

## **Integrating Pancasila Values to Foster Collaboration in Public Health Participation**

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### **ABSTRACT**

The two-day community service activity by PPKn students from Sembilanbelas November University, Kolaka, in Rano Jaya Village aims to increase community participation in routine health checks through Posyandu and Posbindu. The research method used Participatory Action Research (PAR) with 68 participants, including toddlers, pregnant women, the elderly, Posyandu cadres, Posbindu administrators, medical personnel, and students. Data were collected through observation, interviews, and documentation, then analyzed qualitatively using content analysis techniques. The results showed an increase in community participation from 48% to 85%, increased awareness of the importance of health checks and early disease detection, and strengthened the capacity of health cadres. This activity also fostered a spirit of mutual cooperation and strengthened social solidarity, proving the application of Pancasila values effectively in strengthening community health participation that is healthy, empowered, and imbued with a sense of togetherness.

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## INTRODUCTION

Community service, as one of the pillars of the Tri Dharma of Higher Education, aims to apply scientific knowledge and social values to improve the quality of life of the community. In Indonesia, Pancasila is not only the foundation of the state but also serves as an ethical and philosophical foundation in various aspects of life, including efforts to improve public health. The values of Pancasila, especially the spirit of mutual cooperation, foster social solidarity that is essential in addressing public health challenges. The health of the Indonesian people, particularly in rural areas, still faces various obstacles, such as unequal access to health services and low public awareness of the importance of routine health checks (Setiawan & Handayani, 2022; Ramadhan & Harahap, 2018). Therefore, implementing Pancasila values as a foundation for enforcing community participation in health programs is a crucial strategic effort.

Rano Jaya Village, Toari District, Kolaka Regency, is an area experiencing significant public health challenges. Residents, particularly toddlers, pregnant women, and the elderly, remain low in regular health check-ups at community health posts (Posyandu) and community health posts (Posbindu), which risks increasing the number of hidden diseases and reducing quality of life (Nugroho & Sari, 2020; Prasetyo et al., 2022). This low participation has negative impacts, including a lack of early detection of health problems and a lack of education about healthy lifestyles. Sociocultural factors and limited collective awareness are the main obstacles to optimal community involvement. Community service activities that integrate Pancasila values and the spirit of mutual cooperation in Rano Jaya Village are an urgent step to empower residents to maintain and improve their health sustainably.

This community service project aims to implement Pancasila values, particularly the spirit of mutual cooperation, to increase community participation in Rano Jaya Village in routine health checks through Posyandu (Integrated Health Post) and Posbindu (Integrated Health Post). In addition to promoting collective health awareness, this community service is also expected to strengthen social solidarity and create a supportive and harmonious social environment for all levels of society. Through the involvement of students as facilitators and companions to health cadres, this activity aims to empower residents in a participatory manner to address existing health problems, improve quality of life, and build collective awareness of the importance of health checks as part of social responsibility and Pancasila values (Wijayanti, 2020; Kusuma Sari, 2020).

## METHOD

This study used a participatory action research (PAR) design (Fauzi & Wijayanti, 2020) that actively involved the community in problem identification, implementation, and evaluation of activities. This type of research is a community service that aims to empower residents of Rano Jaya Village, Toari District, Kolaka Regency in fostering the spirit of mutual cooperation through the application of Pancasila values to address health problems in a participatory manner. The activity was carried out for one day through the Posyandu and Posbindu programs. The research participants consisted of toddlers ( $n = 25$ ), pregnant women ( $n = 15$ ), elderly ( $n = 20$ ), Posyandu cadres ( $n = 5$ ), Posbindu administrators ( $n = 10$ ), doctors ( $n = 1$ ) and PPKn students of USN Kolaka ( $n = 3$ ), with a total of  $n = 68$  people.

The research instruments included participant observation sheets, a guide to implementing Pancasila values, health education materials, and activity documentation. Data were collected through observation, structured interviews, and documentation studies.

Data analysis was conducted qualitatively using content analysis with the following stages: data reduction, coding (open-axial-selective coding), and validation through source triangulation, member checking, and peer debriefing. The results of the analysis were used to assess the internalization of Pancasila values and the spirit of mutual cooperation in increasing public health participation in Rano Jaya Village.

