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Strengthening Integrated Health Center Service for the Elderly through Cadre Training and Mentoring

Saidah Rauf , Rigoan Malawat

Program Studi Keperawatan Masohi, Politeknik Kesehatan Kemenkes Maluku, Ambon, Indonesia

Email korespondensi: saidahrauf@poltekkes-maluku.ac.id



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ABSTRACT

Posyandu for the elderly is a community-driven and agreed-upon integrated service station for the elderly in a specific location where they can receive health care. Currently, not all provinces in Indonesia (43.9%), including Maluku, hold Posyandu for the elderly. The Mosso Villages in Central Maluku Regency's Tehoru District has never offered posyandu services to the elderly. The absence of skilled cadres, infrastructure, and a small number of health workers causes posyandu's lack of action in this area. This community engagement aimed to strengthen the elderly posyandu in Mosso village by providing cadre training and mentoring. Ten cadres have been trained, and their knowledge and abilities have improved due to the training. The mentoring activities revealed that the Posyandu Wae BaK and Wae Lisa provided routine services every month and that the cadres could provide posyandu services for the elderly on their own.



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INTRODUCTION

Health is a fundamental human right and one of the essential factors in determining the quality of human resources (Hidayat, 2016). In Indonesia, health development is carried out as part of efforts to build an entire human being by improving the health state of the population, including those over 60 or the elderly (Kementerian Kesehatan Republik Indonesia, 2015). Since the increase in the number of older adults, Indonesia is progressively becoming an aging society (Widiyanto et al., 2020). According to Susenas 2019, Indonesia's population of citizens aged 60 and over has reached almost 26 million, or 10% of the country's total population (Badan Pusat Statistik, 2019).

In response to the fast rise of the elderly population, it is critical to provide elder health care services (Sumini et al., 2020). As the technical implementing unit of the health office, the primary health service center (Puskesmas) provides particular health care for the elderly both within and outside the building. The health service outside the building is the integrated health center (Posyandu) for the elderly. Posyandu for the elderly is carried out by a community agreement in a specific area (Kusumawati et al., 2017; Sari et al., 2020). As a result, government and community support are required to implement Posyandu for the elderly. The willingness to become a posyandu cadre is one form of community support. Cadres are community members chosen from and by the community who are willing and able to work together voluntarily in various community activities (Rikiy, 2013).

Elderly posyandu cadres must understand the role of cadres and their primary duties and functions at posyandu. Posyandu cadres can be trained to improve their knowledge and skills, allowing them to serve their communities better (Maryatun & Indarwati, 2017; Zaki et al., 2018). Posyandu activities for the elderly have not been fully implemented in all Puskesmas in Indonesia. According to the Ministry of Health of the Republic of Indonesia, only 43.9% of the 9,933 Puskesmas in Indonesia provide services for the elderly Posyandu or Posbindu. Meanwhile, Maluku Province's puskesmas rate was only 36.9%. This percentage has not met the specified national minimum target of 40% (Kemenkes RI, 2019).

The Puskesmas Tehoru in Central Maluku Regency is one of the puskesmas that has not yet optimized its elderly Posyandu program. According to a preliminary survey in Mosso village, no Posyandu events for the elderly have been held in this community. The fact was concerning because the senior population in this village is highly significant, accounting for 8% of the overall population. The lack of expertise among the cadres was the most severe issue discovered in elderly Posyandu. As a result, they needed to develop their knowledge and skills to perform the posyandu activity following the standard and procedure to provide the best possible service. This condition may be attributed to a scarcity of health professionals, and the cadres have never been trained.

