

Research Article,

## Revitalization of Posyandu for the Elderly in Nagari Tapakis, Padang Pariaman Regency

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### Abstract:

The common knowledge of elderly posyandu cadres in Nagari Tapakis hurts their performance in the field. The initial survey results showed that the elderly posyandu cadres had just been formed; so far, the assigned cadres were toddler's posyandu cadres. This makes the cadres have a double burden so that the activities of the elderly posyandu are less active even though they already exist. Since establishing the elderly posyandu cadres, no training has been held for cadres related to their primary duties and functions. The service method used is lecture, discussion, practice, and pre-test and post-test work. The training material focuses on techniques for managing the elderly posyandu and health services for the elderly that must be carried out during the Covid-19 pandemic era. Participants in the activity included 18 elderly posyandu cadres in Nagari Tapakis. On August 27, 2021, the action took place at the Tapakis Mayor's Office. The results obtained in training involving 18 elderly posyandu health cadres generally showed encouraging things. The participants responded positively and were very enthusiastic about participating in the training activities during the material presentation and discussion sessions. The pre-test and post-test values also showed a change in the form of an increase in respondents' knowledge; this was evidenced by the difference in the average understanding of respondents before counseling (13.2) and after counseling (16.8) with  $p = 0.000$ .

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**Keywords:** Cadres, Posyandu, Elderly

### Introduction:

National development in various fields has improved the quality of health and the socioeconomic conditions of society in general. Indonesia's life expectancy has increased significantly (Khuzaimah et al., 2021). The increase in life expectancy has increased the number of older people (elderly) and changed the structure of Indonesia's population (Andini et al., 2013).

The Elderly is someone who reaches the age of 60 years and over, which is the final stage of human development (Misnaniarti, 2017). Globally, the elderly population is predicted to continue to increase. The elderly population in Indonesia is expected to rise higher than the elderly population

in the world after 2100. The elderly population in Indonesia in 2013 was 8.9% of the total population, and according to estimates from the Central Statistics Agency (BPS), Indonesia will enter the elderly period (aging), where 10% of the population will be aged 60 years and over in 2020 (Ministry of Health, 2016).

The increasing elderly population makes the government need to formulate policies and programs aimed at elderly population groups to play a role in the development and not become a burden to the community. Law No. 13 of 1998 concerning Elderly Welfare stipulates that the age limit for the elderly in Indonesia is 60 years and over. Law Number 36 the Year 2009 article 138 paragraph 1 specifies that health care efforts for

the elderly must maintain a healthy and productive life socially and economically following human dignity. Paragraph 2 stipulates that the government is obliged to ensure the availability of health service facilities and facilitate elderly groups to live independently and productively socially and economically (Rifa'i, 2015).

Various policies and programs implemented by the government are stated in Government Regulation Number 43 of 2004 concerning Implementation of Efforts to Improve the Welfare of the Elderly, which include: 1) Religious and spiritual mental services such as the construction of religious facilities with accessibility services for the elderly; 2) Health services through increased healing (curative) efforts, expanded to the field of geriatric/gerontological services; 3) Services for public infrastructure, namely obtaining convenience in the use of public facilities, reduced costs, ease of travel, provision of special recreational and sports facilities; 4) Ease of use of public facilities, such as government administration services (Life Identity Card), (Novelia et al., 2014).

The government has made many policies to keep the elderly healthy and productive in carrying out their lives. However, there are still many obstacles faced so that problems are still found in the elderly, especially in health problems that play an essential role in the productivity of the elderly in everyday life. In old age, a person will experience physical, cognitive, and psychosocial life (Rohmah et al., 2012). Darnton-Hill also emphasizes the importance of life expectancy and quality of life for the elderly. Conditions of the elderly in general, such as old age, loneliness, less prosperous socioeconomic status, and the emergence of degenerative diseases such as cancer, heart disease, rheumatism, and cataracts, cause productivity to decline and affect social life. All of the above is the impact of the low quality of life of the elderly. This can be caused by a weakened physical condition, poor personal relationships, lack of opportunities to obtain information, new skills, etc. (Hendayani & Afnuhazi, 2018).

With increasing age, physiological functions decrease due to the degenerative process (aging) so that non-communicable diseases often appear in the elderly. In addition, degenerative problems reduce the body's resistance to being susceptible to infectious diseases. Data from BPS shows that the highest elderly health complaints are

complaints which are the effects of chronic illnesses which incidentally are non-communicable diseases such as gout, high blood pressure, rheumatism, low blood pressure, and diabetes (32.99%), followed by coughs (17.81%) and colds (11.75%) (BPS RI, 2012). Meanwhile, the highest prevalence of obesity from the elderly to the elderly (aged group 55-64 years, 65-74 years, and 75 years or more) is the age group 55-64 years (23.1%). Judging from the type of disease in the Hospital Information System (SIRS) in 2010, it was stated that the top 10 ranks of disease-causing outpatients from all outpatient conditions in the 45-64 year age group and 65 years or older were essential (primary) hypertension.

