

Increasing The Capacity of Posyandu Cadres in Implementing Posyandu Activities in Bunijaya, Jatisari Village, Kutawaringin District, Bandung Regency

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Abstract

The role of Posyandu cadres in increasing awareness and understanding of mothers and toddlers on the importance of Posyandu activities is enormous, especially in monitoring and growing toddlers and pregnant/breastfeeding women. One of the problems faced by Posyandu cadres in Bunijaya RW.11 Jatisari Village, Kutawaringin District, is a lack of understanding in determining whether children are experiencing good nutrition or malnutrition and procedures for providing Posyandu activities because these cadres are new cadre members. This Activity aims to improve the quality of Posyandu services. The method used in this Activity is Socialization by providing counseling and assistance in the service of Posyandu activities. Providing counseling on preparing additional food menus to improve toddler nutrition will offer new insights into monitoring child growth and development through KMS and assist in carrying out Posyandu activities that are orderly and regular. The result of this Activity is an increase in the capacity of cadres to provide Posyandu activities to the community and increasing the role of the Posyandu as the spearhead of more optimal monitoring of maternal and child health.

Keywords: Toddler Nutrition, Socialization, Posyandu Cadres

INTRODUCTION

Maternal and child health is one of the national development priorities; for this reason, improving the quality of health services supported by the community in general and, in particular, by health cadres who have good knowledge and are highly committed to improving maternal and child health status has a vital role (Nurfazriah et al., 2021). Posyandu, or Integrated Service Post, is one of the Community-Based Activity Units (UKBM), making it easier for people to get health services (RI, 2012). Posyandu is a community-based activity for health services in Indonesia. The existence of the Posyandu is to make it easier for the community to get health services (Desmaini & Erianto, 2021; Nainggolan et al., 2014). The role of Posyandu is vital in supporting community health, especially for mothers and toddlers (Probowati & Irmayanti, 2021).

This is the role of Posyandu cadres in increasing awareness and understanding of mothers and toddlers about the importance of Posyandu activities. Posyandu cadres' role in improving public health awareness includes several aspects, such as monitoring growth, development, nutritional status or nutritional improvement, administering vitamin A capsules, to providing supplementary food (PMT) (Nurhaeda et al., 2021). Posyandu cadres must have adequate knowledge and skills in carrying out their duties. Posyandu cadres, as the spearhead in essential community health services, must understand the community's needs in their working area (Cahyati et al., 2019).

It is necessary to increase the capacity of Posyandu cadres through continuous training. This is important considering its role in increasing community participation which is reflected in the high interest and community visits to Posyandu (E.Meilyana, 2020). With the hope that Posyandu is overgrowing, the scope of health services for infants and toddlers will also increase rapidly. This situation has significantly reduced infant and under-five mortality rates (Desmaini & Erianto, 2021). As part of nutrition improvement services, efforts should be made

to improve services for infants and toddlers. One of these efforts is service through nutrition improvement, monitored monthly from the Towards Healthy Card (KMS).

Many factors influence the occurrence of malnutrition, including socioeconomic status, ignorance of mothers about providing good nutrition for children, and low birth weight (BBLR). Factors that affect BBLR include the economic situation and lack of public knowledge. Babies with BBLR conditions tend to experience disease complications because the lack of maturity of the organs causes physical growth disorders and nutritional disorders when toddlers (Yulian Dinihari, Zakiah Fithah A'ini & Selatan, 2019). If malnutrition is not immediately addressed, it will have an even worse impact on children under five, including chronic infections, which can be even worse and cause death. Early detection of malnourished toddlers can be done by checking BB/U (Weight-for-Age Index) to monitor the child's weight. In addition, tracking the growth and development of children can also use the Towards Healthy Card (KMS).

The role of Posyandu cadres in overcoming malnutrition is vital, given the position of Posyandu cadres as the spearhead in improving public health status at the grassroots level. Therefore the capacity of Posyandu cadres must be continuously increased. The increased power of Posyandu cadres is believed to be accompanied by increased public health status. The cadre's duties include health services and community development but are limited to the fields/tasks taught. Cadres are not required to be able to solve all the maternal and child health problems they face. However, it is hoped that the cadres can solve common issues that occur in the community and are urgent to be resolved. Therefore, cadres must be fostered, trained, guided, and supported by health workers as skilled and experienced guides (Susanti, 2020).

