



# Posyandu Revitalization in New Normal

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**Abstract.** This study examines the description of the revitalization of the Posyandu program during the new normal period at the Padma I and II Posyandu in Gabusan Hamlet, Sewon, Bantul Regency. The purpose of this study is to find out the obstacles and solutions for the revitalization of posyandu during the new normal period after the Covid 19 pandemic, this study uses qualitative methods and data collection techniques through interviews, observations, Focus Group Discussions, and literature studies. The research informants were one posyandu supervisor coordinator, one posyandu midwife and six posyandu cadres. The results showed that the posyandu cadres were not fully active and table four was always avoided, due to the cadres' lack of confidence in providing individual counseling based on the MCH handbook.

**Keywords:** new normal · posyandu and revitalization

## 1 Introduction

Reducing MMR and IMR in the new normal requires a strategy from upstream to downstream while still paying attention to standard procedures. One of the downstream programs is the revitalization of community health programs based on self-reliance. In this case, efforts are needed to improve public health development through community empowerment, including private and civil society. One form of community empowerment is posyandu (Ministry of Health of the Republic of Indonesia, 2004). The success of posyandu is influenced by the performance of cadres, motivation, and activeness in posyandu activities. However, the problems that occur during the new normal are currently there are still cadres who are less motivated and less active in posyandu activities.

In order to reduce the mortality and morbidity rates due to the COVID-19 outbreak, each country is trying to break the chain of the spread of COVID-19 in various ways, including limiting distance or avoiding crowds. According to WHO in dealing with the COVID-19 outbreak, namely by carrying out basic protection, which consists of washing hands regularly with alcohol or soap and water, using masks properly, keeping a distance from someone who has symptoms of coughing or sneezing [1], practicing coughing or sneezing etiquette, and seek treatment when they have complaints that fit the category of suspect. The recommended distance to be maintained is one meter. The Bantul Regency Government in preventing the spread and transmission of covid 19 carried out the 5 M

policy, namely: Wearing Masks, Washing Hands, Keeping Distance, Avoiding Crowds, and Reducing Mobility [2].

The role is a combination of various theories, orientations and disciplines used in the world of sociology, the role is a term that is usually used in the world of theater where an actor must play as a certain character and bring a certain behavior, in this case the position of an actor is equated with position of a community and both have the same position [3].

According to Soekanto (2012: 214), the types of roles are as follows: 1) Active Role. The role of someone who is always active in his actions in an organization. This can be seen or measured from its presence and contribution to an organization. 2) Participatory Roles. The role that a person performs based on need or only at certain times. 3) Passive Role. Roles that are not carried out by individuals. That is, the passive role is only used as a symbol under certain conditions in people's lives.

Posyandu, which stands for integrated service post, is an extension of the puskesmas that provides integrated health services and monitoring. Posyandu activities are carried out by and for the community. Posyandu as a forum for community participation that organizes a service system for meeting basic needs, empirically improving the quality of human beings has been able to equalize health services. These activities include immunization services, community nutrition education and maternal and child health services [5].

Monthly activities at the posyandu are routine activities that aim, among other things, to monitor the weight growth of toddlers using the Towards Healthy Card (KMS), provide nutritional counseling, and provide basic nutrition and health services. There are several requirements to become a cadre, namely: a). Chosen from and by the local community. b). Willing and able to work with the community at will. c). Can read and write Latin letters. And d). Patient, understand the character of children and old age.

Posyandu activities include maternal and child health, family planning, immunization, nutrition improvement, diarrhea control, basic sanitation, and provision of essential medicines. The posyandu work system depends on the availability of resources needed for the implementation of posyandu activities [6]. Examples include building equipment, tables and chairs, weighing equipment, recording and reporting equipment, and service equipment. Then the availability of funds to support activities, and how to prepare the service mechanism. The next posyandu work system is the posyandu service process, in which there is an organization which is the clarity of task planning and workflow.

