

Public Service-Based Community: Study Case Integrated Health Service for Elderly in an Indonesian Village Level

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ARTICLE INFO

Keywords: health services; community-based service; elderly health service; public service

How to cite:

Solicha, F. A. A., & Choiriyah, I. U. (2025). Pelayanan Publik Berbasis Komunitas: Studi Kasus Posyandu Lansia di Desa Jambangan. JAKPP (Jurnal Analisis Kebijakan dan Pelayanan Publik), 11(1), 50-74

DOI:

<https://doi.org/10.31947/jakpp.v11i1.40012>

ABSTRACT

This study aims to analyze the role of Posyandu Elderly cadres in improving the quality of life of the elderly in Jambangan Village, with a focus on education, information dissemination, assistance, and health monitoring. This research is important because the quality of life of the elderly is greatly influenced by the health services they receive. Good support from Posyandu cadres can help the elderly maintain their health and well-being, and overcome barriers to health services in the community. The method used is a descriptive qualitative approach with data collection techniques through interviews, observation, and documentation. Data analysis techniques include data collection, data reduction, conclusion/verification, and data presentation. The results showed that the role of cadres in education had gone well, but the face-to-face lecture method tended to be monotonous and less interesting, so that some elderly people had difficulty understanding the material. Information dissemination also faces challenges in reaching all elderly people, and sometimes there is miscommunication between cadres and midwives. In health assistance, the limited number of cadres has an impact on suboptimal data recording. Meanwhile, health monitoring has been done well through home visits, but the manual reporting system and lack of technology utilization hamper efficiency.

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Introduction

The rapid aging of Indonesia's population presents a significant demographic shift, with projections indicating that the growth rate of the elderly population in the country will surpass global trends beyond 2100 (Rahmadania, 2024). This demographic transition is evidenced by the steady increase in Life Expectancy (UHH) reported by the Central Statistics Agency (BPS), which reached 73.93 years in 2023, marking a 0.31% increase from the previous year. The consistent upward trajectory of UHH, rising from 73.37 years in 2020 to 73.70 years in 2022, under-scores the pressing need for targeted interventions to address the multifaceted challenges faced by the burgeoning elderly population. As this demographic shift unfolds, examining and implementing effective community-based healthcare strategies at the village level becomes imperative, ensuring that the unique needs of the elderly are met within their local contexts (Timur, 2023).

The aging population presents numerous challenges, particularly regarding health and well-being. If left unaddressed, these issues can escalate into more complex problems. The multifaceted challenges faced by the elderly, encompassing physical, mental, and social aspects, are closely linked to their health and well-being, which in turn increases their need for healthcare services (Ningsih et al., 2022). The healthcare needs of the elderly are not limited to rehabilitative and curative services but must be comprehensive, including preventive, curative, promotive, and rehabilitative care. However, specialized geriatric healthcare services are not yet widely available in all hospitals, both private and public, as well as in health centers across Indonesia. Even in provinces with the highest elderly populations, the distribution of healthcare services remains uneven (Ilyas, 2017).

To address health issues among the elderly and improve the availability of services, the government has made efforts to enhance healthcare through integrated health service posts for the elderly, known as *Posyandu Lansia*. According to the National Commission for the Elderly (2010), these posts serve as community-based healthcare facilities for the elderly. Their establishment and implementation involve collaboration between the community and non-governmental organizations and various government and non-government sectors, private entities, and social organizations. These services primarily focus on promotive and preventive efforts (Afkar et al., 2023).

The healthcare services provided through the *Posyandu Lansia* in village level are crucial as they enable the elderly to receive care tailored to their needs in an appropriate environment, optimizing service delivery. This approach emphasizes

the community's role as active participants rather than passive recipients in health development. With health cadres' involvement, healthcare professionals can now support tasks traditionally performed by community members. The cadres are community volunteers eager to support *Posyandu* activities in village level. The presence of these cadres also facilitates more effective communication of health messages to the elderly, reflecting a commitment to health development at the grassroots level (Zulkifli, 2003).

Health cadres play a vital role in the *Posyandu Lansia*, as they are the primary point of contact with the elderly through various activities (Abdurrahman, 2019). The elderly represent a demographic group requiring special attention in public services, particularly at the village level. The range of services provided for the elderly can indicate how well village governments respond to the specific needs of their constituents.

This study focuses on Jambangan Village in Sidoarjo Regency, which has implemented various community-based initiatives, including the elderly health service. The existence of these integrated health service posts not only demonstrates the village government's commitment to service provision but also reflects the implementation of community empowerment principles. This research aims to understand how the role of the *Posyandu Lansia* cadres, including their resources, work patterns, and communication methods with the elderly, influences the quality of services provided to the elderly population in this village.