This Community Service activity is carried out in RW. 11 Bunijaya, Jatisari Village, Kutawaringin District, Bandung Regency. There are 5 Posyandu cadres in RW 11, all new cadres, so they do not have sufficient knowledge and insight regarding Posyandu service activities. Thus, guidance and assistance are needed to improve learning and skills in Posyandu services.

METHODS

Community service activities are part of a series of Community Service Programs at Muhammadiyah University for the even semester period of 2021/2022, located in Kuta Waringin District, Bandung Regency. Implementation of KKN for one month, namely 6 August–4 September 2022. The implementation of KKN at the University of Muhammadiyah Bandung consists of 2 classifications, namely the Classification of Regular KKN and Thematic groups; regular KKN is intended for pure students whose implementation is one entire month, while the Thematic group is designed for employee class students whose implementation is only Saturday and Sunday.

Students participating in KKN Thematic 7 (seven) groups were appointed to carry out KKN in Jatisari Village RW 11. Jatisari Village is one of the villages in Kutawaringin District, Bandung Regency, West Java Province. The village, with a village area of 429,623 ha, is divided into 13 RWs and 70 RTs located at position 115. 7.20 LS 8. 7.10 E, with an altitude of approximately 650 M above sea level. Jati Sari village has a population of 11,610 people, is the village with the highest population, and is the third most populous village in the Kutawaringin sub-district.

The initial idea of carrying out capacity-building activities for Posyandu cadres in RW 11 was during the implementation of preliminary observation and survey activities. During interviews with Posyandu cadres, it was found that there were problems with Posyandu cadres, namely a lack of understanding in handling Posyandu activities, so cadres experienced difficulties in classifying toddler conditions. Therefore, during the preparation of the KKN program for Thematic class 7, the action was formulated for Capacity Building for Posyandu Cadres RW 11 Bunijaya, Jatisari Village.

Posyandu cadres' capacity-building activities are directed at increasing knowledge about toddler nutrition and increasing the skills of cadres in implementing Posyandu activities. The

method of implementing activities is participatory in its application to the process of planning and implementing activities placing the community as the subject, namely from the community, for the community, and carried out by the community. So a participatory approach in the planning and implementation process fully involves Posyandu cadres. Implementing the Activity begins with knowledge transfer through Socialization and interactive discussion. Thus solving problems is carried out using interactive methods between KKN students and Posyandu cadres (Rendi Pramuja et al., 2022). The stages of implementing activities are described in the following diagram:

