothers. To achieve all these targets, it is necessary to standardize posyandu in all regions through continuous posyandu revitalization activities.

In fact, the posyandu revitalization program in the regions, especially in rural areas, is urgent, especially in efforts to improve health quality, fulfill basic health needs and improve the nutritional status of the community. The revitalization of this posyandu is focused on the strategy of approaching community-based health efforts with access to social and cultural capital of the community which is based on the traditional values of gotong royong that have been rooted in people's lives towards self-reliance and community self-reliance. Recognizing the importance of community participation in developing health, the Ministry of Health has set a vision for an independent community to live a healthy life, which is a condition in which the Indonesian people are aware and able to recognize, prevent and overcome the health problems they face, so that they can be free from the health problems they face. as well as an unsupportive environment (Budi et al., 2020).

Community independence in health services is very much needed to increase visits to posyandu, but in general posyandu visits will decrease if posyandu is not managed properly. Community (UKBM) which is managed from, by, for, and with the community, in order to empower the community and provide convenience to the community in obtaining basic health services. This service integration effort is one way to increase the reach of health services to the community. Based on this, the purpose of establishing Posyandu is to reduce infant and child mortality rates, birth rates so that small happy and prosperous families can be realized. Thus, Posyandu is a basic health activity organized by the community and for the community assisted by health workers.

The basis for the formation of posyandu is based on the definition of public health science, which is expected that the community will try to be able to overcome their own health problems, so from this explanation it can be seen that the most appropriate place to provide services to the community with self-help capital is posyandu. Posyandu activities cannot be separated from the participation of the community, health workers and related sectors in helping to serve community complaints in their

environment, therefore dynamic and productive collaboration is needed by involving all relevant sectors, namely the government, private sector and the community. in an effort to increase the independence of posyandu and assisted by technical support from puskesmas officers (Endang, 2019).

Basically, health is the main human need as well as a basic measure of quality of life and must be met by everyone, because health will enable everyone to carry out activities in order to meet other life needs. In line with this, health must always be sought by every individual, family and community so that in time they can live a decent life in terms of health. National development in the health sector through the posyandu program is the development of human resources for the purpose of optimizing the degree of public health as measured by the Maternal Mortality Rate (MMR) per 100,000 live births and the Infant Mortality Rate (IMR) per 1000 live births which are also components of the Human Development Index. . While the main purpose of the posyandu itself is to reduce the maternal mortality rate (MMR) and infant mortality rate (IMR) in Indonesia through community empowerment efforts, while the target of posyandu services is the entire community without exception, especially infants, toddlers, pregnant women, breastfeeding mothers, postpartum mothers, and women of childbearing age (WUS) and couples of childbearing age. So based on the description and description of the background above, the researcher is interested in expanding the focus of this problem on the aspect of the presence of the posyandu as an approach in improving health development in the community.

2. METHOD

This research is a type of qualitative research, using descriptive method. The definition of qualitative research can be understood as a research procedure that utilizes data and has the aim of describing and analyzing events, social dynamics, phenomena and attitudes of individual and group perceptions of something (Achmad & Yulianah, 2022). The process of collecting these data begins with making observations in the form of taking data that is relevant to various problems that arise in the surrounding environment. The data collection tool is the researcher himself who functions as a research instrument and must be able to approach the respondent so that the data obtained is valid. Next, the researcher begins activities systematically to collect, process, and conclude data by using certain techniques in order to find answers to the problems faced. . The data analysis technique uses descriptive qualitative analysis, where this technique describes existing data and makes conclusions so that they are easily understood by themselves and others, for secondary data itself obtained from articles, journals, and books related to health sciences, and community welfare development science.

3. RESULTS AND DISCUSSION

Posyandu as a Place for Community Empowerment in the Health Sector

Village community health development is a non-governmental activity that aims to improve the quality of public health through improving health and nutritional status. The success of the implementation of community health development which aims to improve the quality of village health cannot be separated from the various supports and active roles carried out by all parties. In this case, the role of the integrated service post (Posyandu) will directly deal with various health problems that occur in the community. Posyandu itself is a complete health service provided to the community by health workers and their cadres, while the service activities include family planning services, maternal and child health, immunization, nutrition improvement and diarrhea control. For this reason, it is undeniable that the implementation of this posyandu program has a very large influence and social change for all levels of society (Hanum & Darubekti, 2019).