The *Posyandu Lansia* in Jambangan Village represents a form of social service for the elderly within the village area. Activities at these posts include exercise programs for the elderly, counseling sessions from health centers and partner organizations, body weight and blood pressure measurements, provision of supplementary food, and free check-ups conducted by the Village Health Unit (Pos Kesehatan Desa or Poskesdes). This comprehensive approach to elderly care at the community level exemplifies the potential of village-based healthcare initiatives to address an aging population's complex needs. As seen at Table 1 below:

Table 1. Data on Elderly *Posyandu* Participants Based on Age in 2024

Age	Amount Elderly
46-59	30
60-69	27
70-79	11
80	1
Amount	69

Source: Data Processed by Author, 2024

The aging population presents significant challenges to healthcare systems world-wide, particularly in rural areas with limited access to comprehensive medical services. Community-based healthcare initiatives, such as integrated health service posts for the elderly (*Posyandu Lansia*), have emerged as a potential solution to address the unique needs of older adults at the village level. This study examines the implementation and effectiveness of community-based healthcare for the elderly in Jambangan Village, focusing on the challenges and opportunities presented by this approach.

The demographic landscape of Jambangan Village reveals a complex distribution of *Posyandu Lansia* participants across various age groups. While the program primarily targets individuals aged 60 and above, data indicates a significant number of participants (30) fall within the 46-59 age range. This unexpected inclusion of pre-elderly individuals raises questions about the accuracy of data collection processes and the potential implications for program evaluation and resource allocation. The Ministry of Health of the Republic of Indonesia (2015) categorizes the elderly into three groups: Pre-Advanced Elderly (60-69 years), Advanced Elderly (70-79 years), and Late Advanced Elderly (80 years and above). The presence of younger participants in the *Posyandu Lansia* program may indicate a need for more explicit age-based eligibility criteria or reflect a proactive approach to health promotion among those approaching senior status.

Human resource limitations present another critical challenge in implementing community-based elderly care in Jambangan Village. According to the Decision of the Head of Jambangan Village Number 15 of 2022, the *Posyandu Lansia* cadre consists of only seven individuals, including a chairperson, secretary, treasurer, and four members. This limited workforce is tasked with managing all elderly-related activities and programs within the village, potentially leading to an overwhelming workload and reduced effectiveness in service delivery. The shortage of personnel may impact the quality of health monitoring, counseling, and social activities provided to the elderly population.

Furthermore, the existing cadres face difficulties in efficiently managing activities and reporting, primarily due to the manual nature of their data management systems. This challenge is compounded by the uneven distribution of skills among cadres, particularly in digital literacy. Recent studies have highlighted the potential benefits of web-based information systems in improving data management efficiency at integrated health posts. However, the limited technological skills of cadres remain a significant barrier to adopting and effectively utilizing such systems (Djatkiko et al., 2022; Indrayani et al., 2020; Pratiwi et al., 2022).

Attendance rates at the *Posyandu Lansia* in Jambangan Village also present a concern, with only about 60 out of 90 registered participants regularly attending sessions. This suboptimal participation rate of approximately 67% suggests the need for strategies to improve engagement and address barriers to attendance among the elderly population.

In light of these challenges, this study aims to comprehensively analyze the current state of community-based healthcare for the elderly in Jambangan Village. By examining the demographic composition of participants, human resource constraints, technological barriers, and attendance patterns, we seek to identify opportunities for improvement and develop recommendations to enhance the effectiveness of the *Posyandu Lansia* program. This research contributes to the broader understanding of rural elderly healthcare management and informs policy decisions aimed at optimizing community-based health initiatives for aging populations.

Table 2. Attendance Rate of Elderly *Posyandu* Participants in Jambangan Village (January-November) in 2024

Month	Amount Participant Registered	Average Attendance	Percentage Presence
January	90	65	72%
February	90	60	67%
March	90	70	78%
April	90	63	70%
May	90	69	77%
June	90	68	76%
July	90	66	73%
August	90	60	67%

Source: Data Processed by Author, 2024

The aging population presents significant challenges to healthcare systems world-wide, particularly in rural areas with limited access to comprehensive medical services. In response to these challenges, community-based healthcare initiatives for the elderly have emerged as a promising approach to address the unique needs of older adults at the village level. This study examines the implementation and effectiveness of such programs, focusing on the role of integrated health service posts for the elderly in enhancing the quality of life for senior citizens in rural communities.

An analysis of attendance data from January to August reveals that participation in the Integrated Health Service Post for the Elderly program has consistently ranged between 60 to 70 individuals. However, fluctuations in attendance rates suggest inconsistent engagement among some participants, highlighting the need for a comprehensive evaluation of the program's implementation, communication strategies, and external factors such as accessibility and motivation for the elderly population.

This research addresses two primary questions: First, what is the role of cadres in the *Posyandu Lansia* in improving the quality of life for senior citizens in Jambangan Village? Second, what challenges do these cadres face in conducting activities within the integrated health service post for the elderly in the same community? By exploring these questions, this study seeks to identify the contributions of cadres in providing healthcare services, support, and education to enhance the overall well-being of the elderly population.

Furthermore, this investigation will examine the obstacles encountered by cadres, including resource limitations and difficulties in data management and digital re-*porting*. By addressing these challenges, this research aims to contribute meaningful insights to develop more effective policies for managing integrated health service posts for the elderly and improving the involvement of health cadres in the field. Ultimately, this study aspires to support government initiatives to address the healthcare challenges the aging population faces in rural settings.