Posyandu cadres are the main part whose role is very important in posyandu activities, posyandu cadres are community workers who are considered closest to the community itself. To that end, the Ministry of Health has created a training program for posyandu cadres so that posyandu cadres in villages are alert and have more knowledge.

According to the Ministry of Health of the Republic of Indonesia (2006), there are several requirements to become a posyandu cadre, including: (a) Selected from and by the local community. (b) Willing and able to work with the community voluntarily. (c) Can read and write Latin letters. (d) Patience and understanding of old age [7].

Posyandu revitalization is an effort to gradually increase Posyandu strata towards family Posyandu which serves all family members in the form of maternal and child health Posyandu, youth Posyandu, Posbindu, and Posyandu for the elderly as well as

early detection of various social problems as the spearhead of hamlet-based community services towards family resilience and resilience. Social welfare. The purpose of the Posyandu Revitalization is to optimize basic health services which initially only served mothers and children to become services to all family members which include mothers and children, adolescents, productive age and the elderly at the hamlet/environment level [7].

## 2 Method

The type of research used is qualitative research which aims to obtain more in-depth information about the constraints and performance of Posyandu cadres in Patma I-II Gabusan Bantul. The research was carried out in July 2022, the informants in the study were one posyandu supervisor coordinator, one posyandu midwife and six posyandu cadres in Posyandu Padma I and II in the hamlet area of Gabusan, Timbulharjo, Sewon, Bantul. In-depth interviews were conducted using a list of questions in the in-depth interview guide and the results were recorded or recorded with a tape recorder. The data that has been collected is processed manually by making a transcript then compiled in the form of a matrix and then analyzed using descriptive analysis methods, namely research methods that describe, describe objectively, and systematically about facts and existing element relationships, based on analysis which is then interpreted the meaning. The research questions are: 1) What are the characteristics of the Padma I and II posyandu cadres during the current new era of covid 19? 2) What is the interest in the involvement of Padma I and II posyandu cadres during the current new era of covid 19? 3) What are the problems faced by the Padma I and II Posyandu during the current new era of covid 19? 4) What are the solutions that have been carried out by the Padma I and II Posyandu during the new era of covid 19 in overcoming current problems?

## 3 Result

### 3.1 Cadre Character

The Padma I and II Posyandu managed there are 12 cadres, with the following characteristics (Table 1).

Based on data on the age of cadres in the age range of 36–45 years, 58.4% and the final education of health cadres at the Padma Posyandu is high school as much as 83.4%.

**Table 1.** Characteristics of Posyandu Cadres

NO	Age	Sum	%	Education	Sum	%
1	36–45	7	58.4	SMU	10	83.4
2	46–55	5	41.6	S1	2	16.6
	Total	12	100	Total	12	100

### 3.2 Cadre Interest

From the twelve cadres who can be found for interviews regarding the motivation to become cadres after being grouped, three types of motivation emerge, namely service to the government, happy to help the community and being appointed by the head of the PKK in Timbulharjo village. The results of the motivation to become a cadre were expressed by the informants as follows:

*Subject 5: Yes.....when I am very busy, I want to help the people of my village by being involved in the posyandu Subject 12: I....cannot afford anything but yes...because I was appointed by the Lurah to help at the Posyandu. Yes, it turns out I'm happy too.*

### 3.3 Problems and Solutions for Padma I and II Posyandu

This research was conducted at the Padma I and II Posyandu in Gabusan hamlet. Problems related to the motivation and activity of posyandu cadres on the performance of posyandu cadres can be formulated as follows: 1) The decline in cadre performance is due to posyandu not having complete facilities and infrastructure, 2) Not all cadres get the opportunity to attend training, 3) Cadres feel inadequate. Confident when providing counseling because the basic knowledge related to maternal and infant health is lacking, 4) The limitations of cadres are due to cadres dropping out because they are more interested in other places that provide economic benefits, 5) The decline in cadre performance is due to lack of motivation and activeness of cadres.

According to the coordinator, during the post-covid-19 pandemic, the Posyandu had been running for several months and before the posyandu activities were reactivated, materials related to how to prevent and transmit Covid-19 were carried out by Puskesmas staff. The plan for filling out activities will be carried out once a month in the second week with resource persons according to their fields.

