

Successful Implementation of Integrated Posyandu to Improve Family Resilience: A Qualitative Study in the Rural Area of Bantul Regency Indonesia

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ABSTRACT

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Background: A healthcare approach that covers all stages of the human life cycle from the womb to the elderly is the current health policy reference. Posyandu has a vital role in obtaining quality resources by utilizing integrated basic social services. This study aims to explore the successful implementation of integrated “posyandu” in improving family resilience.

Methods: This study used descriptive qualitative methods with narrative design and data collection was conducted through in-depth interviews and non-participant observation. There were three informants, namely the head of the integrated “posyandu”, the toddler “posyandu” cadre, and the hamlet head. Interview guidelines and checklist sheets were used to help collect research data. Data analysis used thematic methods based on research findings.

Results: Integrated basic social services at Posyandu Flamboyan have been running according to the mandate in the regulation of the Minister of Home Affairs. The success of integrated posyandu as a public policy cannot be separated from communication, resources, disposition, and bureaucratic structure. This success is measured by the dimension of physical resilience, which is free from disability and various chronic diseases. Barriers include the lack of technological skills in human resources, the lack of familiarity with the flow of basic social services, the small size of the record book, and the lack of community participation.

Conclusion. The implementation of integrated posyandu had a positive impact on family resilience so in the future it is necessary to continue to encourage its implementation and facilitate health cadres to follow the capacity building of human resources.

1. Introduction

The approach to health services that covers all stages of the human life cycle from the womb to the elderly is a reference for the policy direction of the Indonesian Ministry of Health. To achieve sustainable health services, it is essential to recognize the role of families as agents of individual and community health management. Given its strategic function and role in health development, the family, as the closest environment, must be supported in its resilience (1).

The family is the main foundation in the sustainability of individual growth and development through family parenting so its welfare and resilience are the main priority scales that must be achieved(2). In Indonesian Law No. 52 of 2009, it is stated that the strength of family resilience is influenced by non-physical resources, good coping mechanisms, and the fulfillment of social needs.

The process of observation in the community related to the pattern of family resilience is expected to be able to determine decisions that are outlined in the form of behaviors/actions, policies, or programs. Thus, families are expected to be able to meet primary and proactive needs to support the improvement of the quality of life of individuals in the family.

Posyandu (Integrated Service Post) is one of the Community Resource Health Efforts (UKBM) managed from, by, for, and with the community to improve the quality of empowerment-based basic health services. The implementation of posyandu is carried out by cadres who have gone through various trainings in the field of health and family planning. Activities in posyandu are very important to stimulate community independence to be able to implement clean and healthy living behaviors. Posyandu aims to provide basic services such as family planning, maternal and child health, nutrition (growth and development monitoring, supplementary foods, vitamin and mineral supplements, and nutrition education), immunization, and disease control (prevention of diarrhea)(3).

Posyandu has a vital role in obtaining quality resources by utilizing integrated basic social services. However, based on BKKBN data in 2020, out of a total of 256,879 posyandu in Indonesia, only 43,540 posyandu provide services. This shows that family resilience in terms of health is at risk of decreasing. Moreover, the number of pregnancies continues to soar, including unwanted pregnancies due to limited family planning services. In addition, other potential health risks such as maternal and infant mortality due to maternal age or the distance between the birth of children before and after are too close, malnutrition, and stunting may occur in the future(4).

The government has launched guidelines for integrating basic social services in posyandu, namely the Regulation of the Minister of Home Affairs (PERMENDAGRI) No. 19 of 2011. The ten scopes of the integrated posyandu include nutrition and maternal and child health coaching; disease control and environmental health; clean and healthy living behavior; elderly health; BKB; Early Childhood Education Post; acceleration of food consumption diversification; empowerment of the poor, remote Indigenous communities and people with social welfare problems; adolescent reproductive health; and improving the family economy (5). Highlighting the importance of this service, the Indonesian Ministry of Health revitalized posyandu as a form of sustainable development in the health sector by implementing a life cycle-based health service approach. Integrated Primary Care (ILP) Posyandu then became a new term that was officially released in August 2023(5). Before this new term emerged, Posyandu Flamboyan in Bantul, DI Yogyakarta had already implemented it.