The changes include the public's perspective on health, especially about mothers and children, monitoring child development, early detection of disease, and many other benefits that lead to changes in the public's perspective on health. One of the biggest changes is the change in the perspective of medicine and health which was previously alternative to medicine and medical health. This condition shows that the influence of the Posyandu program is quite large on improving the quality of public health. This can be illustrated by the quality of health that is getting better (improved nutritional status, decreased maternal and infant mortality, success of family planning programs, controlled growth of

toddlers, increased public knowledge about health), however, changes in health quality that have occurred have not so significant to the purpose of the posyandu itself.

Meanwhile, the general goal to be achieved by the existence of Posyandu in the midst of the community is to accelerate the reduction of maternal mortality (MMR) and infant mortality (IMR) in Indonesia through community empowerment efforts. Meanwhile, the specific objectives of holding Posyandu are (1) Increasing community participation in the implementation of basic health efforts, especially those relating to the reduction of MMR and IMR (2) Increasing cross-sectoral roles in Posyandu implementation in efforts to reduce MMR and IMR and (3) Increasing coverage and equitable coverage of basic health services to accelerate the decline in MMR and IMR (Susilaningsih, 2017).

At the beginning of the Posyandu implementation in 1985, the types of activities were designed uniformly with a top-down pattern to be expanded to all rural and urban areas with the aim of accelerating the delivery of programs or activities to the Posyandu target communities. Posyandu service activities prioritize preventive efforts rather than curative ones. However, with the issuance of a circular letter from the Minister of Home Affairs Number: 411.3/536/SJ dated March 3, 1999 concerning Posyandu Revitalization, the Posyandu activities are grouped into 2 (Two) service categories while prioritizing preventive services rather than curative services, so that there is no difference in services because according to with the initial concept of Posyandu service activities that have been implemented so far. It's just that the activities are getting wider so that it adds to the burden because there are various additional activities that are an option to be carried out outside on posyandu opening days.

In an effort to revitalize the Posyandu so that it always runs optimally, the government has set five priority service programs which are minimal packages with special targets for toddlers and pregnant women and breastfeeding mothers, including monthly weighing and nutrition and health counseling and providing nutritional assistance packages through the provision of vitamin A capsules, complementary food packages for breast milk (MP-ASI) and supplementary feeding (PMT). Furthermore, immunization services such as DPT, Hepatitis, Polio and Measles as well as identification of disorders/diseases, treatment and referrals, especially for diarrhea and ARI, with details of antenatal care (K1-K4), supplementary feeding (PMT) for chronically low energy pregnant women (KEK), administration of blood-added tablets (Fe tablets) and counseling on maternal health nutrition (Hidayah & Trisanti, 2017).

In every village/sub-district, posyandu operational activities are carried out at the hamlet, village and sub-district levels, to support the implementation of posyandu activities, in each hamlet/neighborhood a posyandu management organization is assigned and responsible for the implementation of Posyandu services to the community and the filling of positions in the management is submitted. In principle, the Posyandu work mechanism is carried out with a five-desk system, namely through registration, weighing infants and toddlers, recording results through filling out cards to get healthy, individual counseling, referring and disseminating programs to family planning services. - MCH, immunization and treatment.

The main purpose of posyandu health services is to improve the social welfare of the community, including health, economic conditions, happiness, and quality of life of the people, because community welfare is a certain measure of the level of needs of a group in a place where in these conditions the people live in a prosperous state. Thus, what is most expected from the implementation of the posyandu service program is the formation of a prosperous community, marked by a decent life in meeting the basic needs of life, food, clothing, housing, education, health, security and the opportunity to get a job and increase people's income (Imanuddin et al. al., 2021).

Based on data from the field, it is illustrated that the role of the Posyandu program for village residents is to facilitate the community in obtaining health services such as immunization, family planning, pregnancy checks, weighing toddlers, nutrition consultations and health consultations. Improved welfare for rural communities in the sense that there is a better quality of life for the community. However, basically the posyandu program in some areas still requires evaluation and socialization from related parties so that in the future it can be felt by all groups.

Based on the conditions that have been described, one of the efforts made with the posyandu program is the development of health based on community resources, where the development prioritizes maternal and child health services and the fulfillment of nutrition for the entire village community. Posyandu is a basic health activity organized from, by, and for the community assisted by health workers. Posyandu can also be a forum for health care carried out by the community under the guidance of related health workers. Community empowerment is intended as all non-instructive facility efforts to increase the knowledge and ability of the community to be able to identify problems, plan, and solve them by utilizing local potential and existing facilities both from cross-sectoral agencies and local community leaders (Kusumawardani & Muljono, 2018).