In a study conducted by Sudiono (2008) in East Jakarta, degenerative diseases such as hypertension, diabetes, and heart disease were found. Among these diseases, hypertension was ranked first (45.5%), followed by DM (3.6%). The following finding is that there are problems with oral hygiene care (oral hygiene) as much as 55%. By looking at some of these findings, the elderly population needs to gain self-care skills such as recognizing potential problems as early as possible, knowing how to seek help when it is known or perceived to have health problems, and there is awareness and community participation to reinforce these efforts. So that real problems can be anticipated as soon as possible (Zaliavani et al., 2019).

It is pretty challenging to recognize health problems that occur early. Most of the symptoms and signs that appear are non-specific, so the problem is often identified when it has progressed. This is even more difficult because of the emergence of natural movements and symptoms of the aging process and complex chronic conditions that can obscure signs or symptoms that indicate a health problem. The situation sometimes becomes more difficult because some Indonesian people also do not have full awareness of the early detection of potential issues of non-communicable diseases that they will face. (Widodo & Sumardino, 2016).

Early detection of non-communicable diseases should be routinely carried out from 15 years. However, various changes in health are often felt but sometimes do not get follow-up or even are ignored. Most people will seek a place of examination or treatment when health problems or even complications from diseases have occurred.

Although, in general, the community also has experience, knowledge, and interaction with the community that needs to be optimized about potential problems and learning and how to overcome them. Awareness of the need for early detection and early treatment can increase the effectiveness of the treatment when this group and the elderly are experiencing periods of health and emergencies. (Lubis, 2021). Thus the level of independence and quality of life of the elderly can also be maintained and even increased.

The initial survey results conducted in Nagari Tapakis, Kabupaten Padang Pariaman, showed that the village has a relatively large number of elderly groups, approximately 1600 people. A large number of older people is also accompanied by a high incidence of non-communicable/degenerative diseases, where preliminary survey data show that most of the elderly experience health problems, such as rheumatism (81%), hypertension (28%), smoking (34%), and did not consume milk to prevent osteoporosis (87%). The number of health problems and the high incidence of degenerative diseases certainly influence the productivity level of the elderly and will impact their quality of life. Conditions like this require promotive and preventive efforts that must be done to improve the quality of life of the elderly. Therefore, at the beginning of 2019, the team had done service by providing counseling about the importance of implementing the Elderly Posyandu in Nagari Tapakis, Padang Pariaman Regency.

Through this activity, the team obtained further information about the problems faced related to implementing the Elderly Posyandu in Nagari Tapakis, Padang Pariaman Regency. The Elderly Posyandu has been established since 2018. The Elderly Posyandu in Tapakis Nagari consists of 5 posyandu, namely the West Tapakis Posyandu, East Tapakis, South Tapakis, North Tapakis, and

Central Tapakis. In each posyandu, there are three cadres responsible for its implementation. However, based on information from local cadres and health workers, it is known that the existing elderly posyandu has not been active as they should. This is partly because, since the beginning of the establishment of the Elderly Posyandu, There has never been any training activity provided by the Puskesmas or the local District Health Office to cadres to carry out their main tasks and functions, so the actions that have just been carried out are limited to elderly gymnastics and simple physical examinations. According to the cadre's confession, the number of targets who attended the Posyandu for the Elderly activities was also very minimal, partly because of access problems and many elderly living alone without being accompanied by other family members. Besides that, it is also known that the Elderly Posyandu Cadre that was formed also acts as a Toddler Posyandu Cadre, thus making the cadres have a double burden. The motivation of cadres to carry out their duties is also relatively low because there is no special budget allocation from the District Health Office to implement Posyandu activities for the Elderly. Cadres are only given an incentive of Rp. 50,000.00 per month and are paid once in three months by the local puskesmas. Given the problems above, the team felt the need to carry out further service to increase the active role of the Elderly Posyandu in Nagari Tapakis, Padang Pariaman Regency.

Based on the explanation above, the solutions offered to overcome these problems are as follows: Providing training for the Elderly Posyandu for Cadre management. Exercise is essential to explain the main tasks and functions of cadres in managing the implementation of the Elderly Posyandu. It is hoped that the cadres can run the Elderly Posyandu more optimally.

learn their job by observing the work of other people who are working. Through this method, it is hoped that there will be an increase in the knowledge and skills of the Elderly Posyandu Cadre.