Literature Review

Health promotion for the elderly focuses on improvement and maintenance, aiming to keep older adults healthy, productive, and valuable to their surrounding environment (Ni Kadek & Nurul, 2021). To achieve this goal, various efforts are required to enhance elderly health through Integrated Health Service Posts for the Elderly, also known as *Posyandu Lansia*.

Posyandu Lansia is a policy of the Ministry of Health, Republic of Indonesia implemented to provide elderly-friendly health services. These services are expected to improve the quality of health for older adults, enabling them to contribute more effectively to their families and communities (Fridolin et al., 2021). As a forum for communication and technology transfer, *Posyandu Lansia* serves as a vessel for health services focusing on human resource development, particularly for the aging population.

Various factors influence the effectiveness of these community-based health services. Green and Kreuter (1991) propose that health behavior is affected by two main factors: behavioral and external factors. Fridolin et al. (2021) further categorize external factors into three groups: predisposing factors (such as gender, age, occupation, education, attitude, and knowledge), enabling factors (including staff attitudes, distance to facilities, and quality of services), and reinforcing factors (namely support from family and cadres or integrated health service post officers).

The role of cadres emerges as a crucial factor in driving elderly participation in *Posyandu Lansia* activities. Cadres have responsibilities that span the entire process, from preparation before activities to post-activity tasks. During the integrated health service post for the elderly, cadres are tasked with registration, weighing, recording on the *Kartu Menuju Sehat* (KMS), assisting with laboratory examinations, providing counseling, and compiling reports after the service is completed (Giena et al., 2021).

Kartu Menuju Sehat (KMS) constitutes a critical component of Indonesia's healthcare system, particularly in monitoring child growth and development. It functions as a personal health record card for parents to track their children's nutritional status, weight, and other health indicators from infancy through early childhood. KMS is extensively utilized in *Posyandu* (integrated health posts) and other community health services to achieve four primary objectives: monitoring child growth utilizing standardized growth charts, identifying malnutrition risks at an early stage to facilitate timely intervention, delivering health education to parents regarding child nutrition, immunization, and disease prevention, and supporting governmental health programs on maternal and child health. Over time, KMS has undergone evolution and is frequently integrated with other healthcare policies such as BPJS. *Badan Penyelenggara Jaminan Sosial* (BPJS) is Indonesia's national health insurance system, which provides universal healthcare coverage for all citizens. It operates under the *Jaminan Kesehatan Nasional* (JKN) as the Indonesian Government's national health insurance program that aims to ensure affordable and accessible medical services.

Furthermore, cadres are vital as Integrated Health Service Post (*Posyandu*) managers. Their responsibilities include planning activities, maintaining records and reports, and organizing routine meetings. This comprehensive involvement of cadres underscores their significance in successfully implementing community-based healthcare for the elderly at the village level.

This study applied the concept of Mardikanto (2009) and proposed a comprehensive framework delineating seven key roles for facilitators: education, information dissemination, facilitation, consultation, coaching, monitoring, and evaluation. These roles collectively contribute to effectively implementing community health initiatives, particularly those targeting the elderly.

The educational role of facilitators is fundamental in empowering communities and developing sustainable health programs. Facilitators engage in collaborative program development with beneficiaries, initiating the process through community socialization and awareness campaigns. This approach ensures that target populations understand the importance of health initiatives for their local environment. Subsequently, beneficiaries participate in tailored training sessions designed to support the development of empowerment groups.

Information dissemination represents another critical function of facilitators. This role involves distributing relevant health information to beneficiaries through various channels, including community meetings and diverse media platforms. Facilitators utilize tools such as the "Card Going to Healthy" book and the "Elderly Tough" application to convey essential health information. Moreover, they serve as conduits for external information, contributing positively to the continuity of programs like Integrated Health Posts and enhancing the knowledge base of beneficiaries.

The facilitation role focuses on providing convenience and accessibility for program beneficiaries. By leveraging their capacity as sources of innovation, facilitators are responsible for easing access to necessary resources and support.

This includes furnishing essential facilities and infrastructure to meet the needs of beneficiaries, thereby enhancing program effectiveness and reach.

Advocacy is a crucial aspect of the facilitator's role, involving support for decision-making processes that favor policies beneficial to the target population. This role underscores the facilitator's responsibility to champion decisions that tangibly assist beneficiaries, ensuring their interests are represented in policy formulations.

The supervisory role positions facilitators as directors in implementing advocacy and empowerment activities. They provide guidance to ensure that program activities align with the primary objectives of initiatives like the *Posyandu* program. This guidance is consistently based on established guidelines, maintaining program integrity and focus.

Monitoring and evaluation constitute the final key roles identified in the literature. Facilitators observe both the process and outcomes of empowerment activities, assessing the effectiveness of implemented programs in delivering benefits to the target population. This ongoing evaluation helps determine whether programs progress as planned and achieve their intended impact.

The concept of role itself is defined as a series of expected actions from individuals following their social position, whether formally or informally determined. Roles can be understood as an individual's ability to control, influence, or change the behavior of others (Suhartini et al., 2005). Furthermore, roles represent the dynamic aspect of a position, actualized when an individual exercises the rights and obligations associated with their position (Sutiani, 2014).

