COMMUNITY EMPOWERMENT AND THE ROLES OF POSYANDU CADRES IN IMPROVING HEALTH AND NUTRITION STATUS OF MOTHER AND CHILD IN INDONESIA

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CURRICULUM VITAE

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OUTLINE

1. Introduction
2. Posyandu and Posdaya
3. The Role of Posyandu and Posdaya Cadres
4. Lesson Learned
5. References
2030 Agenda for Sustainable Development
SOCIAL DETERMINANT OF HEALTH IN INDONESIA

THERE IS A GAP IN:
LEVEL OF EDUCATION, REVENUE, GENDER, DIFFICULTY OF GEOGRAPHIC,
SUPPLY OF CLEAN WATER, CLEAN & HEALTH ENVIRONMENT
Alma Ata Declaration (WHO, 1978) → Primary Health Care (PHC) as an approach to health development:

1. Universal coverage
2. Community participation
3. Multi-sectoral collaboration
4. The use of appropriate technology

This is very relevant to the 3 principles of Public Health:

1. Protect the public from health risks and threats
2. Equity, i.e. justice and equality
3. Main strengths are prevention
POSYANDU

• *Integrated Health Service Post* (hereafter Posyandu) is a community-based primary health service, especially for conceiving mother and children less than 5 years old.

• Posyandu is available in almost all villages in Indonesia. Its activities are from, by and for community. Supported by the nearest Puskesmas, Posyandu provides basic health services such as maternal and child health, family planning, immunization, nutrition and health promotion to the member of their community.

• The operational of Posyandu activities is supported by medical doctor and midwife from Puskesmas and cadre or village volunteer.
1. REGISTRATION

2. WEIGHING SESSION

FILLING IN THE GROWTH CHART

4. HEALTH PROMOTION

5. BASIC HEALTH SERVICES

POSYANDU IS ONE OF THE PHC IMPLEMENTATION
The Cadres of Posyandu

• The village cadres are chosen to be an agent since the cadres, who are all women, regularly meet and visit their community, who are all women as well.

• The cadres from one village, for example, perform Posyandu routine activity at least twice per month. In this routine activity, they meet mothers to weigh and measure the height of their baby or child under 5 years, to distribute additional food for baby and child under 5 years, and also to demonstrate how to prepare nutritional food for their family.

• Thus, these cadres are able to insert the socialization in Posyandu regular activities.
• According to Hemas (2007) in the last few years, the level of performance and participation of Posyandu cadres was felt to have greatly decreased from 43.3% to 36.2%, this is because the **economic crisis** has worsened from year to year, the saturation of cadres with routine every month that is monotonous, lacking the role and less attractive so that the cadres feel the work is easy so they are not too interested in carrying out the task and rarely visited by health workers or community leaders in the end the cadre is less motivated.
Cadres Empowerment

• The term “empowerment” refers a multi-dimensional social process that helps people gain control over their own lives, it is process that fosters power in people for use in their own lives, their communities, and in their society by acting on issues that they define as important (Page et al. 1999).

• It assumes that every people has his own power. Thus, the best way to enable people increasing the quality of his live is by encouraging them to improve himself with adequate knowledge, skill and facility. Other people or external agent serves only as a facilitator or to encourage people getting his own power.
• Cadres empowerment here means providing cadres with adequate knowledge and skill enable them to become skillful agents in a socialization program.

• By employing their own resources and capacity of cadres, who are part of communities, are able to participate directly in encouraging communities to improve their knowledge and lifestyle.

• Based on study in Demak Regency (2017), with a total of 107 posyandu cadres in 13 posyandu, but only 92 cadres were active. Where there are 65 good knowledgeable cadres (50%), 18 pretty good cadres (35%), 9 not good cadres (15%).
# Posyandu vs Posdaya

<table>
<thead>
<tr>
<th>Nu</th>
<th>Item</th>
<th>POSYANDU</th>
<th>POSDAYA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Year of established</td>
<td>1986</td>
<td>2006</td>
</tr>
<tr>
<td>2</td>
<td>Scope of activities</td>
<td>Health of both mother and child</td>
<td>Health, economy, education &amp; environment (all family members)</td>
</tr>
<tr>
<td>3</td>
<td>Number of units that have been formed</td>
<td>330.000</td>
<td>54.000</td>
</tr>
<tr>
<td>4</td>
<td>Location</td>
<td>All regions in Indonesia</td>
<td>Specific area, limited</td>
</tr>
<tr>
<td>5</td>
<td>Coaching Pattern</td>
<td>Coordinated by the central government</td>
<td>Coordinated by certain regions or parties</td>
</tr>
</tbody>
</table>
POSDAYA [Family Empowerment Post]