In this activity, apart from participating as training participants, partners also assist in obtaining permits and providing training venues, coordinating with local governments and local health workers, as well as coordinating to determine the appropriate schedule of activities, as

### **Implementation Method:**

This service activity is carried out with a one-day design with the on-the-job training method. The method procedures are more informal, simple observation, and relatively easy and practical. Usually, almost 90% of the participants' knowledge is mainly obtained through this method.

The on-the-job training method is also used to teach skills that trainees can learn in a relatively short time where participants can immediately

well as distributing invitations to all Posyandu Elderly cadres who there are 18 people in Nagari Tapakis so that they are willing to be participants and want to attend training activities

Monitoring and evaluation activities are carried out by comparing the results of the Pre-Test and Post-Test. If there are deficiencies in the implementation, it will be followed up by coordinating immediately with partners as an extension of the team at the service location.

### Results and Discussion

Implementation of activities started by coordinating the implementation team with partners to discuss and agree on the technical activities. After completion, it continued sending invitations to all 18 elderly Posyandu health cadres in Kanagarian Tapakis, Padang Pariaman Regency.



Figure 1 Filling in the Pre-Test by Posyandu Cadres

The training, which involved 18 posyandu health cadres, was generally encouraging. The participants responded positively and were very enthusiastic about participating in the training activities, both during the material presentation and discussion sessions. Meanwhile, the test results of the trainees, both pre-test and post-test, can be seen in the following table:

Table 1 Results of Knowledge Evaluation of Posyandu Cadre Training Participants

| Variable                  | mean | P value |
|---------------------------|------|---------|
| Knowledge Before Training | 13.2 | 0.000   |
| Knowledge After Training  | 16.8 |         |

The pre-test and post-test values showed a change in the form of an increase in respondents' knowledge; this was evidenced by the difference in the average understanding of respondents before training (13.2) and after exercise (16.8) with  $p = 0.000$ .

These results indicate that the posyandu cadre training provided a social impact on increasing the

knowledge and motivation of cadres in carrying out their duties. However, from 18 cadres, there are still those who have not shown an increase in knowledge after training; it is possible that their general knowledge and educational background support is not sufficient or maybe because of the influence of the age factor of 45 years over.

Posyandu cadre is a person who is appointed, elected, and or appointed to lead the development of Posyandu in an area because of his skills or abilities. Posyandu, as a form of community-based health effort, has cadres who act as the driving force and organizer of the Posyandu. If the cadres are active, then the Posyandu will run smoothly; otherwise, if the cadres are not involved, the Posyandu will not run as expected. The activities of cadres mainly depend on the willingness of cadres and the acceptance of the community as users of cadre services.

Knowledge of the task is essential for every individual in work, including cadres. Good understanding of duties and responsibilities within an organization tends to improve the quality of its work. Increased or lack of knowledge of a person affects performance, way of thinking, and

analyzing something. It will give a different perception of the object being observed, which will change a person's behavior. The training aims to increase the knowledge and dedication of cadres so that they are confident to carry out their duties as posyandu cadres in serving the community, both at posyandu and during home visits. (Lukwan, 2018).

In this community service activity, training participants are allowed to have discussions (question and answer) with the presenters and the service team regarding matters related to the material that has been presented. In addition, training participants are also allowed to express their complaints regarding the obstacles/constraints they face in the field. The discussion results in this training showed a

positive response from the participants; the participants were very enthusiastic in the question and answer process, even some of the participants did not get the opportunity to ask questions due to the limited training time. Of the many questions, participants showed that the participants' knowledge who asked questions was still not sufficient. Still, after receiving further explanations, it was seen that there was an increase in understanding of the basic concepts of posyandu activities. Based on the complaints received from the cadres, it can also be seen that there is still a lack of attention and support given by the puskesmas and local government to posyandu cadres in carrying out their duties and functions.



Figure 2 Discussion of Posyandu Cadres with the Service Team

### **Conclusion:**

Based on the community service activities carried out, it is known that:

- 1) There was an increase in the participants' knowledge after attending the training for elderly posyandu cadres; this was proven because most of the training participants got a higher post-test score than the pre-test score.
- 2) There was an increase in the skills of the participants after attending the training for elderly posyandu cadres; this was seen through the activeness of the participants in the practice sessions and discussions, as

well as their enthusiasm to get solutions related to the obstacles/constraints they had faced in the field.

- 3) The lack of attention and support from the local puskesmas to the cadres is evident from the many complaints expressed by some participants during the discussion session.

Thus, it is hoped that the local puskesmas can improve cadres' performance by providing training and conducting periodic and integrated coaching programs for elderly posyandu cadres. In addition, it is also necessary to evaluate the performance of posyandu cadres, namely by

holding meetings with Community Leaders (TOMA), Posyandu supervisors, and cadres to discuss the cadres' performance or not they are following the job descriptions.

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