## **RESULT AND DISCUSSION**

### **RESULT**

#### **Location of Community Service Activities for PPKn Students**

Community service activities by PPKn students of Sembilanbelas November University Kolaka were carried out in Rano Jaya Village, Toari District, Kolaka Regency, with a total of  $n = 68$  participants consisting of toddlers ( $n = 25$ ), pregnant women ( $n = 15$ ), elderly ( $n = 20$ ), Posyandu cadres ( $n = 5$ ), Posbindu administrators ( $n = 10$ ), doctors ( $n = 1$ ), and PPKn students of USN Kolaka ( $n = 3$ ).



**FIGURE 1.** Location of student community service activities

Source: Student documentation

**TABLE 1.** Data of before and after the intervention on community participation

Participation Group	Amount	Participation Before Intervention (%)	Participation After Intervention (%)	Increase (%)	Information
Toddler	25	52% (13 people)	88% (22 people)	+36%	Significant improvement after nutrition education and immunization.
Pregnant mother	15	46% (7 people)	80% (12 people)	+34%	More active after nutritional counseling and regular check-ups.
Elderly	20	40% (8 people)	83% (17 people)	+43%	Enthusiastic about participating in Posbindu and health exercises.
Integrated Health Post Cadres	5	60% (3 people)	95% (5 people)	+35%	Increased role in data collection and outreach.
Posbindu Administrators	10	65% (6 people)	90% (9 people)	+25%	Be more active in checking blood pressure and recording results.
Doctor	1	100% (1 person)	100% (1 person)	0%	Maintains role as medical officer.
Civics Students of USN Kolaka	3	100% (3 people)	100% (3 people)	0%	Act as a facilitator and field assistant.
Total / Average	68	48% (41 people)	85% (59 people)	+37%	There was an increase in overall community participation.

Prior to the intervention, community participation in health activities was relatively low. Only about 48% of the target population regularly attended Posyandu and Posbindu activities. After the implementation of activities based on Pancasila values and mutual cooperation, participation increased significantly to 85% of the total target. This increase was evident in the attendance of toddlers (from 52% to 88%), pregnant women (from 46% to 80%), and the elderly (from 40% to 83%). Posbindu cadres and administrators also showed an increase in active involvement, from 60% to 95%, particularly in recording, educating, and mentoring participants.

Activities included health checks, nutrition education, pregnancy counseling, early detection of non-communicable diseases, and education on clean and healthy living behaviors (PHBS). In addition, the community participated in site preparation, documentation, and information dissemination. Activities were carried out in a spirit of mutual cooperation and based on Pancasila values, reflecting strong social solidarity within the community.

Qualitatively, changes in health behavior are beginning to be seen: people are reducing their consumption of fast food, increasing their physical activity, and undergoing more regular health check-ups. Integrated Health Service Post (Posyandu) cadres are becoming more confident in providing simple counseling, while Posbindu administrators are becoming more skilled at conducting data collection and basic community health check-ups.

## **Health Service Activities Through Posyandu and Posbindu**

### **Posyandu Health Checkup (For Toddlers and Pregnant Women)**



**FIGURE 2.** Posyandu activities

Source: Student documentation

### **Stages of Toddler Health Check-ups at Integrated Health Posts (Posyandu)**

The toddler health checkup process at the Integrated Health Post (Posyandu) begins with registration, where parents enter their child's identity data, such as name, age, address, and health registration number, which is then recorded by the Posyandu cadre. Next, the cadre prepares a Health Card (KMS) to record the toddler's development. After registration, weight is taken using a baby scale or dacin, body length or height measurements according to age, and head circumference measurements are taken to monitor the child's brain growth. All measurements are recorded on a growth chart in the KMS so that the toddler's nutritional development can be monitored to determine whether the condition is normal, malnourished, or severely malnourished. The next stage is nutrition education and counseling, where parents are given an understanding of the importance of exclusive breastfeeding, providing nutritious complementary foods (MPASI), and a healthy diet to prevent stunting. In addition, toddlers also receive additional services such as complete basic immunizations, vitamin A administration, deworming, and simple health checks to detect infectious diseases early. If serious problems such as malnutrition or serious illnesses are found, the toddler will be immediately referred to a Community Health Center (Puskesmas) or hospital.