- **Posdaya** existence in Bogor City and Bogor Regency that has been initiated and facilitated by the Center for Human Resource Development-Institute for Research and Community Services, Bogor Agricultural University (P2SDM-LPPM IPB) since 2006 in collaboration with Dana Sejahtera Mandiri Foundation (Damandiri Foundation) and several parties other.

- At this time the number **Posdaya** around Bogor around 300 units, while in parts of Indonesia have totaled 54,000 units of Posdaya (YDSM, 2016).

- **Posdaya** expected to continue and be able to fill their respective activities in order to develop human resources (HRD), especially for the population belonging to the category of less able or poor family.
What is Posdaya?

Posdaya is a forum for friendship, communication, advocacy and strengthening of family functions in an integrated manner.
Posdaya development steps

Early stages of development socialization Posdaya: non-formal approaches to community leaders and village leaders

- Positive response from the community
- FGD
- Collecting the data
- Mini lokakarya
- Develop programs
- Negative response
- Moved location
Development Process

- Training for administrators / cadres
- Regular meetings
- Implementation of the program
- Consultation to various parties
- Network development

Follow-up
ROLE OF POSDAYA

ESTABLISHING COMMUNICATION AND COMMUNITY DEVELOPMENT TOGETHERNESS
[Note: Not competitor / replace existing activities]

Increase the capacity of Posdaya forum members through:

- Forming group activities if there is no
- Revive if ever there was a group activity
- Improving the quality of existing activities if groups
- Synergize all community empowerment program
- Build opportunities for cooperation with external parties for community empowerment.
POS DAYA DEVELOPMENT PROCESS

**MINILOKAKARYA**

- Need Assessment
  - Public figure
  - FGD in location

**POS DAYA**

- Workshop
  - Training of Cadre
  - Initial Stimulant
    (Name plate, Secretariat, Administration book)

**Posdaya Tematic Fieldwork**

- Social laboratory
- NGO

**Mentoring**

**Program of Agency**

**Go Field of Posdaya**

**POSDAYA EMPOWERMENT**

- Economy/Entrepreneurship charging
- Health charging

**POSDAYA**

- Education charging
- Religion charging
- Environment charging

**NETWORKING development**

**Multi sectoral**
A: Academician
B: Businessman
G: Government
C: Community
POSDAYA as LEARNING CENTER

- Selection
- Training
- Mentoring
- Supporting Facility of the program
COOPERATION

- Advocacy
- Socialization
- MoU
- Expansion
- Charging
- Training 4 aspects
- Physical facilities, economy
- Local OST
- External OST
- Evaluation meeting
- Publication: Radio, TV, newspaper, etc
Research Finding (2015)

• This research was conducted in Bogor City and Bogor Regency, it was designed as a descriptive correlational survey
• The population in this study: 119 cadres of the 17 groups of Posdaya
• Primary data are taken directly from the subject of research in the form of data (questionnaire) relating to the research variables that are Posdaya cadre characteristics, environmental factors, communication activities of Posdaya cadres and the empowerment level of Posdaya cadres
• Data collected was processed with the help of a computer program IBM SPSS 20.0 statistics and quantitative data analysis.
The Objective of the study

• To describe the empowerment level of Posdaya cadres in Bogor City and Bogor Regency;
• To analyze the individual characteristics and environmental factors associated with the empowerment level of Posdaya cadres;
• To analyze the relationship between the communication activity and the empowerment level of Posdaya cadres.
West Java Province, Indonesia
WEST JAVA PROVINCE, INDONESIA

Research Location
Scope of the Research

X1 → Y
X2 → Y
X3 → Y

Note:
X1 = Posdaya Cadre Characteristics
X2 = Communication Activities
X3 = Environmental Factors
Y = Empowerment Level of Posdaya Cadre
Results of the research describe in 5 aspects:

