

Research article

The Role of Posyandu Community Health Workers in Improving the Health of Mothers and Children

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Abstract.

The COVID-19 pandemic has led to a decline in the quantity and quality of maternal and child health services in Indonesia, especially of Posyandu. According to data from the Ministry of Health, at the end of 2019 there were 298,058 Posyandu in Indonesia and only 65.42% were active. To improve the quality of Posyandu, especially when promoting the adaptation of new habits, community health workers (CHWs) play a very important role. CHWs are expected to be drivers for communities to obtain health services. The purpose of this study was to identify the role of and barriers faced by CHWs in improving maternal and child health in Posyandu Cempaka Mekar Cimahi. This was qualitative research, and data were collected through observations, documentation analysis and interviews with CHWs, pregnant women, and mothers who had babies and toddlers in the work area of Posyandu Cempaka Mekar Cimahi. Secondary data were collected from notes, books and brochures. Data were analyzed using interactive analysis models through four stages: data collection, data reduction, data presentation, and verification. It was found that the role of CHWs in improving maternal and child health in Posyandu Cempaka Mekar was by conducting socialization, counseling and mentoring activities. The obstacles faced by CHWs were a lack of human resources, a lack of supporting devices for CHW activities and a lack of implementation processes. The active role of CHWs in the implementation of Posyandu continues to run well so that the target group still benefits from Posyandu services.

Keywords: community health worker, maternal and child health, adaptation of new habits

1. Introduction

Village public health development (PKMD) is a non-governmental activity that is an activity carried out by the community, from the community and for the community aimed at improving the quality of public health. Posyandu is one form of operational community participation or UKBM (community-sourced health efforts) managed from, by, for and with the community to empower the community and provide convenience to the community in processing basic health services [1]. The main activities of posyandu in the form of birth control services, nutrition, immunization, diarrhea management, and maternal and child health efforts. This service integration effort is one way to increase the reach of

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health services to the community. The goal of posyandu is to reduce the mortality rate of infants and children under five, the birth rate in order to realize a small family happy and prosperous [2]. The COVID-19 pandemic (Coronavirus Disease of 2019) has an impact on the declining quantity and quality of maternal and child health services (KIA). Data from the Ministry of Health at the end of 2019 amounted to 298,058 Posyandu in Indonesia and only 65.42% were active. This figure is still far from the national target of 80%. Almost all health services experienced a significant decline due to the COVID-19 pandemic including posyandu services. Head of health service cimahi stated that there was a change in the latest posyandu policy indicator where the posyandu category changed from strata to active and inactive. Based on data in 2020, about 25% of all posyandu in Cimahi are included in active posyandu where the highest percentage is in North Cimahi District including Citeureup region.

To improve the quality of posyandu, especially in the period of Adaptation of New Habits (AKB), CHW play a very important role. Kader not only plays a role in the health of mothers, babies and toddlers, but also serves to help the government in socializing New Habit Adaptation (AKB) in the community. CHW must also join the Covid-19 village task force team to educate the community to comply and civilize the Adaptation of New Habits (AKB) namely wearing masks, washing hands and maintaining distance. With the implementation of Posyandu Adaptation of New Habits it is expected that the main function of posyandu will continue to run and the target group still benefits from the implementation of Posyandu services. The role of CHW on maternal and child health refers to the status of health and health services provided to women and children. CHW conduct early detection of maternal and child health problems using KIA books, CHW must always be ready to deliver and take care if there is a mother or child who needs help and care of health workers (will be referred). The forms of maternal and child health services in posyandu include weighing, height measurement, measurement of the child's head circumference, monitoring of child activities, monitoring immunization status, monitoring of parental actions on parenting carried out on children, monitoring child problems, and counseling. .