### **Stages of Health Check-ups for Pregnant Women at Integrated Health Posts (Posyandu)**

The process of examining pregnant women begins with registration, which involves recording the mother's identity, including name, age, address, gestational age, and medical history. Cadres then prepare a Maternal and Child Health (KIA) book as official proof of the pregnancy examination. Following this, a physical and anthropometric examination is performed, including measurements of weight, height, and mid-upper arm circumference (MUAC) to detect the risk of Chronic Energy Deficiency (CED), as well as blood pressure measurements to detect the risk of hypertension or preeclampsia. The

results are recorded in the KIA book and used as a basis for monitoring the health development of the mother and fetus every month. During the nutrition counseling and education stage, pregnant women are provided with information on balanced nutrition patterns, pregnancy danger signs, and the importance of routine check-ups at least four times during pregnancy. Additional health services are also provided, including uterine fundal height examinations, fetal heart rate examinations, iron (Fe) tablets, TT vaccinations, and childbirth counseling and breastfeeding preparation. If high-risk conditions such as severe anemia, hypertension, multiple pregnancies, or other complications are found, pregnant women will be referred to a community health center or hospital for further treatment.

#### **Stages of Health Check-up at Posbindu**



**FIGURE 2.** Posbindu activities

Source: Student documentation

The Integrated Non-Communicable Disease Development Post (Posbindu PTM) begins with registration, which involves recording the participant's identity, age, brief medical history, and complaints to facilitate health monitoring (Ilham & Yanti, 2022). This is followed by an interview or risk factor analysis to determine dietary patterns, smoking habits, alcohol consumption, physical activity, sleep quality, and family history of diseases such as hypertension, diabetes, or heart disease. The next stage is a physical examination, including height and weight measurements, waist circumference, blood pressure, and a general health assessment. If facilities are available, simple supporting examinations, such as blood sugar, cholesterol, and uric acid levels, are also performed. The results of all these examinations then proceed to the registration and counseling stage, where cadres or officers record the data on the participant's health control card while providing education on a healthy lifestyle, recommendations for further examinations if abnormalities are found, and motivation to maintain personal and environmental health. Finally, participants detected with high-risk factors or symptoms of serious illness are referred to a Community Health Center (Puskesmas) or advanced health facility for further medical treatment. With these stages, Posbindu plays an important role in early detection, prevention, and control of non-communicable diseases in the community (Pratama & Dewi, 2023).

#### **Positive Impact of Community Service Activities**

The implementation of community service activities that integrate Pancasila values and the spirit of mutual cooperation through Posyandu and Posbindu in Rano Jaya Village has had a number of significant positive impacts on the community. These positive impacts include:

##### **Strengthening the Spirit of Mutual Cooperation**

The value of togetherness is becoming increasingly ingrained, as evidenced by the increasing

involvement of residents in supporting various activities, from preparing venues and mentoring participants to disseminating health information. The community is increasingly accustomed to working together, not only for health activities but also for other social interests (Kusuma & Sari, 2020).

### **Increasing Health Awareness**

Through education on nutrition, healthy lifestyles, and the dangers of infectious and non-infectious diseases, the community has shown behavioral changes, such as starting to limit consumption of instant foods, increasing physical activity, and being more disciplined in carrying out routine health checks.

### **Early Detection of Health Problems**

Integrated Health Posts (Posyandu) and Integrated Health Development Posts (Posbindu) activities enable early detection of health problems. Some toddlers with signs of malnutrition, pregnant women at risk of chronic kidney disease (CED), and elderly people with symptoms of hypertension can be promptly treated and referred to more comprehensive health facilities.

### **Formation Of a Supportive Social Environment**

Through ongoing activities, active and mutually supportive community groups are formed, such as a group of pregnant women sharing experiences or a group of seniors regularly exercising together. This strengthens social cohesion and creates a harmonious atmosphere within the community.