Based on the profile of the Piyungan Health Center in 2021, it is known that Sitimulyo Village has the highest number of active posyandu in Piyungan District with details: five intermediate posyandu, seventeen full posyandu, and five independent posyandu. From a preliminary study conducted in July 2022, it is also known that the Flamboyan Posyandu in Pagergunung 1 Hamlet, Sitimulyo Village was once a delegate at the best posyandu management event at the Bantul Regency level in 2021. One of the indicators assessed in the competition is related to integrated basic social services. The researcher chose Pagergunung 1 Hamlet as the location of the research because he was interested in the success or achievements achieved by the Flamboyan Posyandu as a representative of Sitimulyo Village. Of the many existing posyandu, the Flamboyan Posyandu was able to survive during the COVID-19 Pandemic to continue to operate to provide health services. Four dimensions can affect the success of a program or policy implementation (6). The four dimensions are communication, resources, attitude or disposition, and bureaucratic structure. The theory is used as a basis to explore information about the implementation and dimensions of the success of integrated posyandu in increasing family resilience.

2. Method

This study uses a descriptive qualitative method with narrative design. There were three informants consisting of the Chairman of the Flamboyan Posyandu, the Toddler Posyandu Cadre, and the Head of Pagergunung 1 Hamlet. All Informan took on more roles in the community (multiple positions) so that they were able to represent the research population. Data collection techniques included in-depth interviews and non-participant observation using interview guidelines and

checklist sheets. The checklist sheet lists the basic social services integrated in the posyandu. Data were analyzed thematically using QDA miner lite software starting from reduction, display, conclusion drawing, to verification. This research has obtained a research ethics review in the form of Ethical Approval Number 012301007 at Universitas Ahmad Dahlan.

3. Result

There were three informants in this study, namely the head of the integrated posyandu, the posyandu cadre and the dukuh head. The three informants have an important role in the implementation of integrated posyandu. The characteristics of the informants are shown in Table 1.

Table 1. Informant Characteristics

No.	Role	Sex	Education	Periode	Description
1.	<i>Posyandu head</i>	<i>Female</i>	<i>D3</i>	<i>2005-now</i>	<i>Key informant</i>
2.	<i>Posyandu cadre</i>	<i>Female</i>	<i>Junior High School</i>	<i>2003-now</i>	<i>Triangulation informant</i>
3.	<i>Hamlet head</i>	<i>Female</i>	<i>Undergraduate</i>	<i>1990-now</i>	<i>Triangulation informant</i>

An overview of the implementation and dimensions of the success of the integrated posyandu in Pagergunung 1 Hamlet, Sitimulyo Village, Piyungan District, Bantul Regency is shown in Figure 1. The dimension of posyandu success is based on the theory of George C. Edward III (1980) (6) which includes communication, resources, disposition, and bureaucratic structure. Meanwhile, observations were made on 10 basic social services that are integrated in Posyandu following PERMENDAGRI No. 19 of 2011. Figure 1 is a resume of research results.