• The Relationship of Posdaya Cadre Characteristics with Communication Activities
• The Relationship Environmental Factors with Communication Activities
• The Relationship Posdaya Cadre Characteristics with Empowerment Level
• The Relationship Environmental Factors with Empowerment Level
• The Relationship Communication Activity with Empowerment Level
Table 1. The Correlation Coefficients of the Relationship between Posdaya Cadre Characteristics with Communication Activities ($r_s$)

<table>
<thead>
<tr>
<th>Characteristics of Posdaya Cadre</th>
<th>Interpersonal Communication</th>
<th>Activity Mediated Communication</th>
<th>Communication in Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bogor City</td>
<td>Bogor Regency</td>
<td>Bogor City</td>
</tr>
<tr>
<td>Age</td>
<td>0.110</td>
<td>0.024</td>
<td>-0.169</td>
</tr>
<tr>
<td>Formal education</td>
<td>0.221</td>
<td>-0.084</td>
<td>0.302</td>
</tr>
<tr>
<td>Nonformal education</td>
<td>0.564**</td>
<td>0.340*</td>
<td>0.567**</td>
</tr>
<tr>
<td>Experince in group</td>
<td>0.443**</td>
<td>-0.020</td>
<td>0.253</td>
</tr>
<tr>
<td>Cosmopolitan level</td>
<td>0.284</td>
<td>0.376**</td>
<td>0.111</td>
</tr>
<tr>
<td>Income level</td>
<td>0.412**</td>
<td>0.165</td>
<td>0.198</td>
</tr>
<tr>
<td>Motivation</td>
<td>0.430**</td>
<td>0.284*</td>
<td>0.335*</td>
</tr>
<tr>
<td>Ownership of mass media</td>
<td>0.339*</td>
<td>0.013</td>
<td>0.453**</td>
</tr>
</tbody>
</table>

Note: $r_s = $Spearman rank correlation coefficient
**Correlation is significant at the 0.01 level
*Correlation is significant at the 0.05 level
Table 2. The Correlation Coefficient of the Relationship between Environmental Factors with Communication Activities ($r_s$)

<table>
<thead>
<tr>
<th>Environmental Factors</th>
<th>Interpersonal Communication</th>
<th>Activity Mediated Communication</th>
<th>Communication in Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bogor City</td>
<td>Bogor Regency</td>
<td>Bogor City</td>
</tr>
<tr>
<td>Group dynamics</td>
<td>0.322*</td>
<td>0.150</td>
<td>0.204</td>
</tr>
<tr>
<td>The role of the companion</td>
<td>0.429**</td>
<td>0.285*</td>
<td>0.399**</td>
</tr>
</tbody>
</table>

*Correlation is significant at the 0.05 level
**Correlation is significant at the 0.01 level

Note: $r_s =$ Spearman rank correlation coefficient
Table 3. The Correlation Coefficients of the Relationship between Characteristics of Posdaya Cadre with the Empowerment Level ($r_s$)

<table>
<thead>
<tr>
<th>Characteristics of Posdaya Cadre</th>
<th>Cognitive</th>
<th>Affective</th>
<th>Conative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bogor City</td>
<td>Bogor Regency</td>
<td>Bogor City</td>
</tr>
<tr>
<td>Age</td>
<td>-0.052</td>
<td>0.001</td>
<td>0.199</td>
</tr>
<tr>
<td>Formal education</td>
<td>0.277</td>
<td>0.240</td>
<td>0.076</td>
</tr>
<tr>
<td>Nonformal education</td>
<td>0.551**</td>
<td>0.177</td>
<td>0.349*</td>
</tr>
<tr>
<td>Experince in group</td>
<td>0.216</td>
<td>-0.142</td>
<td>0.156</td>
</tr>
<tr>
<td>Cosmopolitan level</td>
<td>0.110</td>
<td>0.395**</td>
<td>0.143</td>
</tr>
<tr>
<td>Income level</td>
<td>0.049</td>
<td>0.047</td>
<td>0.136</td>
</tr>
<tr>
<td>Motivation</td>
<td>0.389*</td>
<td>0.260</td>
<td>0.261</td>
</tr>
<tr>
<td>Ownership of mass media</td>
<td>0.456**</td>
<td>0.378**</td>
<td>0.332*</td>
</tr>
</tbody>
</table>