### **Strengthening The Role of Health Cadres**

Posyandu and Posbindu cadres receive direct support from students and the community, increasing their capacity to provide services. Cadres become more confident in recording data, providing simple counseling, and imparting health education.

## **DISCUSSION**

### **Integration of Pancasila Values in Health Efforts**

The integration of Pancasila values into public health activities in Rano Jaya Village is not merely a normative concept but is embodied in concrete practices that impact the daily lives of the community. Pancasila, as the foundation of the state and the philosophy of life of the Indonesian people, embodies universal values such as humanity, justice, unity, and togetherness. These values are highly relevant in addressing health challenges in villages, which are often characterized by limited medical facilities, low public awareness, and persistently unequal access to health services (Setiawan & Handayani, 2022). By utilizing Pancasila as a foundation, health programs in Rano Jaya Village can be implemented in a more humane, inclusive, and sustainable manner.

The implementation of the first principle, Belief in One Almighty God, for example, is reflected in public awareness of health as a trust that must be safeguarded. Physical health is understood not only as a physical need but also as a spiritual responsibility. This is evident in community participation in health activities, which often begin with communal prayer, creating a religious atmosphere that strengthens residents' motivation to care for one another. The integration of these divine values has made the community increasingly aware of the importance of maintaining health as part of worship and an expression of gratitude to God (Ramadhan & Harahap, 2018).

The second principle, Just and Civilized Humanity, is reflected in equal treatment for all levels of society, regardless of age, economic status, or social background. Integrated Service Posts (Posyandu)

for toddlers and pregnant women, and Community Development Posts for the elderly, serve as concrete means to ensure that each individual receives equal attention. The health services provided are not only medical in nature, but also encompass a persuasive and empathetic approach. Thus, the integration of this second principle ensures that everyone in Rano Jaya Village can enjoy their right to health services equally.

The third principle, "Indonesian Unity," is a key driver of social solidarity in health activities. The Integrated Health Post (Posyandu) and Integrated Health Post (Posbindu) programs are not simply viewed as routine village government activities or student community service activities, but rather as collaborative initiatives involving all elements of society. The community enthusiastically participates in these activities, as they are presented in a spirit of togetherness, from working together, preparing the venue, to assisting each other during health checks. This demonstrates that a sense of unity embedded in the community can increase participation and strengthen social cohesion.

The fourth principle, Democracy Led by the Wisdom of Deliberation/Representation, is embodied in decision-making related to the implementation of health activities. Communities are given space to deliberate, express opinions, and voice priority health needs. This participatory approach fosters a sense of ownership, so that health programs are no longer viewed as imposed from outside but as the result of mutual agreement. This, in turn, encourages more active and sustainable citizen involvement.

The fifth principle, Social Justice for All Indonesians, is reflected in efforts to ensure equitable distribution of health services in Rano Jaya Village. Through Posyandu (Integrated Health Post) and Posbindu (Integrated Health Post), vulnerable groups such as toddlers, pregnant women, and the elderly receive access to adequate health checks. Even those previously reluctant to seek medical care are encouraged to participate because the program is delivered through a mutual cooperation approach that eliminates barriers to cost and access. The integration of this fifth principle ensures that health is not just a right for a select few, but is enjoyed equally by all levels of village society (Rahmania & Santoso, 2021).

## **Enhancing Community Participation through Collaboration**

Mutual cooperation in health activities in Rano Jaya Village has been shown to significantly increase community participation (Widodo & Arifin, 2019). Residents not only come as service recipients but also actively participate in various aspects of the activities, from site preparation and administrative assistance to assisting the elderly and pregnant women during checkups. This active involvement fosters a sense of ownership, so that Posyandu and Posbindu activities are viewed as a shared agenda, not simply an external program. This spirit of togetherness makes the community more enthusiastic and disciplined in participating in routine health checkups.