*Subject 13: The Padma I and II Posyandu have been reactivated approximately three months ago, the implementation still pays attention to the Covid 19 pandemic probes. The cadres have been provided with how to prevent and spread covid 19 from puskesmas officers. I myself always remind my mother to always use a mask and wash hands, the meeting time is indeed shortened. Then at Table 4 it has not been activated yet.*

*Subject 8: I like the posyandu to be restarted even though there are still fears during the pandemic. I always wear a mask and wash my hands, I hope the pandemic will end soon and I can do posyandu like before.*

*Subject 10: Rumah Zakat Clinic often provides counseling to cadres and the public about maternal and infant health, but during this pandemic, this is no longer the case. I want it, as before, there are entries that can increase our knowledge of the cadres.*

## 4 Research and Discussion

Based on the available facilities, the cadres involved have been carried out every month, before the pandemic carried out routine weighing, they had an additional program, namely increasing knowledge regularly every month. Based on Posyandu Strata or Posyandu Levels according to the "ARRIP CONCEPT" Posyandu Padma I and II have

been good and have fulfilled the implementation of further Posyandu activities. According to the Ministry of Health of the Republic of Indonesia in 2006, the Posyandu Padma I and II can be grouped into Posyandu Purnama (green) with the criteria of regular activity, implementation of activities more than eight times a year, coverage of the main program more than 50% and there are already additional programs and the number of cadre of five people [8].

The motivation of cadres in posyandu activities is a dominant factor that greatly influences the level of posyandu utilization [9]. Posyandu cadres will give satisfactory results if they have good motivation. Motivation is the driving force that causes a member of the organization to be willing and willing to mobilize abilities, in the form of expertise or skills, energy and time to carry out various activities that are their responsibility and fulfill their obligations, in the context of achieving predetermined organizational goals and objectives [10]. Motivation is a process that gives enthusiasm, direction and persistence of behavior [11]. It means behavior that is full of energy, purposeful, and enduring. Motivation is important because with this motivation it is expected that each individual employee will work hard and be enthusiastic to create high work productivity.

Skills possessed by cadres for efforts to expedite the service process at the posyandu. The smooth process of posyandu services is supported by the activeness of cadres. Whether or not posyandu cadres are active is influenced by facilities (sending cadres to health training, giving guidebooks, participating in health seminars) awards, and the trust received by cadres in providing services affects whether or not a posyandu cadre is active. Appreciation for cadres by participating in seminars and training as well as providing guide modules for health service activities with some of these activities can be expected for cadres to feel capable of providing services and actively come to every posyandu activity. The activity of posyandu cadres is a real action that can be seen from the regularity and involvement of a cadre in various posyandu activities [12]. Motivation and activity have a very close relationship to performance. The performance of posyandu cadres is strongly influenced by the motivation and activity of cadres because without the motivation and activeness of cadres, posyandu activities cannot achieve the targets set by the Puskesmas.

Motivation is an impulse that arises from within a person to do certain actions [13]. A cadre who knows about the meaning, purpose and benefits of posyandu both from health workers, print media and electronic media, then the cadre will have a high motivation to be more active in posyandu activities. Because the cadres have high motivation, there is a desire to fulfill these needs, namely by being active in various posyandu activities. On the other hand, if the cadres are not supportive of being active in posyandu activities, then the cadres have low motivation, which makes the performance of the cadres low.