In the community health context, the cadres' role is particularly significant in bridging the gap between government initiatives and target populations, especially for integrated health post programs. With their responsiveness and superior health knowledge compared to the target groups, Cadres facilitate more effective information dissemination from government sources to the public (Naim, 2008). The Indonesian Ministry of Health (2011) further elucidates that cadres generally fulfill three primary roles: community mobilizers, health educators, and liaisons between the community and health services.

This comprehensive understanding of facilitator and cadre roles underscores their importance in implementing and sustaining community-based healthcare initiatives for the elderly at the village level. By fulfilling these multifaceted roles, facilitators and cadres contribute significantly to the success and longevity of health programs, ultimately improving the well-being of elderly populations in rural communities.

The concept of social roles in public health interventions is crucial for understanding the functioning of *Posyandu* for the elderly. Soekanto & Budi (2015) classify social roles into desired roles, which represent ideal forms of behavior under societal expectations, and customized roles, adapted to existing conditions and may not fully align with the context but are generally accepted by the public.

The Indonesian Department of Health (2005) defines *Posyandu* for the elderly as an integrated health service aimed at older adults at the village or ward level. These services are designed to promote health and create a happy, healthy, independent, and productive aging population. *Posyandu* functions as a centralized service point where older adults can access various health services in their local communities.

Several studies have examined the role of *Posyandu* cadres in improving the quality of life for the elderly. Munadia (2022) found that health coaching for the elderly through *Posyandu* activities, including health check-ups, group exercises, and craft-making, significantly enhanced the quality of life for older adults across various aspects, including health, social activities, religious practices, and economic well-being.

Pratiwi et al. (2024) further explored the role of *Posyandu* cadres in improving the social welfare of the elderly in Sibuk Village. Their research highlighted the success of cadres in mobilizing the community, providing counseling, and effectively monitoring their duties. This study underscores the importance of community engagement and education in the success of elderly care programs.

Ningsih et al. (2022) focused on improving the role of cadres in *Posyandu* for the elderly. Their research outlined the various responsibilities of cadres, including community mobilization, outreach, and monitoring. Cadres' efforts to improve elderly health encompassed nutrition management, health inspections, promotion of physical activities, and health education. However, the study also identified challenges such as distance, funding, family support, and seasonal factors that impact the effectiveness of these programs.

To analyze the role of *Posyandu* cadres, many researchers have employed Mardi-kanto's (2009) conceptual framework, which outlines seven key roles: education, information dissemination, facilitation, consultation, coaching, monitoring, and evaluation. This framework provides a comprehensive approach to understanding the multifaceted responsibilities of health cadres in community-based elderly care.

The selection of Mardikanto's framework for analyzing the role of *Posyandu* cadres is particularly relevant due to its effectiveness in previous studies and its ability to provide a strong theoretical foundation for examining internal and external factors influencing elderly health outcomes. This approach allows for a comprehensive analysis of the potential obstacles and opportunities for enhancing the role of *Posyandu* cadres in improving the quality of life for the elderly.

The complexity and urgency of elderly healthcare in rural settings make *Posyandu* an interesting and important topic for research. As the elderly population increases and new health challenges emerge, understanding and optimizing the role of community-based health services becomes increasingly critical. Future research should focus on identifying factors influencing elderly participation in *Posyandu* activities and developing recommendations for improving health service quality for older adults in village settings.

Research Methods

This study employs a qualitative descriptive approach to understand how integrated health service post cadres contribute to improving the quality of life for the elderly in Jambangan Village. As noted by Sugiyono & Sutopo (2021), the qualitative method allows for rich and meaningful data collection, which is crucial for understanding the context, perceptions, and experiences of both the cadres and the elderly. The descriptive approach enables a detailed examination of the cadres' roles, particularly in aspects directly related to enhancing the elderly's quality of life.

The research methodology focuses on systematically describing the specific elements of the cadres' roles, including education, innovation dissemination, mentoring, and monitoring. This comprehensive overview provides insights into the cadres' contributions within the local community context. The chosen method aligns with the research objective of identifying and analyzing factors that contribute to improving the elderly's quality of life through the cadres' roles.

Subject selection utilizes purposive sampling, with participants including village midwives, nurses, and elderly cadres. The study involves four subjects: one village midwife, one village nurse, and two elderly cadres who meet the predetermined criteria. Data collection techniques comprise in-depth interviews, observations, and document studies. These methods allow for the gathering of detailed and relevant data, with interviews exploring experiences and views, observations providing direct field insights, and document studies offering supporting information to strengthen the analysis.

The data analysis follows the interactive model proposed by Miles & Huberman (Miles, 1992), which consists of four stages: data collection, data reduction, data presentation, and conclusion drawing. The data reduction stage involves selecting, simplifying, and transforming raw data from field notes into relevant summary information. Data presentation includes comparing study results with existing theories and previous research. Finally, conclusions are formulated by summarizing the information from the presented data.

This comprehensive methodological approach ensures a thorough examination of the integrated health service post cadres' roles in improving the quality of life for the elderly at the village level, providing a solid foundation for understanding community-based healthcare in this context.