Several prior community service initiatives have demonstrated the effectiveness of various educational programs, the provision of manuals, and the empowerment of the community through training and mentoring cadres to improve posyandu services (Astuti & Winarni, 2018; Kusumawati et al., 2017; Putri & Suhartiningsih, 2020; Sumardi et al., 2020; Zaki et al., 2018). This community engagement aimed to strengthen the elderly posyandu in Mosso village by providing cadre training and mentoring

METHODS

Training and mentorship were the methods used in this community service project. In Mosso Village, Tehoru District, Central Maluku Regency, the activities were carried out. This service activity was carried out by two lecturers from the Masohi Nursing Study Program, Poltekkes Maluku Ministry of Health, collaborating with partners from the Puskesmas Tehoru and the Mosso State Government. This community engagement activity was also included a total of six students. This activity involved ten cadres from two elderly Posyandu formed in the village, namely Posyandu Wae Bak and Posyandu Wae Lisa.

The training sessions took place at the polindes hall for two days (13-14 September 2019) (Figure 1). The training was conducted using both a theoretical and practical approach. Lectures, discussions, demonstrations, guided learning, and simulations were used. Pre-test and post-test were given before and after the training. Meanwhile, mentorship for the Posyandu service was done twice (September - October 2019). Mentoring was conducted during posyandu services every month to assess cadres' abilities to provide services. This evaluation is carried out with a checklist instrument as long as cadres provide services. During the Posyandu service mentoring, the community engagement team were provided additional food for the elderly and donated medical check-up tools for cadres. This program will be considered a success if cadres' knowledge and abilities are improved, and the Posyandu program for the elderly in Mosso Village can be implemented regularly and sustain.

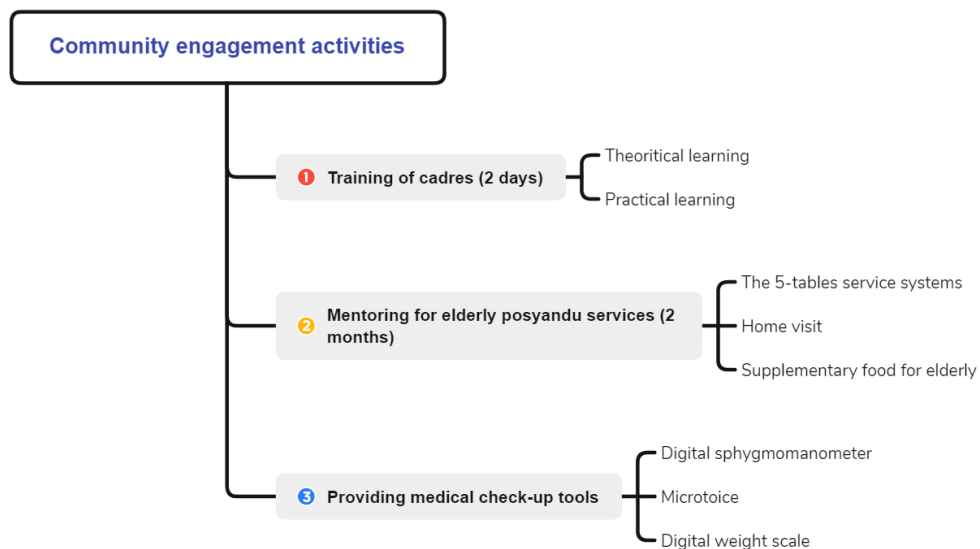


Figure 1: The flow of community service activities

RESULT AND DISCUSSION

The training was carried out as planned and was inaugurated by the head of the Mosso state government. The activity runs from 8:00 a.m. to 5:30 p.m. WIT. Ten cadres attended the training. Table 1 describes the characteristics of the cadres. Most of the trainees were males (60%). Half of the trainees were 51-55 years old and working as a farmer.

Cadres play a vital part in the management of the elderly posyandu. All cadres were residents who were chosen and descended from the Mosso village government and community representation. Cadres or trainees in this activity were between the ages of 41 and 55. The Mosso village's cadre characteristics are consistent with previous findings, suggesting that the most active cadres are between 41 and 69 (Tinambunan & Wibowo, 2019). As a result, selected community members in this age range as cadres of elderly posyandu are recommended.