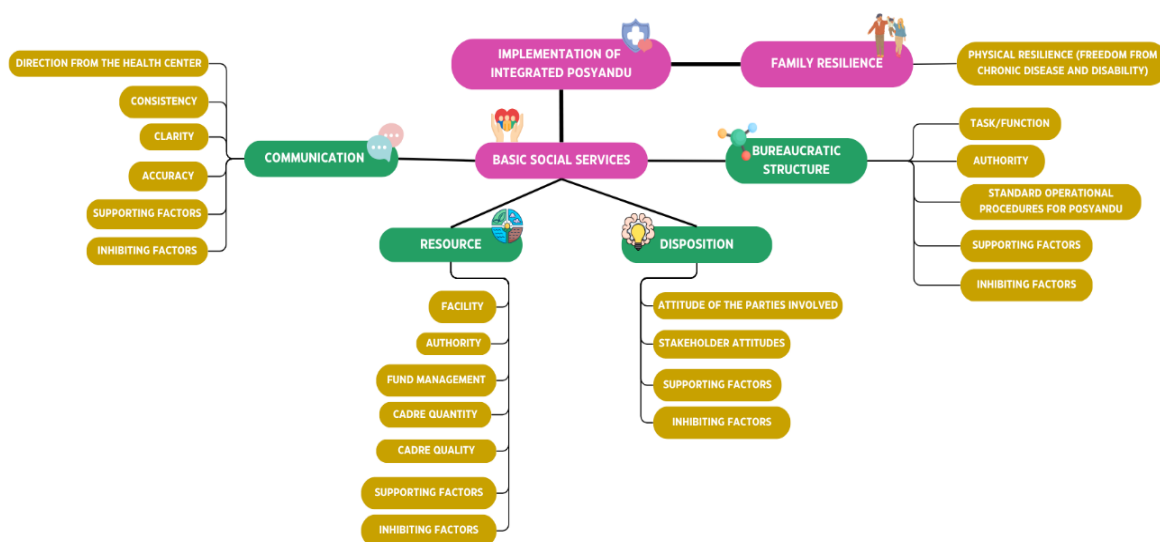


Figure 1. Implementation of Integrated Posyandu (Trisnowati & Fitriani, 2024)

a. Communication

1) Transmission

The integration of basic social services at posyandu has been socialized by Piyungan Health Center officers. However, not all posyandu are required to integrate basic social services considering the different conditions of posyandu. Posyandu Flamboyan implements a rolling system for cadres to come to monthly routine meetings with health centers and sub-districts so that information can be spread evenly, not centralized in just one person. In addition, the

Flamboyen Posyandu Dusun Pagergunung 1 also has a Whatsapp group containing representatives from toddler posyandu cadres, youth posyandu cadres, elderly posyandu cadres, PAUD school principals, and tri bina cadres to facilitate the communication process.

2) Clarity

The clarity of communication-related to the integration of basic social services at the Flamboyen Posyandu Dusun Pagergunung 1 was well done. Communication ran, both from the village, health center, and PAUD and tri bina administrators. The information provided is usually in the form of invitations to participate in elderly gymnastics, basic health screening for adolescents, the implementation of PHBS, examinations of pregnant women and toddlers, elderly picnics, and so on.

3) Consistency

Communication-related to the integration of basic social services at the Flamboyen Posyandu Dusun Pagergunung 1 has been running consistently. There are periodic meetings between posyandu cadres, PAUD, and tri bina. In this meeting, all programs that have been or will run were delivered by each cadre. Furthermore, activity reports are deposited to health centers and sub-districts every month.

b. Resources

1) Human Resources (HR)

Human Resources at the Flamboyen Posyandu in Pagergunung 1 Hamlet have been adequate. Each RT is required to have a representative to become a posyandu cadre and tri bina cadre so that there is no dual position. Cadres are usually empowered periodically through training, mentoring, and competency tests carried out by the Piyungan Health Center, KKN students, BKKBN, or rural area. However, there are still obstacles due to minimal human resource skills in technology and a lack of human resource proficiency in the flow of integrated basic social services.

2) Financial Resources

Funding sources come from the Village Budget, MSMEs, DPD, and non-governmental organizations. Until now, the Flamboyen Posyandu still relies on non-governmental organizations through contributions to run the program considering that other subsidy funds are inadequate. This is evidenced by the following quotas.

"... If the funds are sometimes from business actors as personal donors, only one or two. So when the posyandu activity is still charged Rp. 2000 for the continuation of the activity, later they will not pay, we have no cash because we still have many activities like fostering families of toddlers. Finally, we had time to apply for assistance to the DPD, thank God it was disbursed." (Chairman of Posyandu)

3) Facilities and Infrastructure Resources

The Flamboyen Posyandu already has quite complete facilities and infrastructure. These facilities include nameplates, body length measuring devices, height measuring devices, baby weight measuring devices, weight scales and their equipment, adult scales, development monitoring tools (KIA books, APE, etc.), administrative books, furniture, leaflets, posters, and digital tension measuring devices. However, the head of the hamlet said that there were limitations in facilities and infrastructure, namely notebooks that were too small in size and had not been updated for a long time.

4) Authority Resources

The authority and responsibility of cadres in the implementation of integrated posyandu in Pagergunung 1 Hamlet is quite good. Posyandu and Tri Bina cadres have quite strong authority in the form of a decree issued by the Sitimulyo Village Village Head. The Management of Tri Bina Flamboyen Pagergunung 1 is contained in the Decree of the Village Head of Sitimulyo Village No. 22 of 2020 concerning the Management of Tri Bina Flamboyen Pagergunung 1. Every posyandu cadre for toddlers, teenagers, the elderly, BKB, BKR, and BKL is always present in every activity according to their respective parts. This is under the following quotas.

