



Posyandu Cadre Workshop in the Mattirowalie Village Area, West Tanete Riattang District

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ABSTRACT

The aim of this service is to increase community empowerment efforts in transferring knowledge and skills from public officials to and between communities and between other communities, as well as bringing closer primary health services, especially those related to reducing maternal mortality (MMR). Infant Mortality Rate (IMR) and Child Mortality Rate (AKABA) as well as achieving the goal of a healthy city. The aim is for cadres to expand their knowledge and skills in carrying out Posyandu activities independently. The method used is to provide several hours of crash training for 3 days at 5 hours of training (45 minutes per hour). The participants were 22 Posyandu cadres in the Mattirowalie sub-district, West Tanete Riattang District. The facilities and infrastructure used are projectors, laptops, microphones, posyandu framework training modules and materials, posyandu teaching tools, sphygmomanometers, stethoscopes, scales, Dacin and Metline scales. The result of the control activity is the acquisition of knowledge after training with an average score before the test of 68, at post-test 80, so the average knowledge gain is 11 points. Cadres can also practice measuring blood pressure, weighing with Dacin, practicing the 5-table posyandu system, counseling and recording reports. The results of this charity activity are the creation of modules and publication of the results of charity activities. Facilities and infrastructure can be equipped to optimize Posyandu services. Posyandu cadres continue to increase their motivation to lead

INTRODUCTION

In Indonesia there are 266,827 Integrated Posyandu (Posyandu) positions spread throughout Indonesia and there are approximately 3-4 cadres per Posyandu, which means there are more than one million Posyandu cadres (Ministry of Health and Central Posyandu-Pokjanal, 2012). . In contrast, in 2013 the number of Posyandu in Indonesia was more than 330,000 (Nhang, 2013). Based on Riskesda data, almost 78% of baby weighings are carried out at Posyandu. This situation shows how important the role of Posyandu cadres is at the forefront of Posyandu services to the community. Frames are a key point in implementing Posyandu activities. Participation and action are expected to trigger community involvement. However, the existence of cadres is relatively unstable because their participation is voluntary, so there is no guarantee that they will continue to carry out their duties as expected (Onthonie, Ismanto & Onibala, 2015).

Posyandu cadres must have good knowledge and skills in carrying out their duties. Posyandu cadres must be able to manage the posyandu well because they best understand the situation of community needs in their area. Posyandu leaders are selected, ready and capable people who have the time and concern for basic community services. Cadre performance in Posyandu activities depends on rank, job, income level and cadre involvement in other organizations (Suhut & Hasanah, 2014). Therefore, posyandu cadre training is an effort to increase the capacity and capability of posyandu cadres.

Mattirowalie Village is a sub-district in the working area of the Watampone Health Center with a total of 10 RWs, each RW has 1 Posyandu. Each posyandu has 5-9 frames. Based on preliminary research, almost all 10 posyandu in Mattirowalie Village have never received posyandu education. Currently, posyandu activities have become a monthly routine activity. Posyandu implementation is not carried out using a five-desk system. The five table system that will be introduced at Posyandu is in the form of Table I at the beginning of the Posyandu frame registration; Table II: Balancing and Monitoring the Growth and Development of Posyandu Cadres; Fill in the KMS or KIA book in Table III without traces; Table IV KIA Suggestions Based on the KIA Manual; Table V Health and Nutrition Services and Workers. Seeing the phenomenon above, it is deemed necessary to hold training for Posyandu cadres. This is an effort to increase the capacity and skills of Posyandu cadres which ultimately helps accelerate village and regional development in a state of active alert. is one of the performance goals to be achieved in the empowerment process. The community carries out improvements in social welfare.

LITERATURE REVIEW

Holding training for Posyandu cadres. This is an effort to increase the capacity and skills of Posyandu cadres which ultimately helps accelerate village and regional development in a state of active alert. is one of the performance goals to be achieved in the empowerment process. The community carries out improvements in social welfare.

METHODOLOGY

The methods used during the learning process are: Short lectures and questions and answers, brainstorming, where participants' knowledge and experience of the proposed material is checked, exercises and assignments in the form of: Group discussions, case studies, reading assignments, role plays, simulations and field exercises.

RESULT

Representatives of 11 Posyandu from Mattirowalie Subdistrict took part in the Posyandu confirmation activity. Each Posyandu is represented by two cadres, with a total of 22 participants. This Posyandu update took 3 days. Below you will find the results of the TPA re-evaluation with pre-test and post-test.

Table 1. Pre Test and Post Test Results of Posyandu Refreshment Activities at Posyandu, Mattirowalie Village

Knowledge	Pretest		Posttest	
	N	%	n	%
Good	6	27,27	15	68,18
Enough	14	63,63	7	31,82
Less	2	9,1	0	0

From table 1 it can be concluded that the knowledge of posyandu cadres after being given posyandu refresher training has increased.



Figure 1. Evaluate the Delivery of Material by Cadres

DISCUSSION

In addition to the knowledge side of the framework, practical exercises are also carried out:

Blood pressure measurement, dacin weighing, 5 table system posyandu training, counseling training, logging. Group students led cadres to carry out the above exercises, so that most of the cadres were able to carry out the practical activities above. At the end of the strengthening training, the non-profit group monitors and evaluates the implementation of Posyandu activities. As a result, most posyandu will do what they have been trained to do, even though it is less than optimal considering the facilities each posyandu has, such as: The 5 Table Posyandu system has not been implemented optimally. This is due to insufficient space for five Posyandu tables. This was accomplished using existing rooms. For example, the posyandu table is only used for recording, storage and reporting, while others do not use a table, but the area is still reserved. Apart from that, counseling to cadres has not been implemented optimally. This is because in some posyandu there are no frames, in other posyandu because the frame lacks the courage to consult.

At the same time, health workers continue to provide advice. Posyandu is a Community Health Effort (UKBM) to improve the health and prosperity of people's lives. Posyandu acts as a forum for community empowerment to transfer knowledge and skills from officers to the community and between community members, bringing primary health services closer together, especially in reducing maternal mortality (MMR) and child mortality. (IMR) and infant mortality rate (AKABA). Frame is one of the Posyandu subsystems which is tasked with managing the program flow at Posyandu. Managers need to know more or control

more activities that need to be carried out or regulated (Wati, Khariroh & Indriastuti, 2012).

Achieving a degree of health by providing experiences or learning conditions for individuals, families, groups and communities by opening channels of communication, information and organizing training to increase knowledge, attitudes and behavior change through a leadership approach and community empowerment. Nurhayati & Apriliyanti, 2015). Posyandu revitalization is an effort to improve Posyandu operations and performance (Sari, 2018). Training and mentoring of posyandu cadres is very helpful in increasing the knowledge and skills of posyandu cadres. This is in accordance with what Supriyanto (2017) did for training and assistance in using Siposyandu.

CONCLUSION AND RECOMENDATIONS

After completing the Posyandu data collection activities, Posyandu cadres' knowledge of Posyandu management, assessment of health problems at Posyandu locations, community mobilization, five Posyandu activities, cadres' skills in providing information on Posyandu activities, as well as mediating the recording and reporting of Posyandu activities increased.

FURTHER STUDY

This research still has limitations so further research needs to be carried out regarding the topic of the Posyandu Cadre Workshop in order to perfect this research and increase insight for readers.

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