Table 1: General characteristics of elderly posyandu cadres

General characteristics	Frequency	Percentage (%)
Gender		
Male	6	60.0
Female	4	40.0
Age		
41-45 years	1	10.0
46-50 years	4	40.0
51-55 years	5	50.0
Education		
Primary school	3	30.0
Junior high school	3	30.0
Senior high school	4	40.0
Occupation		
Housewife	3	30.0
Farmer	5	50.0
Entrepreneur	1	10.0
Employee	1	10.0

The speakers are from the community engagement team, the puskesmas' head, and the puskesmas' health workers in charge of the elderly program (**Figure 2 & 3**). Cadres were taught about the Posyandu for the Elderly, cadre roles and responsibilities, a 5-table service system, elderly KMS recording, reporting system, and techniques for measuring vital signs, height and weight, calculating BMI, and focused anamnesis. The introduction to the elderly posyandu, as well as cadre roles and responsibilities, were taught using lectures and discussions. Furthermore, lectures, discussions, demonstrations, guided learning, and simulations were used for the rest of the topics.



Figures 2: Recording and reporting lecture



Figures 3: Practice filling out KMS forms

Cadres are given tests before and after the material is presented to assess knowledge changes. The pre-test was used to assess the cadres' prior knowledge. On either hand, a post-test was conducted to assess the cadres' knowledge following the training. The result of the dependent t-test displays that the cadres' level of knowledge improved significantly ($p < 0.0001$) after training (**Figure 4**). Although the educational background of some cadres was at the secondary education level, this result of training suggests that our method was powerful to increase the cadre's knowledge and skill levels. The result of this community engagement was in line with those previous reports (Akbar et al., 2021; Khuluqo & Nuryati, 2020; Putri & Suhartiningsih, 2020).

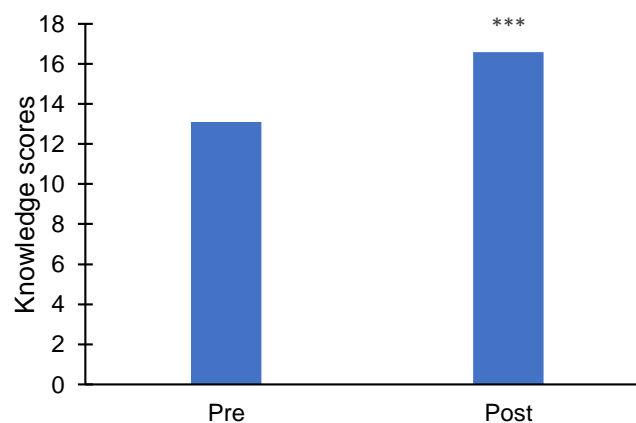


Figure 4: The Cadres' knowledge before and after training

The monitoring activities occurred twice, on September 19, 2019, and October 18, 2019. The community engagement team assessed cadres' ability to provide

services. Cadres were only assigned to Table I for registration, Table II for measuring weight and height, filling out BMI on KMS, and Table III for measuring blood pressure and interviewing the elderly about their health.

Cadres are conscience and competent in their work. In addition, the service was provided pleasantly and respectfully. The cadres were switched from Table I to Table II, Table II to table III, and vice versa after serving several elderly persons so that all cadres at the elderly Posyandu Wae Bak and Wae Lisa could serve equally well at all tables (**Figure 5 & 6**). Cadres are also allowed to visit the elderly at home if they cannot visit the posyandu due to limited mobility.

During the first dan the second mentorings, the elderly who came to the posyandu were given supplementary meals in the form of local food and chicken porridge. Due to two cadres' visual issues (blurred vision), filling out the KMS, particularly Table II, was challenging. The response to this issue was to avoid placing them on Table II until the eye impairment has been addressed.



Figures 5: Elderly services by cadres at Table I



Figures 6: Elderly services by cadres at Table II

During the second mentoring, the community engagement team was able to assist posyandu with facilities and infrastructure in the form of two microtoises, two digital tensimeters, and two weight scales on that posyandu. The availability of this examination tool is intended to improve cadre services for the elderly.