2. Methods

This type of research is qualitatively descriptive, using several informants for interviews and observations. The data source used is primary data, which is information sourced from direct observation to the research site by means of observation and interview, as well as secondary data that is data obtained from documentation or literature studies

to complete the primary data [3]. The research data source was obtained from CHW, pregnant women, and mothers who have babies and toddlers in the working area of Posyandu Cempaka Mekar RT 01 Citeureup Cimahi. Secondary data sources in the form of records, books, brochures that have to do with the title or problems studied such as posyandu profiles, cadre name data and names of mothers and children contained in posyandu, maternal and child health data, and posyandu cadre report data. The sample in this study was a CWH cempaka blooms that actively numbered 13 people. The data collection techniques in this study are:

- 1) Observation by observing the role of posyandu cadres in improving maternal and child health

- 2) Interviews in the form of structured interviews and free interviews. Structured interviews are conducted to obtain an overview of the informant's identity and background. In this study used two interview techniques, namely: first open interview, an interview technique conducted openly, intimately and family-filled. As for obtaining data that is in accordance with the subject matter of the author using question guidelines. The use of language that is not too formal during interviews is also one strategy to find the widest range of research data without being hindered by language structures that are sometimes formally binding and do not provide room for confidence to explain straightforwardly. The use of flexible language to dig up the information that researchers need.

3. Result

Description of Posyandu and Health Workers

Citeureup is a region located in northern Cimahi consisting of 15 RW with the number of Posyandu spread as many as 17 with a kader of 120 people where all the cadres are women and active as Posyandu health workers. Posyandu Cempaka Mekar is one of the posyandu located in Rt 01 Rw 15 Citeureup with a total of 13 active health workers.

Based on the table, the characteristics of health workers based on the age of most aged >40-49 years, the last education of most high school, health worker mostly as IRT and experience as a <5-10 years.

Based on the table, the target of posyandu who are at high risk is pregnant women experiencing KEK as many as 1 person, Infants and toddlers who experience stunting as many as 5 people.

TABLE 1: Characteristics of Posyandu Health Workers in Cempaka Mekar.

No	Characteristics	Sum	Percentage
1	Age		
	15 – 39 years old	3	23%
	>40 – 49 years old	10	77%
2	Education		
	≤ SMP	5	38%
	≥ SMA	8	62%
3	Employment		
	Not working	7	54%
	Work	6	46%
4	Long been a health worker		
	1-5 years old	2	15%
	>5-10 years old	6	46%
	>10 years old	5	38%

Source: Primary Data, 2021

TABLE 2: Target Data of Posyandu Health Workers in Cempaka Mekar.

No	Target	Sum	High Risk
1	Pregnant	8	1
2	Baby	5	1
3	Toddler	18	4
4	Post partum	6	0
5	Adolescent	467	0

Source: Primary Data, 2021

4. Discussion

A. The role of posyandu cadre Cempaka Mekar in improving the health of Mother and Child as follows:

5. Socialization

Posyandu cadres are tasked with socializing based on conditions experienced by pregnant women and toddlers based on the results of weighing and the health condition of mothers and toddlers. Socialization is done by visiting every house that experiences health problems [4]. Posyandu Service during the adaptation of new habits is still carried out by way of cadres visiting each house based on the target of Posyandu Cempaka Mekar by carrying out service activities to pregnant women such as weighing, measuring height, measuring upper arm circumference. Services to children under five include

weighing, height measurement, measurement of the child's head circumference, monitoring of child activities, monitoring immunization status, monitoring of parental actions about parenting carried out on children, and monitoring of child problems. Posyandu activities during the adaptation of new habits are called POSMAMAH (Posyandu Mapay Imah). Posmamah's form of activities is posyandu cadres together with health workers doing posyandu activities by going directly to the homes of pregnant women and mothers who have babies and toddlers. Services are carried out at the target home by maintaining health protocols.

5.1. Counseling

Conseling on posyandu activities is carried out four to five times a year with material about clean and healthy living behaviors and about breast milk companion food [5].