Beyond technical aspects, mutual cooperation is also evident in the dissemination of information and education. Residents who understand the benefits of health check-ups invite neighbors or relatives to participate, thus broadening participation. This action demonstrates a collective awareness that health is not just an individual matter, but a shared responsibility. Thus, mutual cooperation not only lightens the burden on organizers but also strengthens social solidarity and builds a more health-conscious society. This phenomenon demonstrates that mutual cooperation remains a crucial social asset that can be leveraged to strengthen public health programs. Without this sense of togetherness, optimal community participation will be difficult to achieve (Wijayanti et al. 2021). Therefore, maintaining and developing a culture of mutual cooperation is crucial for the sustainability of community-based health programs and their long-term benefits.

## CONCLUSION

Community service activities in Rano Jaya Village, integrating Pancasila values and the spirit of mutual cooperation through the Integrated Health Post (Posyandu) and Integrated Health Post (Posbindu) programs, have successfully increased community awareness and active participation in maintaining health. The community plays a role not only as service recipients but also as active actors in every stage of health activities. The integration of Pancasila values, particularly unity, humanity, and social justice, fosters a sense of collective responsibility and strengthens togetherness in efforts to create sustainable health at the village level. This success demonstrates that the practical application of Pancasila values can strengthen social solidarity and improve community well-being through health awareness that grows from collective participation.

In practice, this activity has had a tangible impact in the form of increased community participation in routine health checks, increased knowledge about nutrition and healthy lifestyles, and a stronger role for cadres in providing basic health services at Posyandu and Posbindu. Active community involvement creates a sense of ownership in the health program, enabling activities to run sustainably and effectively in early detection of various community health problems. From a social perspective, this activity strengthens the spirit of mutual cooperation and solidarity among residents. Residents help each other in every activity, share health information, and form mutually supportive social groups, such as pregnant women's communities and healthy elderly groups. This condition strengthens social cohesion and fosters a more caring, harmonious, and empowered community environment.

Theoretically, this activity affirms that Pancasila is not only the foundation of the state but also an ethical and philosophical framework for public health development. The values of Divinity, Humanity, Unity, Democracy, and Social Justice serve as moral guidelines for creating an inclusive, equitable, and well-being-oriented health system. Thus, the application of Pancasila in the health context has proven effective in shaping a society that is not only physically healthy but also socially strong and characterized by mutual cooperation, reflecting the Indonesian national identity.

For further development of activities, it is recommended that the capacity of health cadres be continuously improved through advanced training and the use of information technology in recording and monitoring public health. Village governments and related agencies should provide ongoing support to strengthen the implementation of Integrated Health Posts (Posyandu) and Integrated Health Development Posts (Posbindu) by actively involving all elements of society, so that the program can run consistently and effectively. Furthermore, the development of practical theories on the role of Pancasila values as social capital in empowering community health is needed so that they can be applied to various socio-cultural contexts in other regions. To broaden the impact of community service, integrating health programs with socio-economic programs based on mutual cooperation can be a strategic step in improving community welfare as a whole. Regular evaluation and strengthening of collaborative networks between students, health cadres, and the community are also very important to maintain the relevance and sustainability of community service programs in accordance with dynamic needs in the community.

## REFERENCES

Amin, M., Suryani, N., & Kusuma, H. (2021). The role of community empowerment in increasing the utilization of health services at Posyandu. *Indonesian Journal of Public Health*, 16(2), 124-133.

Dewi, SR, & Hartono, R. (2023). Strengthening social capital through mutual cooperation for community health development. *International Journal of Public Health Research* 8(1), 45-54.

Fauzi, M., & Wijayanti, SP (2020). Implementation of participatory action research to improve maternal health in rural Indonesia. *Journal of Public Health*, 45(6), 1248-1255.

Fitria, N., & Rahman, A. (2019). Community participation based on Pancasila values in health promotion activities. *Journal of Public Health Sciences*, 10(1), 12-21.

Glanz, K., Rimer, B.K., & Viswanath, K. (Ed.). (2019). *Health behavior: Theory, research, and practice* (5th ed.). Jossey-Bass.

Ilham, MR, & Yanti, D. (2022). Utilization of Posbindu as an early detection strategy for non-communicable diseases in rural areas. *Indonesian Journal of Health Epidemiology*, 3(2), 89-97.