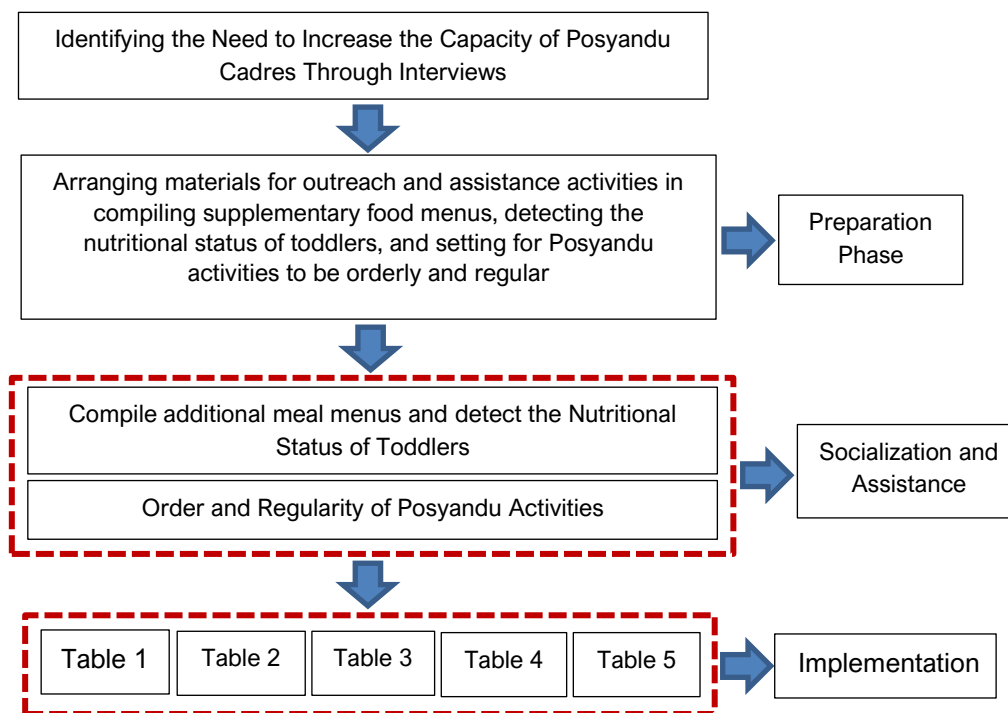


Figure 1. The Implementation Stage of The Activity
Preparation Stage

This stage is carried out by making extension materials that will be used for activities. The material is made according to the existing problems. Methods or techniques for delivering material are also discussed to provide the material optimally.

Socialization and Assistance.

The Socialization was aimed at the cadres covering three things; the first is how to prepare a menu of complementary meals that are usually given to toddlers during the implementation of the Posyandu. Second, assisting cadres in detecting the nutritional status of toddlers, this Activity also helps apply the Anthropometric Table. Third, Socialization and assistance in improving the process of implementing Posyandu activities. These three activities can be carried out through Socialization and must be executed directly during Posyandu activities.

Assistance in implementing Posyandu services

This assistance applies a series of Socialization carried out in the previous stage. With direct application in the field, you can find deficiencies during implementation so that you can perfect the steps in the Posyandu service to be orderly and regular.

RESULT AND DISCUSSION

Socialization and Assistance in Compilation of Complementary Meal Menus and Detect of Toddler Nutritional Status

This Activity begins with holding counseling about toddler nutrition, preparing additional food menus, stages of growth and development in toddlers, and monitoring toddler development. This Activity was attended by cadres and residents with toddlers housed in the

RT house. 2, RW. 11, Buni Jaya Village. All cadres and residents were very enthusiastic in responding and asking questions.

Among the questions asked were how to assess a child who was malnourished, whether a child whose weight for two consecutive months had decreased would be called underweight, how to deal with a child who had difficulty eating, and many other questions. All of this was answered by providing a solution that must have monitoring from Posyandu cadres to residents who have babies and toddlers and inviting residents to come to Posyandu so that cadres can find out about the development of toddlers by looking at the KMS that is used to monitor children's health and growth. The socialization situation is depicted in Figure 2.



Figures 2. Socialization of Assistance to Cadres in the implementation of Posyandu and Compiling the Supplementary Feeding Menu

In the implementation of Socialization, the student team also conducted counseling on how to find out the nutritional status of toddlers using anthropometric standards (figure 3). Children's Anthropometric Standards are commonly used to assess or determine a child's nutritional status. Assessment of children's nutritional status is evaluated by comparing the results of body weight and length/height measurements with the Children's Anthropometric Standards (RI, 2012).

TABEL STANDAR ANTROPOMETRI ANAK

Sneaker 1	Sneaker 2	Sneaker 3	Sneaker 4
Weight (kg)	Weight (kg)	Weight (kg)	Weight (kg)
Length (cm)	Length (cm)	Length (cm)	Length (cm)
Height (cm)	Height (cm)	Height (cm)	Height (cm)



Figures 3. Dissemination of Directions in the Application of Anthropometric Standard Tables to Cadres

Posyandu cadres need comprehension in reading anthropometric tables correctly. Often when toddlers are concluded as toddlers affected by stunting is not only caused by a lack of nutritional supply for quite a long time but errors in reading anthropometric tables, resulting in measurement errors so that the interpretation of the toddler's health condition is wrong, which has an impact on a misdiagnosis. Ultimately, toddlers who should not be concluded as stunting are written as stunting and vice versa (Juniarti, 2021).

Assistance in the implementation of Posyandu services so that they are orderly and regular. This Activity started with giving directions by compiling a service table divided into five parts. Each section consists of 1 (one) table, the entire table that must be prepared includes:

- Table 1: Registration desk.