The thing that has been achieved from the results of counseling by posyandu cadre Cempaka Mekar is to provide explanations to the public in order to understand and understand how to choose breast milk companion food and the importance of breast-feeding when the baby is over 6 months old. In addition, the information provided by posyandu cadres related to maternal and child health is done through electronic media such as creating a whatsapp group with the name of the Toddler Parents Group (GURITA). In the group, posyandu cadres provide information related to maternal and child health, especially information related to health services during the covid-19 pandemic.

6. Mentoring

Basically, the assistance carried out by Posyandu cadres is an effort to include the community in developing various potentials so as to achieve a better quality of life. Kader posyandu Cempaka Mekar acts as a companion when there are mothers who will give birth. Usually the CHW acts as a liaison between pregnant women and midwives [6]. In addition to assisting in the management of CHW referral files also plays a role in helping the community obtain Jamkesmas cards [7]. Based on the description of the results of the interview and the results of the author's observations, it can be concluded that posyandu cadres play an active role ranging from the implementation of posyandu activities to personal matters.

Barriers of Posyandu Cadres in Improving Maternal and Child Health

1. Barriers in Terms of Human Resources

Standards of human resource capability that are certain and accurate do not yet exist, as a result of which information on human resources capabilities is only predictable that is subjective. As for some obstacles encountered by CHW in terms of Human Resources as follows:

a. Inadequate Number of Posyandu health workers

health workers are always undergoing reshuffles, so they always need constant direction to new health workers. With these continuous changes, making health workers activities difficult, so that when the division of duties posyandu cadres is not in accordance with expectations. The old health workers must provide assistance first to the new kader, so that the duties of the old cadres are concurrent. In accordance with the results of interviews with the head of posyandu health workers [8].

b. Lack of Understanding of Services (Socialization, Counseling and Mentoring)

Health workers posyandu still have limitations related to understanding in providing services for the community so as to slow down the role of posyandu health workers [10].

c. Limited health workers understanding of Covid-19 virus transmission

health workers promotive and preventive efforts against the transmission of the Covid-19 virus are low, so it is necessary to improve the understanding of kader in the form of comprehensive information about Covid-19 and training related to health protocols [3].

2. Lack of supporting devices

Supporting devices such as posyandu facilities and infrastructure are still lacking, such as scales or dacin. In one village only has one dacin while one village consists of two posyandu, so if dacin is not inserted first posyandu activities will be postponed considering that dacin will not be ready in one to two hours. The lack of supporting devices for cadre activities is also seen from several factors as follows:

a. Less Data Collection System

One of the factors inhibiting posyandu cadres in carrying out services for mothers and children is a less accurate data collection system, with respect to the processing of data that is less accurate. Considering the data in posyandu is data in the form of paper and tables, so there is an error recording toddler data, especially at the time of data interception to the ledger. This makes posyandu health workers often experience obstacles in finding toddler data due to the amount of data that is not small so that it results in a lack of control of the growth and development of toddlers, so that regular vitamin administration and immunizations do not go well which results in faltering the

creation of monthly reports and annual reports that will be given to citeureup health centers [3].

b. Set of Guidelines and Guidelines Not Available

set of guideline in the form of training books and guidebooks posyandu health workers are still limited so that posyandu health workers only perform services in accordance with minimal knowledge possessed.

3. Maintenance Process

a. Lack of Coordination of Posyandu Health Workers

Coordination can be understood as a matter that aims to direct and unite all actions and thoughts in the direction of achieving the expected goal. However, in the fact that the author met in the field it is known that posyandu health workers have not coordinated properly, be it with the hamlet officials, community leaders and mothers of toddlers who will follow posyandu activities [3].

b. Lack of budget

Posyandu budget is sourced from voluntary donations from the community and health service in the form of money and goods. Help goods in the form of formula milk, porridge for additional baby or toddler food and counseling materials. But the help doesn't always come every month.

The obstacle experienced by posyandu health workers lies in the lack of budget and attention from the government, resulting in reduced community participation. The government should pay more attention to the problems faced by posyandu health workers so that the posyandu activity program runs well [9].

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