"... Wow, if the authority of the posyandu cadres and the tri bina management is clear, in the posyandu cadre guidebook it exists. Yesterday there was also a decree of the village but I forgot that the posyandu, the latest one is the management of tri bina in 2020. (Hamlet Head)

c. Disposition

Posyandu cadres and hamlet heads have a good disposition, namely honesty, friendly, never giving up, responsible, dexterous, and working wholeheartedly. This makes families in Pagergunung 1 Hamlet have strong resilience. However, it was found that there was an obstacle, namely that there were still people who did not want to be weighed in weight. The disposition of Posyandu Flamboyan cadres is explained as follows.

"... Alhamdulillah, here the cadres are honest, friendly, responsible and dexterous, even if there are cadres who are less active, they will be replaced immediately. Sometimes there are other obstacles, there are residents who do not want to be weighed in on their BB, but few, more people participate because there are posyandu activities ..." (Chairman of Posyandu)

The disposition of the hamlet head was further conveyed by the cadres of the posyandu toddlers as follows.

"... If you are a hamlet, thank God, you are very wise, not stingy. Usually, rice or harvest from the garden for PMT toddlers is given to him, we just add side dishes or fruits when it's his turn to cook..." (Posyandu Toddler Cadre)

d. Bureaucratic Structure

The division of duties and authorities in the implementation of the integrated posyandu has been evenly distributed. Posyandu, PAUD, BKB, BKR, and BKL have different cadres. In its realization, the cadre of posyandu, PAUD, and tri bina is not limited to a certain period of office (depending on the intention and willingness of the cadre)

1) Fragmentation

The fragmentation or division of duties and authorities in the implementation of the integrated posyandu in Pagergunung 1 Hamlet is as follows.

"Yes, the posyandu cadres themselves, PAUD themselves, BKB itself, BKL itself, BKR itself. The central leadership is there, it is still a hamlet. but we complement each other and help each other. I have been a cadre since 2005, so there is no age limit or management period, the important thing is that you have a strong intention and will here..." (Chairman of the Posyandu)

The same thing was conveyed by the cadres of the posyandu toddlers regarding the division of duties in posyandu and tri bina activities.

"... If here each posyandu or tri bina yo cadre activity is different, unless someone can't attend, usually the confirmation to the WA group will be replaced by another cadre, it can be a BKB cadre or posyandu..." (Posyandu Cadre Toddler)

2) Standard Operational Procedure (SOP)

Basic social services at the Flamboyan Posyandu in Pagergunung 1 Hamlet have been running well according to the standards set by the government. In its realization, the empowerment of the poor is carried out by making a priority scale so that residents who experience economic difficulties immediately receive assistance from the village. Based on information from the official website of Sitimulyo Village, it is also known that reports on the activities of posyandu for toddlers and the elderly are collected every month to the Piyungan Health Center. The Flamboyant Posyandu Dusun Pagergunung 1 has carried out activities following the SOPs that apply in Sitimulyo Village. One of the SOPs carried out is about empowering the poor, remote indigenous communities, and people with welfare problems as follows.

"... Just last month we had data on people who have health and economic problems, so later it will be ranked which is the most important to prioritize and then report to the village so that they can get help. So there was one family whose house was in front of the hut, almost all of the family members were sick, who worked and lived with their mother.

Usually, it's catering, but I like to forget because of the stress of thinking about my child, so it's the same as the one who ordered. It has been recommended to check ning yo in education is also difficult..." (Chairman of Posyandu)

Other SOPs were also explained by the head of the hamlet regarding the implementation of COVID-19 health protocols.

"... Wow, yesterday when COVID-19 cases were high, I always appeal to the community through WA, we have a group, so that they can stay healthy. When leaving the house, you must wear a mask, keep your distance, wash your hands, take the vaccine, and everyone must obey. If any of our residents are affected, they are immediately isolated, some are self-isolating at home or in hospitals. I also provide this isolation place upstairs and if you come to the posyandu, you must implement health protocols..." (Hamlet Head)

e. Family Resilience

The integration of various basic social services in Posyandu Flamboyan, especially during the COVID-19 Pandemic, has an impact on family resilience indicators based on PPPA Ministerial Regulation Number 6 of 2013. Family health is part of the physical resilience indicators that are sought to be improved. This is known from the information submitted by the informant as follows.