Results and Discussion

This study's results and discussion section on community-based healthcare for the elderly at the village level begins by highlighting the crucial role of *Posyandu Lansia* cadres in Jambangan Village. These cadres serve as a cornerstone in safeguarding public health within the local community. Their responsibilities extend beyond mere healthcare provision; they function as active social agents

within the regional health system. The effective execution of their duties and responsibilities is expected to increase the utilization of integrated health service posts for the elderly, thereby amplifying the benefits for the community (Sumarmi & Desmawati, 2015).

Based on observational data and interview findings, this study analyzes the role of these elderly cadres through the lens of Mardikanto's role concept. This conceptual framework delineates four key indicators: educational role, innovation dissemination role, mentoring role, and monitoring role. These indicators provide a structured approach to understanding the multifaceted contributions of elderly cadres in community-based healthcare. The subsequent discussion will delve into each of these roles, examining their implementation and impact on elderly healthcare in Jambangan Village.

The Role of Education

The role of cadres in integrated health service posts (*Posyandu*) for the elderly primarily focuses on providing education and support. These cadres serve as educators, aiming to develop a shared understanding among beneficiaries and emphasize the importance of lifelong learning in the community. Health education is an activity or effort to convey health information to society, groups, or individuals to increase their health knowledge (Pratama, 2023). Furthermore, education is a purposeful intervention that influences behavior towards more health-supportive practices. The ultimate aim is to ensure that individual, group or public behavior positively impacts health maintenance and improvement (Rina et al., 2024).

Observations and interviews in Jambangan Village revealed a clear division of duties and responsibilities between *Posyandu* cadres and medical personnel such as nurses and village midwives. This collaboration ensures comprehensive and targeted services for the elderly. As one cadre, RD, explained:

"That's not our duties and functions; Miss. Nurses and village midwives do the task. We, as cadres, are only on duty to give suggestions to the elderly if there are complaints they have experienced. Usually, socialization is given by midwives and nurses with material about non-communicable diseases because in Jambangan Village, many suffer from diabetes and hypertension. So, we do not own those duties and functions. We only accompany." (Interview results, July 29, 2024)

This division of labor allows cadres to focus on providing advice and information to the elderly while nurses and village midwives perform more specific medical actions. The collaboration between cadres and healthcare workers ensures that the services provided to the elderly are more comprehensive and precisely targeted.

However, the study also identified challenges in the current health education approach. The primary method of delivering health information at the *Posyandu* for the elderly still relies on face-to-face lectures without integrating other innovative

media. This traditional approach may limit communication effectiveness, especially considering the difficulties some elderly individuals face in understanding and focusing on the presented material. RD highlighted this issue:

"This is what I often use, the lecture method like that, Miss. There are no other media used, only looking at them directly. The problem is that sometimes, the elderly find it difficult to focus due to their age, and the words spoken by nurses are difficult for the elderly to understand. Not all understand the language, so we just give short motivations using Javanese so it's easy to understand" (Interview results, July 29, 2024)

The study also revealed an evolution in the cadres' understanding of their roles and responsibilities. Initially, many cadres lacked experience and knowledge regarding their duties. However, their capacity has significantly improved over time through regular training and monthly cadre meetings. IR, a village nurse, described this development:

"At first, I didn't understand, but I could form it over time, ma'am. Job descriptions range from giving medicine and checking blood pressure to recording elderly books. Each of their duties has started to run despite a few reasonable shortcomings. We continue to conduct evaluations." (Interview results, July 29, 2024)

These monthly cadre meetings are crucial in capacity building, providing training on various aspects of elderly health service and monitoring. TJ, another elderly cadre, emphasized the benefits of these meetings:

"Regular cadre meetings like this benefit us cadres, miss. Here, we get direct training from nurses and village midwives on how to carry out proper health monitoring for the elderly, from blood pressure checks and giving vitamins to providing education related to healthy lifestyles explained by midwives or nurses in Jambangan village." (Interview results, July 29, 2024)

These sessions impart necessary knowledge and skills and serve as a platform for discussion, experience sharing, and problem-solving related to *Posyandu* activities at the village level.

Table 3. Health Cadre Capacity Building Activity Schedule

Routine Meeting of Health Cadres
Every month starting in 2020 (1 year = 12 times)
Training/Capacity Building/Strengthening of Health Cadres
Through regular monthly meetings
Improvement capacity 2 times
Provision material in the form of improvement capacity cadre health and study imitate prevention of stunting, disease No infectious

Source: Jambangan Village Government, 2024

The examination of community-based healthcare for the elderly at the village level in Jambangan Village revealed several significant findings. The collaboration between integrated health post cadres and medical personnel, such as village nurses and midwives, demonstrated an effective division of tasks. Cadres primarily focused on providing advice and assistance, while nurses and midwives handled more specific medical interventions. This collaborative approach aligns with the findings of Pratiwi et al. (2024), who emphasized the crucial role of cadres in delivering health education to the elderly and their families.

However, the study uncovered limitations in the current health education methods. The predominant use of lecture-style counseling indicated a lack of innovation in conveying health information. Many elderly individuals experienced difficulties comprehending the material, suggesting a need for more accessible communication strategies. To address this issue, it is recommended that health information be presented using concise, motivational messages in simple language to enhance comprehension and retention among the elderly population.