Based on the circular letter of the Minister of Home Affairs and Regional Autonomy Number: 411.3/1116/SJ dated June 13, 2000, which is a guideline for Regents/Mayors in Indonesia regarding the revitalization of posyandu [14]. Where it is hoped that it will restore the work of the posyandu and the activities of cadres in it. Broadly speaking, the objectives of this posyandu revitalization are: 1) Implementing regular and continuous Posyandu activities, 2) Achievement of empowerment and community leaders and cadres through training, 3) Increasing the fulfillment of completeness of facilities, tools, and drugs at Posyandu. The motivation and work activity of cadres should be continuously

fostered so that the tasks assigned to them can be carried out optimally. They must be made aware that their duties are very important for the development of the health of their citizens so that it is not solely for the benefit of the health center program. Given the importance of motivation and activeness of cadres, to further optimize the performance of posyandu cadres in providing services, the government provides training to cadres. The government program provides training to cadres. The posyandu program and the participation of cadres can run optimally with efforts including understanding, training/guidance from local health centers and giving awards to increase motivation [15]. The provision of incentives and rewards is felt to increase the motivation of cadres' performance. A cadre who has high motivation and good ability in carrying out his duties will produce good performance.

## 5 Conclusion and Suggestions

The problem from observing the implementation of the Padma I and II Posyandu is that not all active cadres and table four are always avoided because of the cadres' lack of confidence in providing individual counseling based on the MCH handbook. The Padma I and II Posyandu facilities have met the criteria for the Purnama Posyandu, the obstacle to progress is that they do not have a special building or room for posyandu activities. The advice for health cadres is to stay active in participating in posyandu activities, while still paying attention to the health procedures to prevent and spread Covid 19. Increasing knowledge of cadres related to KMS books can be done by studying groups or by conducting referrals by competent health workers.

## References

1. Kumar, D., Malviya, R., & Sharma, P. K. (2020). Corona virus: a review of COVID-19. *EJMO*, 4(1), 8-25.
2. Fachrul, N. A. S. (2022). *Faktor yang mempengaruhi efektivitas satgas covid kabupaten Bantul dalam penanggulangan pandemic covid-19 tahun 2021* (doctoral dissertation, Universitas Muhammadiyah Yogyakarta).
3. Sarwono, Sarlito W & Meinarno, Eko A. 2015. Psikologi Sosial. Jakarta: Salemba Humanika. K. Elissa, "Title of paper if known," unpublished.
4. Soekanto, Soejono. 2012 Sosiologi Suatu Pengantar. Jakarta : PT Raja Grafindo Persada
5. Depkes RI. Pedoman Umum Pengelolaan Posyandu. Jakarta: Departemen Kesehatan RI; 2011.
6. A.A. Muninjaya. (2004). Manajemen kesehatan. Jakarta : Penerbit Buku Kedokteran EGC: 220–234.
7. RI, K. (2011). Buku panduan kader Posyandu menuju keluarga sadar gizi. *Jakarta Direktorat Bina Gizi Kementerian Kesehatan RI*.
8. RI, K. (2012). Buku pegangan kader posyandu.
9. Nasution, W. Z., Aulia, D., & Lubis, Z. (2020). The Influence of Education, Mother's Attitude and Cadres' Service on Utilization of Posyandu in South Tapanuli, North Sumatera. *Budapest International Research and Critics in Linguistics and Education (BirLE) Journal*, 3(1), 358–364.

10. Becirovic Emkic, M. (2010). Motivation-the driving force for our actions: A study of the importance of learning experiences, learner beliefs, self-determination and personal goals for motivation and attitudes in English language learning.
11. Tohidi, H., & Jabbari, M. M. (2012). The effects of motivation in education. *Procedia-Social and Behavioral Sciences*, 31, 820-824.
12. Legi, N. N., Rumagit, F., Montol, A. B., & Lule, R. (2015). Faktor yang berhubungan dengan keaktifan kader posyandu di wilayah kerja Puskesmas Ranotana Weru. *Jurnal GIZIDO*, 7(2), 429-436.
13. Uno, H. B. (2021). *Teori motivasi dan pengukurannya: Analisis di bidang pendidikan*. Bumi Aksara.
14. <http://www.revitalisasiposyandu.htm/>. Anonim. 2003. Revitalisasi Posyandu di Indonesia
15. Musmiler, E. (2020). Faktor-faktor yang Mempengaruhi Kinerja Kader Dalam Pelayanan Posyandu. *Jurnal Amanah Kesehatan*, 2(1), 126-133.

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