Note: $r_s = \text{Spearman rank correlation coefficient}$

**Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level
Table 4. The Correlation Coeffsien of the Relationship between Environmental Factors with the Empowerment Level of Posdaya Cadre ($r_s$)

<table>
<thead>
<tr>
<th>Environmental Factor</th>
<th>Bogor City</th>
<th>Bogor Regency</th>
<th>Bogor City</th>
<th>Bogor Regency</th>
<th>Bogor City</th>
<th>Bogor Regency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group dynamics</td>
<td>0.264</td>
<td>0.182</td>
<td>0.347*</td>
<td>0.285*</td>
<td>0.129</td>
<td>0.145</td>
</tr>
<tr>
<td>The role of the companion</td>
<td>0.326*</td>
<td>0.321*</td>
<td>0.163</td>
<td>0.466**</td>
<td>0.339*</td>
<td>0.361*</td>
</tr>
</tbody>
</table>

**Note:** $r_s$ = Spearman rank correlation coeffsien  
**Correlation is significant at the 0.01 level**  
*Correlation is significant at the 0.05 level*
Table 5. The Correlation Coefficients of the Relationship between Communication Activity with the Empowerment Level of Posdaya Cadre ($r_s$)

<table>
<thead>
<tr>
<th>Communication Activity</th>
<th>The Empowerment Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cognitive</td>
</tr>
<tr>
<td></td>
<td>Bogor City</td>
</tr>
<tr>
<td>Interpersonal communication</td>
<td>0.431**</td>
</tr>
<tr>
<td>Activity mediated communication</td>
<td>0.493**</td>
</tr>
<tr>
<td>Communication in groups</td>
<td>0.441**</td>
</tr>
</tbody>
</table>

Note: $r_s$ = Spearman rank correlation coefficient  
**Correlation is significant at the 0,01 level  
*Correlation is significant at the 0,05 level
• **Posdaya cadres** in Bogor City, almost all communication activities related to the empowerment level on the cognitive aspects. This means that interpersonal communication activities carried out by assistants, with agriculture or health extension workers, with community leaders, with fellow Posdaya cadres and members Posdaya may increase the knowledge of Posdaya cadres in organizing activities

• By trial and visiting program of Posdaya, each activity needs to be developed to exchange experiences

• This will encourage the development and creativity and passion to build Posdaya in their respective territories

• Required the efforts to train a cadre of potential as an activator in each Posdaya, because Posdaya advanced in general have a strong cadre drive

• In addition, attention and strong motivation of cadres, will be very influential also in developing of Posdaya.
Note:

• There is no significant difference (p> 0.05) between Posdaya cadres in Bogor City and in Bogor Regency on activity mediated communication on electronic media (listen to the radio and watching television)

• The characteristics of Posdaya cadre associated with the empowerment level, including age, education, non-formal, cosmopolitan level, motivation and ownership of the media as well as the environmental factors that group dynamics and the role of companion

• The role of the companion (as facilitator) in Posdaya has a very important role to improve the empowerment (affective aspects) of Posdaya cadres, so the role of companion need to be improved continuously and sustainably.
The Posyandu was developed in 1986 with the aim of:

ALL COMMUNITIES GET THAT QUALITY BASED HEALTH SERVICES, TO ACCELERATE REDUCTION OF BABY, BABY AND MOTHER DEATH.
POSYANDU is a form of Village Community Health Development, which emphasizes the need for community participation.

- **THE ROLE OF THE COMMUNITY**
  Actively seeking and utilizing health services and healthy living behavior, aware of nutrition

- **ROLE OF OFFICERS / GOVERNMENT**
  Providing affordable and quality services (Hospitals, Puskesmas, Puskesmas helper)
Impact of the Crisis on Health Efforts and Posyandu

- The increasing number of poor people has an impact on the declining utilization of health facilities.
- Coverage of under-fives coming to Posyandu has decreased from 60% to around 43% and Posyandu performance has been reported to have declined.
- Reports have been found that cases of malnutrition are increasing.
- Increasing number of sick people
- Changes in the use of contraceptive methods
REVITALIZATION OF POSYANDU