The system for implementing the Posyandu service operational activities in each village/kelurahan is carried out at the Dusun level for the Village and the Environment for the Kelurahan. To support the implementation of the Posyandu activities in each hamlet/neighborhood, a Posyandu management organization is formed which is tasked and responsible for the implementation of Posyandu services to the community. The filling of positions in the management is left entirely to the community. In addition, there is also guidance carried out for Posyandu not only aimed at managers or administrators and implementing staff (cadres) but also for target groups, such as mothers who have babies and toddlers, pregnant women, breastfeeding mothers and couples of childbearing age (PUS). . The development of the target group is carried out periodically for each Posyandu in each hamlet by the Posyandu working group (Pokja) in the Village/Kelurahan. The Pokja Posyandu in the Village/kelurahan is chaired by the General Chairperson of the LKMD as the person in charge whose members consist of elements of the Village/Kelurahan PKK and Posyandu cadres in the village. Coaching activities are more focused on efforts to increase the scope of service programs by raising public awareness, especially in the target group so that they can actively participate in utilizing Posyandu services.

Based on the Posyandu program, in general, posyandu will play a role in improving the health status of the community if the posyandu can provide appropriate services. There are three types of research subjects according to the target of empowerment activities. The first is the subject who is the primary target of empowerment, namely pregnant women or mothers who have babies. The second is the subject who is the secondary target, namely the husband or parents of the mother. Then the third is the head of the Neighborhood Association or community leader as a tertiary target. To the three types of research subjects, structured interviews were conducted to obtain a general description of the problems to be studied and in-depth interviews to obtain more complete information. In the implementation of the program, the driving and inhibiting factors were found. The driving factors include, among others, local government leaders such as the Camat and Lurah/Village Heads who have a fairly high concern for health problems, especially maternal and child health (Lailida et al., 2021).

Then religious leaders and local communities are willing to be directly involved in activities such as, the Health Service (Puskesmas) has carried out routine guidance, the community does not hesitate to contribute in terms of manpower and funds and in each region there are many potential organizational resources such as PKK, BPD , NGOs, Youth Organizations, Religious and Traditional Institutions and so on. As for the inhibiting factors in the process of implementing posyandu in several areas, such as, the existing potential organizations have not been widely involved to help make the activities and programs they are working on successfully, there is no provision to improve knowledge and skills to cadres, cadres are not confident in their ability to provide counseling to the community, it is difficult to gather people because of the busyness of each person, especially hindered by work and mother's awareness to read books on maternal and child health is still low.

Posyandu activities are run by self-selected community members, where the selected members will later be trained to become a health cadre under the assistance of the local puskesmas. This is a manifestation of the community's role in health development. This is also in line with the statement that Posyandu is one of the health facilities managed by, by, for, and with the community. Talking about the existing health facilities or infrastructure at the Posyandu, raises the assumption that it really supports the success and smooth implementation of the Posyandu. Insufficient facilities will certainly be an

inhibiting factor in the smooth running of Posyandu activities, and vice versa, if the facilities are fulfilled it will be a special attraction to attract the interest of the surrounding community, especially those who have toddlers to visit the Posyandu (Nain, 2015).

In addition, health becomes one thing after other basic needs that need to be considered by every member of the community, which is a manifestation of the obligations and responsibilities of each individual in the maintenance and protection of health. Everyone must have the ability to maintain and protect their own health, because there is an assumption that healthy humans will experience normal and natural growth and development. Health is not always related to physical but includes mental and social. Talking about other things that are still in line, in general, Posyandu has five main programs, namely Maternal and Child Health (KIA), Family Planning (KB), nutrition, immunization and diarrhea prevention. One of the ways to pay attention to MCH is through Posyandu-based health services, namely maternal health services during pregnancy and childbirth, breastfeeding mothers, and reproductive health. In addition, the health of the child is another thing after the health of the mother which also needs to be considered. Healthy children will experience normal and reasonable growth and development that is in accordance with the standards of physical growth and children's abilities in general (Pertiwi, 2013).

The existence of Posyandu as a community-based health business (UKBM) requires real community support and participation in order to more effectively improve maternal and child health services in rural areas. To realize community support, involvement of various parties is needed, both as elements of the community, cadres, management and officers of the Posyandu supervisor. Community involvement is very important because the real benefits that can be expected from the presence of posyandu are as follows: (1) Dissemination of health service facilities so that they are easily accessible to target groups, especially people living in rural areas. This has strategic meaning for equitable distribution of development implementation and its results for the wider community. (2) The presence of posyandu is expected to be one of the entry points to increase community participation in health development. In this section, Posyandu is expected to be able to encourage local community organizations (CSOs) and realize various activities to improve community welfare. Various health services developed by Posyandu such as nutrition improvement programs, maternal and child health, family planning, immunization are a manifestation of meeting the basic needs of public health.