"... Yes, our posyandu is still running even though everything is limited, especially since the spread of COVID-19 is very fast in the family environment. Family resilience is very important in times like this, especially if there are babies, toddlers, pregnant women, or the elderly in one family. In addition, we are also collaborating with the COVID-19 Task Force in each RT whose cadres come from teenagers, posyandur, and other volunteers. If there is a case, they immediately report it to me, then we help for isolation, as well as if there is a case of stunting or economic crisis experienced by residents, we immediately data and follow up..." (Hamlet Head)

This effort to increase family resilience is also supported by the results of observations, namely nutrition and maternal and child health development, disease control and environmental health, elderly health, Blaita Family Development (BKB), and adolescent reproductive health have been carried out by the Flamboyan Posyandu. Even though its implementation was hampered due to the pandemic, cadres still carried out their duties with the method of picking up the ball.

"... If the posyandu is still carried out because it is considered important to know that the toddler has gained weight and height, because because of COVID, there will be no posyandu, the toddler is malnourished. So it is still implemented, but the method is changed. Normally, when there is no pandemic at the posyandu place, they come to the post in front of the hut, but during the pandemic we pick up the ball, so we are the ones who come to the houses..." (Chairman of Posyandu)

4. Discussion

Penyediaan pelayanan kesehatan dasar akan berjalan dengan efektif apabila masyarakat terlibat aktif in it. In 2021, a study showed that the practice of community-based basic health services in India has a positive impact on social equity in services, services with local wisdom, building participatory values and trust, and expanding the reach of services. In Indonesia, posyandu is the legal basis for developing and integrating various services following PERMENDAGRI No. 19 years 2011 (7). In the Decree of the Indonesian Minister of Health No.HK.01.07/MENKES/2015/2023, it is also stated that Posyandu is involved in strengthening promotive and preventive through an approach to every life cycle with a service network system from the sub-district, village/sub-district, hamlet, neighborhood, neighborhood to family level (8).

Posyandu has main/priority activities and optional/development activities. The main activities include maternal and child health, family planning, immunization, nutrition, and prevention and control of diarrhea. Meanwhile, optional activities include Toddler Family Development (BKB), Elderly Family Development (BKL), Youth Family Development (BKR), Family Medicinal Plants (TOGA), Early Childhood Education Post (PAUD), and various other programs outside the main

activity which is hereinafter referred to as the integrated posyandu(8). However, in its realization, immunization, and family planning services as priority activities are not carried out by the Flamboyant Posyandu of Pagergunung 1 Hamlet considering the essence of the posyandu is managed from, by, for, and with the community so that the participation of medical personnel is very minimal in it.

a. Communication

Communication is the first dimension that contributes greatly to the implementation of public policies, where the transmission or distribution of information must be carried out precisely, accurately, and consistently(9). The Ministry of Health said that effective communication can be established if the message conveyed by the communicator can be well received (pleasant, actual, and real) by the interlocutor or communicator. This communication optimization is also related to the cooperation between the Health Center and the Posyandu every month(10). Cadres as implementers of various basic social services at the posyandu must certainly understand their duties well.

Damayanti research results (2021) (11) showed the results that the Head of Gununglurah Village has not been able to define stunting well even though he has read the pocketbook and regularly attends stunting meetings. This is due to the lack of involvement of health center officers, unclear allocation of funds, and the absence of clarity of detailed instructions. This condition makes village heads unable to make good decisions so stunting reduction programs become stalled.

b. Resources

The implementation of policies in the process requires quality resources by the established policies and the availability of adequate resources. Resources in this case consist of human resources and financial or budget resources. Human resources accompanied by competencies and capabilities following their fields in implementing a policy are important to determine success in every policy implementation process (12).

According to research conducted by Askandary et al. (13) The inoptimization of resources in carrying out duties and roles as cadres is one of them caused by the overlap of positions. One of the residents who is the cadre coordinator also becomes POKJA IV which can affect the quality and speed of the cadre's work. These problems cause some activities not to run optimally, such as delays in data collection/evaluation reports. In addition, financial resources/funds, facilities, and infrastructure, as well as authority are needed to support the successful implementation of integrated posyandu in Pagergunung 1 Hamlet.