The first and second mentoring assessments of cadre skills revealed an improvement. The function of health workers in the second stage of mentorship is limited to tables IV and V. Each cadre became more self-sufficient and confident in their ability to provide services. These community engagement findings were in line with previous activities. It was reported that mentoring activities can improve the quality of services provided by elderly cadres, as well as increase the elderly's intention to visit the elderly posyandu ([Masrurroh et al., 2021](#); [Prabasari et al., 2021](#); [Yudianto et al., 2018](#)).

CONCLUSION AND RECOMMENDATION

Posyandu for the elderly in Mosso village, Tehoru sub-district, has been carried out vigorously and continuously, according to the outcomes of community service activities. Ten elderly posyandu cadres have the necessary knowledge and abilities to autonomously run the elderly posyandu in their community. The Mosso State Government and the Tehoru Health Center are required to continue monitoring and

improving the activities of the elderly posyandu through cadres so that the village's elderly might gain the optimum health benefits from the presence of elderly posyandu.

REFERENCES

- Akbar, F., Darmiati, Arfan, F., & Putri, A. A. Z. (2021). Pelatihan dan Pendampingan Kader Posyandu di Kecamatan Wonomulyo. *Jurnal Abdidas*, 2(2), 273–279. <https://abdidas.org/index.php/abdidas/article/view/282>
- Astuti, E. Z. L., & Winarni, T. (2018). Mendorong partisipasi Bina keluarga. *Jurnal Pengabdian Kepada Masyarakat (Indonesian Journal of Community Engagement)*, 3(2), 129–140. <https://doi.org/10.22146/jpkm.29719>
- Badan Pusat Statistik. (2019). *National Socioeconomic Survey 2019*. Jakarta: Badan Pusat Statistik.
- Hidayat, R. (2016). Rif'atul Hidayat, Hak Atas Derajat Pelayanan Kesehatan yang Optimal 127. *Syariah Jurnal Hukum Dan Pemikiran*, 16(2), 127–133. <https://jurnal.uin-antasari.ac.id/index.php/syariah/article/view/1035/1208>
- Kemendes RI. (2019). *Profil Kesehatan Indonesia 2018*. Jakarta: Kementerian Kesehatan R.I. <https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Data-dan-Info-Profil-Kesehatan-Indonesia-2018.pdf>
- Kementerian Kesehatan Republik Indonesia. (2015). Permenkes No. 67 Tahun 2015 Tentang Penyelenggaraan Pelayanan Kesehatan Lanjut Usia Di Pusat Kesehatan Masyarakat. *Kementerian Kesehatan Indonesia*, 89, 16. <https://peraturan.bpk.go.id/Home/Details/116533/permenkes-no-67-tahun-2015>
- Khuluqo, I. El, & Nuryati, T. (2020). Pelatihan Dan Pendampingan Kader Posyandu Lansia Di Wilayah Kerja Puskesmas Cimuning. *Jurnal Pemberdayaan Masyarakat Universitas Al Azhar Indonesia*, 2(1), 1. <https://doi.org/10.36722/jpm.v2i1.358>
- Kusumawati, Y., Sari, Y. M., & Zulaekah, S. (2017). Pengembangan Kegiatan Posyandu Lansia Anthurium di Surakarta. *Warta LPM*, 19(2), 125–133. <http://journals.ums.ac.id/index.php/warta/article/view/2738/2169>
- Maryatun, & Indarwati. (2017). Pemberdayaan Kader Posyandu Dalam Pengelolaan Posyandu Lansia Aktif Ddi Desa Jetis Sukoharjo. *Warta*, 20(1), 55–60. <https://journals.ums.ac.id/index.php/warta/article/view/4291>
- Masruroh, N. L., Agustyaningsih, T., Kurnia, A. D., Melizza, N., Arief, N., & Prameisela, F. (2021). Pendampingan Kader Posyandu Lansia Kota Malang. *Abdi Dosen : Jurnal Pengabdian Pada Masyarakat*, 5(1), 145. <https://doi.org/10.32832/abdidos.v5i1.848>
- Prabasari, N. A., Juwita, L., & Marcello, S. A. (2021). Pelatihan Dan Pendampingan Kader Posyandu Lansia Dalam Pencegahan Hipertensi Dengan Terapi Non Farmakologi Di Wilayah Kerja Puskesmas Kenjeran. *Jurnal Pengabdian Masyarakat*, 2(1), 7–11. <http://jurnal.stikeswilliambooth.ac.id/index.php/pengabmas/article/view/277>
- Prihatiningsih, A., Sriaatmi, A., & Fatmasari, E. Y. (2020). Determinant of Elderly Posyandu Utilization in Working Areas of Six Public Health Centers (Puskesmas) of Semarang City. *Jurnal Riset Kesehatan*, 9(2), 88–93. <https://doi.org/10.31983/jrk.v9i2.6337>
- Putri, & Suhartiningsih, S. (2020). Pembinaan Kader Lansia Dalam Upaya Peningkatan Pelayanan Kesehatan Lansia. *Journal of Community Engagement in Health*, 3(2), 304–308. <https://doi.org/10.30994/jceh.v3i2.84>
- Rikiy. (2013). *Motivasi Kader Posyandu Lansia di Wilayah Kerja Puskesmas Panarung Kecamatan Pahandut Kota Palangka Raya Provinsi Kalimantan Tengah* [Universitas gadjah Mada]. http://etd.repository.ugm.ac.id/home/detail_pencarian/60617
- Sari, Y., Nurwati, I., Setyawan, S., Mutmainah, & Haryati, S. (2020). Pelatihan Pemeriksaan Antropometri pada Kader Posyandu Lansia di Puskesmas Gondangrejo Karanganyar. *Jurnal Abdidas*, 1(6), 603–608. <https://doi.org/10.31004/abdidas.v1i6.132>