1. **Commitment of policy makers and coaches (Leadership):**
   - Guidance and management of Posyandu institutions through Posyandu National Working Groups
   - Financial support for Posyandu operations
   - Strengthening Cross-Sector / Program Cooperation
   - Development of the Alert Village Forum

2. **Cadre mobilization and coaching:**
   - Cadre Technical Competencies
   - Support for UpToDate Information Providing
   - Community Empowerment Model related to Desa Siaga: including developing Posyandu operational costs
3. Services at Posyandu:
   - Cadre competency: counseling, empowering the community and family, understanding about potential diseases that become epidemics, and poor nutrition
   - Revitalization of 5 Service Programs especially Family Planning, including Rural Posyandu and Urban Posyandu
   - Integration of Services with early childhood education programs, family planning coaching, etc.
   - Universal Coverage
   - The use of appropriate technology

4. Posyandu Information System Development
• The efforts that have been carried out have shown positive results.
• The increasing number of Posyandu is a huge investment for creating a healthy community.
• The role of the cadre is very important, and therefore needs to be encouraged to be even more active through various forms of coaching and training.
• Posyandu national working groups are expected to increase cross-sector collaboration to provide support to Posyandu
DIRECTION OF HEALTH DEVELOPMENT POLICY IN 2019

1. Focus on achieving national priorities

2. Strengthening the implementation of the Healthy Indonesia Program with a Family Approach

3. Strengthening health services, including continuing to build 3 vertical hospitals in Papua, Maluku and NTT

4. Encouraging the independence of the technical service unit, public service agency (BLU)

5. Strengthening health management
1. Increasing access and quality of health services
2. Improvement of maternal, child, family planning and reproductive health
3. Strengthening Germs and Disease Control
4. Decreased acceleration of stunting
5. Increasing access and quality of drug and food control

IMPROVEMENT OF COMMUNITY HEALTH AND NUTRITION SERVICES
Improvement of Mother, Child, Family Planning Health and Reproductive Health

1. Decreased maternal mortality at health facilities
2. Decreased infant mortality
3. Improvement of family planning services and reproductive health
4. Complete basic immunization
Strengthening community movements and disease control

1. Improving the quality of a healthy environment
2. Increased understanding of healthy living
3. Increased physical activity
4. Increase in Healthy Food Consumption
5. Prevention and Control of Communicable Diseases
6. Prevention and control of PTM risk factors
1. Improvement of nutrition education
2. Strengthening nutritional surveillance
3. Providing nutritional supplementation
4. Provision of clean water and sanitation *)
5. Increased access to food *)

Decreased acceleration of stunting
Stunting is preventable: **BUT**
Need to act before the child is 2 years

The Critical “Window of Opportunity”: **1000 DAYS**
Pregnancy: 9*30=270 days
2 years: 365*2=730 days

Source: Victora et al 2010
LIFE COURSE CONSEQUENCES OF POOR MATERNAL AND CHILD UNDERNUTRITION (MCU)

Poor nutrition in uterus and early childhood (STUNTING)

Short term
- Brain development
- Growth and muscle mass
- Body composition
- Metabolic Syndrome: programming of metabolism of glucose, lipids, protein Hormone/receptor/gene

Long term
- Cognitive and educational performance
- Immunity Work Capacity
- Diabetes, Obesity Heart Disease
- High blood pressure Cancer, stroke, and ageing

(James et al 2000)
Require MSN Approach To Tackle Stunting Sustainably

CHILD STUNTING

50%

Inadequate Foetal Growth

Poor maternal nutrient status

Poor maternal nutrient intake

Inadequate Household Food Security

Inadequate IYC* Growth

Poor IYC nutrient status

Maternal Infections

Poor medical and environmental health services

Poor IYC nutrient intake

IYC infections

50%

BASIC CAUSES:
Resources, Institutions, Education, Infrastructure, Cultural Practices

* IYC = Infant and young child
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<tr>
<th>Nu.</th>
<th>Title</th>
<th>Journal</th>
<th>Vol/Issue/pp/year</th>
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<td>9</td>
<td>Developing Posdaya for Family Empowerment</td>
<td>Jurnal Komunitas</td>
<td>Vol 7, No 1, pp. 17-29, March 2015</td>
</tr>
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thank you