The Village Nurse's efforts in training and guidance have shown positive impacts, although certain aspects still require improvement. This observation underscores the importance of continuous evaluation and refinement of health education programs. As Mardikanto's framework suggests, the cadre's role as an educator must be accompanied by receptiveness from the beneficiaries. To achieve this, health education must be packaged in easily understood language and utilize relevant media to facilitate message delivery, a point also emphasized by Laela et al. (2022).

The findings highlight the multifaceted role of cadres in improving the quality of life for the elderly by promoting healthy lifestyles and serving as a valuable source of knowledge. This aligns with broader community-based healthcare objectives, which aim to empower local resources in addressing the health needs of the elderly population. The study also reveals the need for ongoing innovation in health education methods, particularly in adapting to the unique learning needs of the elderly.

In conclusion, while the community-based healthcare system for the elderly in Jambangan Village shows promise, there is room for improvement, particularly in health education delivery and communication strategies. Future interventions should focus on developing more engaging and accessible health education methods tailored to the elderly population's needs, enhancing the overall effectiveness of community-based healthcare at the village level.

The Role of Dissemination Information

Implementing community-based healthcare for the elderly (*Posyandu Lansia*) at the village level reveals a complex interplay of communication strategies, challenges, and adaptations. The dissemination of information emerges as a critical factor in the success of these programs, particularly in the context of integrated health post (*Posyandu*) activities for the elderly.

Information dissemination strategies employed by *Posyandu* cadres demonstrate a multi-faceted approach to reach the elderly population. As Mrs. TJ explained:

"The implementation of the Posyandu can be announced through invitations, woro-woro [public announcement or informal notification], paper invitations, PKK [wife of male public servants] meetings, Yasinan, and broadcasts in mosques. Here, it is flexible, for example, in the Sidomulyo hamlet area, there is a Yasinan [recite Surah Yasin from the Quran] close. The prayer room can be staggered, sometimes things are moved forward, usually, the routine schedule for the third week is Wednesday, although there is no rush if the elderly remember, understand and come, if they do not understand, sometimes they don't come because this is a routine Posyandu activity" (Interview results, July 15, 2024).

This flexibility in communication methods, including written invitations, announcements at village events, and mosque broadcasts, aims to ensure widespread information reach. However, the effectiveness of these methods varies, highlighting the need for adaptive strategies to accommodate the diverse preferences and accessibility needs of the elderly population.

Integrating modern communication technologies, such as WhatsApp, alongside traditional methods represents an attempt to bridge generational gaps in information access. Mrs. RD elaborated on this dual approach:

"We usually convey information via WhatsApp so that the elderly's family can quickly get information, for example about changes in the Posyandu schedule or health checks. In addition, we also convey information directly, either through Yasinan meetings or announcements at the mosque, so that all elderly who may not be active on social media still get timely information" (Interview results July 15, 2024).

This strategy acknowledges the role of family members in supporting elderly participation and ensures that those less familiar with technology are not excluded from vital health information. Despite these efforts, challenges in information dissemination persist. Miscommunication between healthcare providers and cadres can lead to unintended consequences, as evidenced by the confusion over the age range for *Posyandu* participation. Mrs. IR recounted:

"Yes, of course it has happened, miss. Here, not only one person is involved, but many people with different thoughts. In the past, there was a miscommunication. Our target should have been the elderly aged 55 years and over. Still, several cadres had already informed the community that the age range for the elderly starts from 50 years and over" (Interview results, July 15, 2024).

This incident underscores the importance of clear, consistent communication among all stakeholders involved in elderly healthcare provision. The delivery of health information during *Posyandu* activities presents another set of challenges, particularly in maintaining the engagement of elderly participants. Mrs. LH, a village midwife, highlighted the need for tailored communication methods:

"Usually, the theoretical material is just a little bit, not too much, ma'am, because if you use media like PowerPoint for too long, the elderly will lose focus. They are usually busy rushing for examinations. So, the point is that the material is delivered a little bit, but it is given entertainment such as games, singing or Q&A so that there is motivation for the elderly" (Interview results July 15, 2024).

This approach reflects an understanding of the unique learning needs of elderly participants and emphasizes the importance of engaging in interactive health education methods. The findings align with previous research highlighting the crucial role of *Posyandu* cadres in health information dissemination and community mobilization (Ningsih et al., 2022). Cadres serve as information conduits and vital links between healthcare providers and the elderly population. Their responsibilities extend beyond information dissemination to include health monitoring and ongoing education, contributing significantly to the overall quality of life for elderly community members.

However, the reliance on traditional community events for health counseling, without incorporating more innovative methods, suggests room for improvement in engagement strategies (Rizky, 2021). While face-to-face communication and social media platforms like WhatsApp are utilized, there remains a need for more diverse and engaging methods to reach and educate the elderly population effectively.

In conclusion, the implementation of community-based healthcare for the elderly at the village level demonstrates both progress and persistent challenges in information dissemination. The adaptive use of multiple communication channels, including traditional and modern methods, shows promise in reaching a wider

audience. However, issues such as miscommunication among stakeholders and the need for more engaging educational approaches highlight areas for future improvement. Enhancing coordination among healthcare providers, cadres, and community members while developing more innovative and age-appropriate communication strategies could significantly improve the effectiveness of elderly healthcare programs at the village level.