The Role of Posyandu Cadres in Village Community Health Empowerment

The world health program emphasizes the potential role of health cadres to improve the health status of the community, because the presence of health cadres is highly expected as an integral component of the health workforce for health development, besides that health cadres are also expected to assist the community in adopting healthy lifestyle behaviors. According to the 2010 Riskeddas survey, 50% of children under five in Indonesia are not weighed regularly at posyandu, meanwhile, the number of posyandu spread across 33 provinces in Indonesia is quite large, which is around 330,000 posyandu. Meanwhile, according to government directives, the ideal number of posyandu is 1 posyandu for 100 toddlers. When compared with the number of children under five in 2015, the needs for posyandu are actually quite fulfilled (Qiftiyah, 2018).

Posyandu has an important role in society, but nationally only 27.3% of households use posyandu. As many as 62.5% of households feel they do not need posyandu, and 10.2% of households do not use posyandu facilities for other reasons. Indeed, posyandu services must be supported by the readiness of cadres to provide basic services, besides that each cadre must have a positive perception so that health services can run optimally, because low cadre participation will have an impact on public awareness to come to monitor children's nutritional status. The low level of public education means that most people are not open to health information and still adhere to traditional/cultural values in community groups which often do not support health behavior.

Basically, the support of community leaders for posyandu is still relatively lacking so that the implementation of health services independently encounters obstacles in terms of raising funds for posyandu activities. However, in the midst of an environment that has low educational awareness and

knowledge, there are a number of community members who have an awareness of improving family welfare by increasing the health status of mothers and children. This awareness fosters the desire of some community members to become active posyandu cadres. Health services to the community sourced from the community are a process of community empowerment and the effort to realize a community health service center that is managed by the community is a health development paradigm based on community needs. The spirit of helping the community without compensation in the health sector is a form of sincerity possessed by the cadres, while the village midwife is the village midwife (Restuningtyas et al., 2021).

The lack of functioning of the posyandu so that its performance is low, partly due to the low ability of cadres and the development that is still not optimal, which then results in low public interest in using the posyandu, while several other factors that may affect the optimization of posyandu activities are the provision of operational funds and inadequate infrastructure. still inadequate, however, for the problem of funds and infrastructure facilities are currently being pursued by the government, because the source of financing for Posyandu comes from the APBN, Provincial APBD, Regency/City APBD including the Village Fund Budget, where government support is through the Ministry of Villages and Disadvantaged Areas has optimized the provision of operational funds for posyandu activities.

The role of cadres is very important, because cadres are responsible for the implementation of posyandu. If the cadres are not active, the posyandu implementation will also be not optimal. The role of cadres greatly influences the success rate of the posyandu program, especially in monitoring child growth and development and maternal health. It is estimated that only 40% of cadres are active in posyandu activities in Indonesia, therefore, it is necessary to take steps to empower cadres to be more professional in monitoring child development and maternal health, as well as building community partnerships to increase support and utilize posyandu optimally. So that the empowerment of cadres is very important to optimize the revitalization of Posyandu. Broadly speaking, the objectives of posyandu revitalization are 1) regular and continuous implementation of posyandu activities, 2) achievement of empowerment of community leaders and cadres through advocacy, orientation, training or refreshment and, 3) achievement of institutional strengthening of posyandu. The posyandu revitalization target is all posyandu throughout Indonesia (Sari, 2018).

Referring to the limited available resources, the revitalization of posyandu is prioritized on posyandu that are no longer active or of low strata (posyandu pratama and posyandu madya) and posyandu located in areas where most of the population is classified as poor. However, the posyandu development at the established posyandu continues, with the aim of maintaining it. The purpose of holding the revitalization of posyandu is an effort to improve the function and performance of posyandu. To support posyandu development in educating the community, it is necessary to increase the capacity of cadres, because cadres play a role in increasing knowledge and awareness about maternal and child health.

Providing education and empowerment of cadres will have an impact on the community, especially mothers who have toddlers to check their toddlers at the posyandu. Behavior starts from the cognitive domain (knowledge), in the sense that the subject knows. first to the stimulus in the form of material or subject so that it causes an inner response in the form of an attitude towards the object he knows. Finally, the stimulus, namely the object that is already known and fully based, will cause a further response, namely in the form of action against the stimulus. Increased knowledge itself does not always lead to a change, but there is a positive relationship associated with changing actions. These actions may not change directly in response to awareness or knowledge but the cumulative effect of increasing awareness, knowledge is related to values, beliefs, beliefs, interest in acting (Sari, & Hartati, 2020).