Limited funds can trigger low cadre disposition and the opportunity for goal displacement against previously established agreements(14). Not to mention, if no equipment cannot be used due to limited funds and weak authority of cadres, the quality of health services will be forced to be lowered. Research results of Sudracun *et al.*, (2020) (15) showed the results that the equipment used by the PTM posbindu had met the SOPs from the Bangka Regency Health Office and the Sinar Biru Health Center so the program ran well. Herryana in her research in 2024 also revealed that the posyandu program in the Bagansiapiapi Health Center Working Area, Rokan Regency has been hampered due to unavailable tools such as dacin, sphygmomanometer, and anthropometry. As a result, visits by toddlers have decreased (16).

c. Disposition

The attitude or character of posyandu cadres as implementers of activities is the main highlight in providing services to the community known as disposition. Loyalty in the form of commitment, courtesy, responsibility, honesty, and tenacity is a priceless disposition. Human resources with poor disposition will hinder the implementation of posyandu as a public health effort. On the other hand, if the cadre has a good disposition, then health services can be provided to the maximum(9). That way, people can maintain and even improve their health independently.

Roring Research *et al.*, (2021) (17) show that the strong will and sense of responsibility of government employees can encourage the success of handling COVID-19 in Ongkaw 1 Village, South Minahasa Regency. Meanwhile, the disposition of cadres is in line with the research of

Nugraha et al. (2024) in the implementation of the Posyandu for the Elderly. Each cadre plays an active role in providing good, polite, friendly, and patient service to the community both online and offline. What's more, not all seniors have the skills to access technology (18). This commitment is indispensable in the implementation of integrated posyandu.

d. Bureaucratic Structure

The bureaucratic structure consisting of the central government, local governments, and village governments should be at the forefront of implementing a program or policy (19). A clear, systematic, and unconvoluted framework is the fundamental reference (20). The equitable distribution of fragmentation in this study is in line with the research of Putri (2019) (21) to the Family Hope Program (PKH) in Aceh Tamiang Regency. From the results of the study, it is known that the division of duties and responsibilities through the organizational structure is following government regulations. Thus, the implementation of PKH can run effectively and efficiently.

In addition to fragmentation, *Standard Operating Procedure* (SOP) is a guideline that must be owned by every program. This is done to make it easier for officers or staff to carry out their duties through a simple and systematic procedure. Through SOPs, a policy can be standardized so that the vision and mission that has been set can be achieved optimally. Hegantara et al., (2021) (22) have conducted research with results showing that the referral system and SMS gateway have not been running so the handling of the health of Mothers, Baby, Newborns and Children (KIBBLA) in Bandung Regency is hampered.

e. Family Resilience

Each member has an important role to play in maintaining the resilience of their families, especially when experiencing certain diseases such as COVID-19. This resilience is not only seen from one dimension (23). Based on the Regulation of the Minister of PPPA Number 6 of 2013 concerning the Implementation of Family Development, there are 5 measurement indicators, namely the foundation of legality and family integrity, physical resilience, economic resilience, socio-psychological resilience, and socio-cultural resilience. A healthy body, free from various diseases and certain weaknesses is an important prerequisite to achieve family resilience on physical endurance indicators. Healthy individuals certainly have a greater chance of building strong family resilience. On the other hand, if a family member is affected by a chronic disease or other functional difficulties, the role and function in the family will tend to be weakened (24).

The integration of BKB in posyandu is one of the 10 basic social services in posyandu according to the government's mandate that contributes to family resilience. This intersects with Suwardi's (2023) research related to family resilience in the Posyandu Storau Putih area, Depok City, as seen from the results of the monitoring and evaluation report on the nutritional status of toddlers for June-July 2023 (25). This intersects with Suwardi's research (2023) related to family resilience in the Posyandu Bangau Putih area of Depok City seen from the results of the monitoring and evaluation report on the nutritional status of toddlers per June-July 2023 (26). Posyandu revitalization with the integration of various social services is the right strategy for the government to improve the quality of public health and nutrition, reduce MMR and IMR, and minimize non-communicable diseases (27).

5. Conclusion

The implementation of the integrated posyandu in Pagergunung 1 Hamlet has been going well in terms of communication, resources, disposition, and bureaucratic structure. In principle, only immunization and family planning services are not served at the posyandu because there are no medical personnel, so they are transferred to the Piyungan Health Center. In addition, there are still obstacles in the form of minimal human resource skills to technology, insufficient human resource skills for basic social service flows, small notebooks, and the existence of a less participatory community. The implementation of integrated posyandu had a positive impact on family resilience

so in the future it is necessary to continue to encourage its implementation and facilitate health cadres to follow the capacity building of human resources.

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