The Role of Mentoring

The primary focus of mentoring in this context is to address the community's expressed needs. Cadres function as capable companions, facilitating and managing the exchange of information within groups. Their role as facilitators involves helping diverse groups achieve common objectives and solve problems collectively (Dewi, 2018). As noted by Nurlaela (2005), successful mentoring requires cadres to effectively convey information to the community and provide necessary support and facilities for mentoring activities (Muhammad et al., 2021).

One significant challenge identified in the study is the insufficient number of cadres to meet the existing needs of the integrated health service unit (*Posyandu*). This shortage is particularly evident in the data recording process for elderly residents. As Mrs. IR, a key informant, explained:

"I think the human resources here are lacking. The registration process should be done on site, not at home. Ideally, there should be two people in charge of guarding and recording in the elderly book. Usually, we use a piece of paper to record, then put it in the book. Supposedly, two people look for the names that need to be recorded and write them in the book, but until now, the registration process for cadres is still being done at home." (Interview results July 15, 2024)

The study also revealed issues with cadre attendance and participation. While there are seven cadres, one is frequently absent due to health problems, necessitating further coordination to ensure smooth operations. Mrs. LH, the Jambangan Village Midwife, highlighted this concern:

"Currently, there are seven cadres, ma'am, but usually only six are present. One cadre is often absent due to health problems. I think it is necessary to coordinate with the Village Head to discuss future solutions, but currently I am still confirming this situation with other cadres to ensure clearer information." (Interview results July 15, 2024)

The data collection process for elderly residents involves several crucial steps to ensure comprehensive registration. Cadres collect data per Community Unit (*Rukun Warga* or RW)) and through ten guesthouse systems, enabling them to understand the elderly population in each area. During *Posyandu* activities, cadres

prepare five tables for various health-related activities. Mrs. IR, the Nurse of Jambangan Village, elaborated on this process:

"Done data collection per RW Miss or ten guesthouses so you know the number of elderly. So role cadre That data collection That must be per RW or through ten guesthouse / group rw, driver Posyandu data targets through preparation of 5 tables, after That all finished exercise Not yet started data collection with inspect tension blood, measurement tb / bb, there is a game like a game." (Interview results July 15, 2024)

The study found that cadres actively provide special assistance to elderly individuals with specific health concerns. This includes home visits for those with certain diseases or health conditions. A team of nurses, village midwives, and cadres conducts these visits to provide more focused attention. Mrs. TJ, a *Posyandu* cadre, explained:

"There is special assistance for the elderly who have illnesses. Elderly indicated to have certain illnesses will be visited directly at home by a team consisting of nurses, village midwives, and cadres. Although individual assistance for each elderly is not yet available, our main focus now is to provide more attention to those with a history of illness." (Interview results July 29, 2024)

The mentoring program, Counseling Problem Health Family from Door to Door (KOPIPU), prioritizes assistance for elderly individuals over 70 with specific health indications. This targeted approach aims to provide more intensive support to those with a history of illness.

These findings align with previous research by Munadia (2022), which highlighted that assistance provided by cadres is often direct and straightforward, with limited demonstration media available at the *Posyandu*. The role of cadres in this context reflects Mardikanto's concept of mentoring, where cadres function as providers of convenience and direction for resources needed by beneficiaries and other stakeholders.

In conclusion, while the cadres in Jambangan Village are committed to facilitating public health services for the elderly, several challenges persist. These include insufficient cadre numbers, suboptimal data recording processes, and inconsistent cadre attendance. Despite these obstacles, the cadres continue to play a crucial role in community-based health care for the elderly, particularly in providing targeted assistance to those with specific health needs. Future efforts should focus on addressing these challenges to enhance the effectiveness of mentoring in elderly health care at the village level.

Monitoring Role

The monitoring and evaluation role of community-based health care for elderly cadres at the village level encompasses various activities and processes. This study reveals that cadres play a crucial role in observing, measuring, and assessing the empowerment process and its outcomes during ongoing activities and before and after implementation (Syukkur & Sipollo, 2023). Monitoring, as defined by Fietri and Ilham (2021:25) and Sulaiman & Permana (2021), involves a cyclical process of collecting, reviewing, reporting, and acting upon the information related to ongoing activities (Cahyaningrum et al., 2023).

Jambangan Village's monitoring process extends beyond the integrated health post activities. One significant aspect is the home visit program conducted by nurses. As Mrs. TJ, an elderly cadre, explained:

"The person responsible for conducting visits to the elderly's homes is the nurse, ma'am. Elderly people over 70 years old will be monitored, and if they are indicated to have a history of certain diseases, then they will be referred to the health center for further treatment. So, the initial step is a home visit by the nurse, then the condition is seen, and if necessary, a referral is made." (Interview results July 29, 2024)

This approach ensures direct monitoring of elderly health at their residences, allowing for timely interventions and referrals when necessary. Additionally, cadres participate in a program called KOPIPU (Counseling Family Health Problems from Door to Door), which focuses on visiting elderly individuals with specific health concerns. Mrs. RD elaborated on this initiative:

"Outside integrated health service post elderly, there is the so-called visit Counseling Problem Health Family from Door to Door (KOPIPU). For vulnerable people especially at an age continuing."