- Sumardi, G. A., Seweng, A., & Amiruddin, R. (2020). Determinants of Activity In Activities of Posyandu Elderly In The Sudiang Health Center Makassar. *Hasanuddin International Journal Of Health Research Sciences*, 1(02), 28–37. <http://journal.unhas.ac.id/index.php/HIJHRS/article/view/9554>
- Sumini, Sukamdi, Pangaribowo, E. H., Keban, Y. T., & Darwin, M. (2020). Elderly Care: A Study on Community Care Services in Sleman, DIY, Indonesia. *Journal of Aging Research*, 2020(3983290), 1–11. <https://doi.org/10.1155/2020/3983290>
- Tinambunan, D. S., & Wibowo, A. (2019). *Factors Affecting the Success of Posyandu for the Elderly in Indonesia: A Systematic Review*. 111–111. <https://doi.org/10.26911/the6thicph.02.18>
- Widiyanto, B., Rahayu, S. K., Indriani, K., Larasati, D., Sondakh, F. A., Siyaranamual, M., Setiawan, A., Asmanto, P., Siagian, A., Hastuti, Arfyanto, H., Rahman, M. A., Toyamah, N., & Murniati, S. (2020). *The Situation of the Elderly in Indonesia and Access to Social Protection Programs: Secondary Data Analysis* (First). The National Team For The Acceleration Of Poverty Reduction. <https://www.tnp2k.go.id/index.php/downloads/the-situation-of-the-elderly-in-indonesia-and-access-to-social-protection-programs-secondary-data-analysis>
- Yudianto, K., Salim, F. I., & Sari, C. W. M. (2018). Study of Elderly Needs to Service of Santun Lansia Health Center. *Journal of Nursing Care*, 1(3), 205–211. <https://doi.org/10.24198/jnc.v1i3.18523>
- Zaki, I., Farida, F., & Sari, H. P. (2018). Peningkatan Kapasitas Kader Posyandu Melalui Pelatihan Pemantauan Status Gizi Balita. *Jurnal Pengabdian Kepada Masyarakat (Indonesian Journal of Community Engagement)*, 3(2), 169. <https://doi.org/10.22146/jpkm.28595>