Kusuma, P., & Sari, N. (2020). Mutual cooperation in health: A social capital approach in Posyandu activities. *Journal of Environmental Health*, 16(4), 476-485.

Lisnawati, Y., & Prasetyo, Y. (2021). The influence of community empowerment on the sustainability of the Posyandu program. *Indonesian Journal of Health Promotion*, 9(3), 166-175.

Marmot, M., Allen, J., Goldblatt, P., Herd, E., & Morrison, J. (2020). *Building back more equitably: The Marmot COVID-19 review*. Health Equity Institute.

Mulyani, D., & Aisyah, N. (2018). The role of students in community service to increase health awareness through Posbindu. *Journal of Community Service*, 5(1), 55-63.

Nugroho, HS, & Sari, L. (2020). Mutual cooperation culture and compliance with maternal and child health services in Indonesia. *Health Policy and Planning* 35(10), 1382-1390.

World Health Organization. (2021). *Community engagement for health: A guide to integrating community engagement into health programs*. World Health Organization. <https://apps.who.int/iris/handle/10665/351333>

Prasetyo, B., Wibowo, H., & Raditya, F. (2022). Pancasila values and participatory approaches in managing non-communicable diseases: A case study in rural Indonesia. *Asian Journal of Health Promotion*, 7(1), 21-30.

Pratama, K., & Dewi, FN (2023). Increasing health awareness among the elderly through community empowerment and the Posbindu program. *International Journal of Public Health*, 14(2), 102-111.

Putri, S., & Rawang, S. (2019). Community participation in Posyandu: The effectiveness of collaborative health promotion. *National Public Health Journal*, 13(1), 84-91.

Rahmania, N., & Santoso, PB (2021). Empowering local communities through mutual cooperation for sustainable health programs. *Indonesian Journal of Public Health*, 11(3), 183-192.

Ramadhan, F., & Harahap, M. (2018). The influence of health education on mothers' knowledge of Posyandu services. *Journal of Nursing and Midwifery*, 4(1), 37-45.

Rohmah, D., & Handayani, S. (2020). Empowering Posbindu through Community Involvement: A Qualitative Study. *Journal of Community Health Promotion*, 8(5), 241-250.

Sari, L., & Nugroho, HS (2020). The role of mutual cooperation in improving compliance with Posyandu services in Indonesia. *Indonesian Health Journal*, 11(2), 77-85.

Saputra, A., & Lesmana, E. (2019). Posbindu as a model for integrated non-communicable disease prevention: Community perception and participation. *Journal of Health Research and Development*, 14(4), 289-298.

Setiawan, R., & Handayani, L. (2022). Implementation of Pancasila values in public health development programs. *Journal of Social Sciences and Development*, 7(3), 211-220.

Susanto, D., & Maharani, S. (2021). The effectiveness of participatory action research in empowering rural health cadres. *Journal of Community Development*, 10(2), 98-107.

Syahputra, D., & Anggraini, S. (2020). Factors influencing the success of Posyandu in rural communities in Indonesia. *Indonesian Journal of Public Health*, 12(1), 40-48.

Widodo, T., & Arifin, Z. (2019). Community involvement through mutual cooperation: A study of health promotion in villages in Indonesia. *Journal of Health Promotion Research*, 9(1), 11-20.

Wijayanti, S., Putri, Y., & Wahyuni, R. (2021). Strategies to increase participation in maternal and child health services at Posyandu. *Journal of Reproductive Health*, 7(2), 53-62.

Winarti, E., & Halimah, N. (2023). The Role of Students in Community Health Empowerment: A Case Study in Sulawesi. *Journal of Community Service*, 6(1), 12-21.

Yuliana, N., & Firdaus, F. (2018). Encouraging healthy behavior through community-based health education at Posbindu. *Indonesian Journal of Health Promotion*, 6(4), 133-140.

Zuhri, M., & Rahmat, H. (2020). The role of social capital in the sustainability of health programs: A systematic review. *Journal of Global Health Sciences*, 4(3), 264-275.