The KOPIPU program aims to increase public awareness about elderly health importance and identify potential health issues that may not be apparent externally. This personalized approach allows for more targeted interventions and support for elderly individuals and their families.

The significance of these home visits was further emphasized by Mrs. LH, a village midwife:

"This home visit is very important because we can see the condition of the elderly directly. Many of them cannot come to the health center or integrated health post because of the limitations of their health conditions, miss. With this visit, we can provide more appropriate and faster care."

These findings align with the study by Pratiwi et al. (2024), which highlights the role of elderly integrated health service post cadres in monitoring, including

data collection, blood pressure monitoring, providing information about healthy lifestyles, and reporting on elderly conditions requiring additional attention.

However, the study also revealed challenges in the reporting process. While the Elderly KMS (Healthy Card) book is used for recording health data, limitations in manpower often result in delayed and inefficient reporting. Mrs. TJ described this issue:

"Here, for reporting, ma'am, we use the Elderly KMS (Healthy Card) book. After all the elderly have been examined, it will be written there. However, the problem is that we don't have enough people to write the book, so we use an alternative: the elderly are given a small piece of paper on which has written the examination results. If the Posyandu activities are finished, then the cadre's task is to write at home so it's easy. The report is very efficient." (Interview results July 29, 2024)

Furthermore, technological barriers present additional challenges for elderly cadres in reporting. Mrs. RD noted:

"Yes, the problem we are experiencing is that most of the Posyandu cadre mothers are old, so they don't really understand how to use reports on laptops that use Word. That's right, sis, usually it's recorded manually on paper or in the elderly's book." (Interview results July 15, 2024).

These adaptation findings suggest that while the monitoring role of elderly health care cadres in Jambangan Village is generally effective, there are areas for improvement, particularly in reporting efficiency and technology. The study underscores the importance of cadres in ensuring appropriate health care and supervision for the elderly, aligning with Mardikanto's concept of monitoring and evaluation roles in community empowerment.

In conclusion, this research highlights the critical role of community-based healthcare workers in monitoring elderly health at the village level. While effective programs like home visits and KOIPU are in place, addressing challenges in reporting and technological literacy could further enhance the efficiency and effectiveness of these monitoring efforts.

Conclusion

The role of Integrated Elderly Health Service Unit (*Posyandu Lansia*) cadres in Jambangan Village has significantly improved the quality of life for elderly residents. This study examined their contributions in four key areas: education, information dissemination, assistance, and health monitoring. While the cadres' efforts have yielded positive outcomes, several challenges that require attention for enhanced program effectiveness persist.

In education, the collaboration between *Posyandu* cadres and village midwives has proven relatively effective in task distribution. However, the predominant use of lecture-style presentations is insufficiently innovative, resulting in comprehension difficulties among some elderly participants. This highlights the need for more engaging and accessible educational methods tailored to the elderly audience.

Information dissemination efforts, while employing various methods, have encountered obstacles. Some elderly residents continue to face challenges in receiving and understanding information effectively, leading to miscommunication and coordination issues between midwives and cadres regarding *Posyandu* participation rates. This underscores the importance of developing more efficient and targeted communication strategies.

The assistance role of cadres faces limitations due to their insufficient numbers, resulting in suboptimal data recording for elderly participants. This constraint emphasizes increased human resources or improved data management systems to ensure comprehensive support for all elderly residents.

Health monitoring activities, including home visits, have been relatively successful. However, the reliance on manual health recording methods has led to practical inefficiencies. This suggests an opportunity for implementing more advanced, potentially digital, record-keeping systems to enhance monitoring effectiveness and data accuracy.

It is essential to acknowledge the limitations of this study. The research focused solely on Jambangan Village, potentially limiting the generalizability of findings to other regions. Additionally, using observational and interview methods may have introduced interpretive biases. The descriptive approach, lacking quantitative data, provides only a general overview without concrete statistical support.

Several recommendations are proposed to address these challenges and optimize the *Posyandu Lansia* program. First, implementing more interactive and visually engaging educational approaches, potentially using digital media, could enhance elderly participants' understanding. Second, providing communication training for cadres and developing interactive socialization methods could improve information dissemination effectiveness. Better coordination with village midwives would also contribute to more accurate information sharing.

Increasing the number of *Posyandu Lansia* cadres and implementing a more robust recording system is advised to strengthen the assistance role. This would ensure that all elderly residents receive adequate attention and support. Lastly, adopting digital health monitoring and recording technologies could streamline reporting processes and minimize errors, leading to more efficient and accurate health management for the elderly.

These recommendations inspire future studies to analyze and enhance the role of *Posyandu Lansia* in improving health service quality for elderly communities. By addressing the identified challenges and implementing these suggested improvements, the *Posyandu Lansia* program can more effectively support the health and quality of life of elderly residents in Jambangan Village and potentially serve as a model for similar programs in other regions.

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