Table 1 is also called the registration table; this table serves when people come to the Posyandu. When the community arrives at Table 1, the cadre on duty does this by registering toddlers/pregnant women. During the service to pregnant women at Posyandu, Posyandu cadres at Table 1 were asked about the conditions of pregnancy and pregnancy disorders experienced by this pregnant woman. Besides asking questions, they also asked about housing conditions, habits, food consumed, and others. The answers given by pregnant women to these fundamental questions are used as the basis for providing health education that can reduce the risks of pregnancy. If pregnancy interruption occurs, the Posyandu cadres will refer to the Pukesmas for further treatment (Agus Susanto, 2017). The activities carried out by cadres include registering babies/toddlers brought by mothers: namely, the name of the baby/toddler is written on a piece of paper and then inserted into the Towards Healthy Card (KMS). If a toddler is a new participant, a new KMS is given, the child's name is written on the KMS, and a piece of paper is inserted into the KMS.

- Table 2 is used to collect Maternal and Child Health (KIA) books

The cadre on duty at table 2 does the weighing and records the results of weighing the baby/toddler on a piece of paper tucked into the KMS. The cadre is expected to be able to fill in the KMS in the MCH handbook for all children who come and are weighed. The cadre is also likely to be able to read or assess charts made of the results of considering the child every month to determine if the child is growing well. Therefore, the team provided a standard table of child anthropometry used to assess or determine the nutritional status of children—furthermore, the administration of vitamin A and Provision of Supplementary Food (PMT).

- Table 3 is used to write data on children's weight and height.

While Table 3 cadres assess the nutritional status of toddlers/children based on anthropometric standards, assessing children's nutritional status is carried out by comparing the results of weight and length/height measurements with the Anthropometric Standards of Children. The classification of nutritional status assessment is based on the Anthropometric Index according to the healthy status category in the WHO Child Growth Standards for children aged 0-5 years (Permenkes RI No 2 Tahun 2020 Tentang Standar Antropometri Anak, 2018).

- Table 4 is used to record toddlers get vitamin A

After assessing the toddler's nutritional status using the Anthropometric table, the mother of the toddler brings her toddler to table 4 to get vitamin A services. 6-11 months. Giving vitamin A is carried out 2 (two) times a year, namely only in February and August (Juniawan et al., 2021). Vitamin A that will be given consists of 2 kinds of Vitamin A, red and blue. If a toddler is 6-11 months old, the toddler will get blue Vitamin A; if a toddler ages 12-59 months will get red vitamin A.

- Table 5 is used for additional feeding services.

The toddler period, or what is commonly referred to as the golden age, is the period when humans experience rapid growth and development (Faiqah & Suhartatik, 2022). Adequate nutrition at the age of the first five years will impact the growth and development of prime children, namely a healthy body, and a neurological and cognitive immune system will

develop (Putri & Rahardjo, 2021). Supplementary feeding is carried out routinely during Posyandu services, which significantly increases body weight (BB/U) in toddlers, especially toddlers from underprivileged families, to help their physical and mental development.



Figure 4. Infant/toddler weighing activities **Figure 5.** Vitamin A Giving Activities



Figure 6. Supplementary Feeding Activities

Implementing Posyandu activities using a sequence that has been tried out provides benefits not only to being orderly and organized but also to saving time. After the Posyandu activities ended, the entire student team held discussions with the Posyandu cadres to evaluate to improve the implementation of the Posyandu in the next period. The cadres responded positively, revealing that they were satisfied with the service model that had been tried out. Through this Activity, it is hoped that the role of Posyandu as the spearhead of health monitoring in the community will be more optimal. So that if there are health problems, especially infants and toddlers, they can be detected as early as possible.

CONCLUSION

Counseling activities regarding preparing the supplementary feeding menu for toddlers are beneficial for cadres and the community to add insight and share experiences. This can be seen from the excellent response of cadres and the community, attendance, participation, questions asked, and suggestions for further activities.

Likewise, mentoring activities in Posyandu services have provided cadres with knowledge, understanding, and insight. They are monitoring child growth and development through KMS and finding out how children's nutritional status is by looking at standard anthropometric charts and tables for children so that the health of infants and toddlers can be detected early. With

Community Service activities related to increasing the capacity of Posyandu Cadres in Bunijaya RW Village. 11 Jatisari Village, Kutawaringin Soreang District, Bandung Regency is expected to encourage the quality of Posyandu services.

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