Education of health cadres is very important. In this activity, the knowledge of cadres increased after the training. Increased knowledge can occur because of new information that is conveyed to cadres through training, where the new information obtained is a substitute for knowledge that has been previously obtained or is a refinement of previous information. One strategy for behavior change is to provide information to increase knowledge so that awareness arises that in the end people will behave

according to their knowledge. Then the way of providing information is through training, as was done in this study, namely training on assessing the growth of toddlers. Health promotion through the provision of information and training of cadres has proven to be effective in increasing the knowledge of health cadres and parents.

Knowledge improvement can be done in various ways, one of which is training activities carried out by health workers. Increased knowledge of cadres after being given training can occur if the material presented is easy to understand by cadres. In this training the methods used are lecture, question and answer, simulation and small group discussion methods. The various methods of training activities can be one of the strengths in this activity. Cadres are not bored and enthusiastic during activities. In addition, the group discussion method is also felt to be effective when discussing examples of cases related to posyandu activities (Trisanti & Khoirunnisa, 2018; Nugraheni & Maulida, 2021).

This activity also has a direct impact on the implementation of posyandu activities. Prior to this training, there were no facilities or media available for counseling during posyandu implementation. However, after the activity was carried out, the implementation of the 5 table posyandu system went smoothly and at the 4 table health cadres were able to provide counseling to the people who came according to the health problems found. Health cadres are able to provide counseling during posyandu implementation, which has never been done by health cadres before. The next stage of this activity is monitoring and evaluating the activities of cadres at their respective posyandu during the Posyandu Day.

Commitment can be realized, if posyandu cadres take turns getting the opportunity to participate in training and socialization activities, especially new cadres, meanwhile, posyandu cadres who have not participated in these activities can use the posyandu manual to carry out posyandu activities. This activity is a means of strengthening the role of cadres, because health service education can directly help posyandu cadres to take a role in empowering the community. Training is a mechanism for using external resources, where the level of training and organizational participation will affect the continuity of cadres. Cadre training is intended to improve understanding and skills in carrying out tasks at the posyandu (Umma, 2019).

The guidance provided to Posyandu is not only aimed at managers or administrators and implementing staff (cadres) but also to target groups such as mothers with babies and toddlers, pregnant women, breastfeeding mothers and couples of childbearing age (PUS). The development of the target group is carried out periodically for each Posyandu in each hamlet by the Posyandu working group (Pokja) in the Village/Kelurahan. The Pokja Posyandu de Desa/kelurahan is chaired by the General Chairperson of the LKMD as the person in charge whose members consist of elements of the Village/Kelurahan PKK and Posyandu cadres in the village. Guidance activities are more focused on efforts to increase the scope of service programs by raising public awareness, especially in target groups so that they can actively participate in utilizing posyandu services (Yulianti, 2013; Ilhami & Achmad, 2022).

The development of Posyandu management and cadres is carried out by the District and Regency Posyandu Pokjantal through periodic coordination meetings of the Posyandu Pokjantal which aims to discuss progress and obstacles in the implementation of Posyandu. PKK, from Religious Organizations, Community Leaders and NGOs concerned with Health in the District and Regency/City. Guidance to administrators and cadres is directed at efforts to increase abilities and skills so that they are able to carry out their duties properly. Supervision is also providing training, both management training to improve self-reliance and technical training to improve Posyandu service skills. yandu in their area. The results of the monitoring are discussed in a coordination meeting and subsequently reported to the Provincial and Central Pokjantal in implementation.

4. CONCLUSION

Based on the results of previous studies, the researchers can conclude that, the existence of posyandu as a center for public health information gives a very positive impression, this can be seen from the community participation in the posyandu program which is quite high, because posyandu has

an important role in improving the quality of public health and maternal and child health. children through a variety of service processes that are very maximal. In addition, the role of the posyandu as an agent of social change can be seen through the public's perspective on health, especially maternal and child health, monitoring child growth and development, early detection of disease, and many other advantages that lead to changes in the public's perspective on health. One of the biggest changes is the change in the perspective of medicine and health which was previously an alternative to medicine and medical health. On the other hand, the presence of posyandu cadres acts as a health motivator, health educator and health service provider through the posyandu program. Because community empowerment is created from motivational factors to improve family and community health, the ability to identify health service needs and barriers, and understand available resources.

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