

Implementation of the Posyandu Program for the Elderly, in Plintahan Village, Pandaan District, Pasuruan Regency

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ABSTRACT

Objective: This research aims to find out how the Posyandu Lansida program is implemented in Plintahan Village, Pandaan District, Pasuruan Regency, by examining the implementation process. **Method:** This research uses a descriptive qualitative approach with data collection techniques through in-depth interviews, observation and documentation. George C. Edwards III's (1980) policy implementation theory is used as an analytical knife, with four main variables: communication, resources, disposition, and bureaucratic structure. **Results:** First, communication was carried out directly by cadres to the elderly due to limited access to technology. Second, human resources in the form of cadres are quite adequate, supported by a budget from the APBDes for providing additional food (PMT) and honorarium for cadres, although medical equipment is still limited. Third, the disposition or attitude of the cadres shows a high level of concern and dedication towards the smooth running of activities. Fourth, the implementation structure is well organized through division of tasks and coordination between villages, health centers and cadres. **Novelty:** lies in its focus on the integrated role of cadres, village officials and community health centers in building a community-based health service system for the elderly, as well as how personal communication strategies are an effective solution in reaching targets who are socially and digitally vulnerable.

INTRODUCTION

Health is a fundamental aspect of human life that determines the quality of life of individuals and community groups [1]. Without good health conditions, human activities will be disrupted and productivity will decrease. Therefore, in every national development effort, the health sector must be the main concern because it has a direct impact on the sustainability of development. Equitable and equal health services are a shared responsibility, both the central government, regional government and the community itself [2]. This has been regulated in Health Law Number 36 of 2009 which states that everyone has the right to the highest level of health, which is implemented in a non-discriminatory, participatory and sustainable manner [3]. This is important to ensure that all levels of society, including vulnerable groups such as the elderly, have equal access to health facilities and programs. The National Medium Term Development Plan (RPJMN) 2020-2024 also includes improving the quality of life of the elderly as one of the priorities for developing health facilities [4]. He explained that health services for the elderly must be strengthened with the support of programs such as Posyandu for the Elderly which not only functions as a haven for medical services, but also as a means of social empowerment, education and interaction between elderly people [5].

The elderly are an age group that is vulnerable to various health problems due to the biological and physiological aging process [6]. As a form of the government's

commitment to improving the health of the elderly, the elderly posyandu acts as a program that brings health services closer to elderly groups at the village level. This program aims to provide quality health services and provide access for the elderly to regular and continuous health monitoring [7]. Law Number 13 of 1998 concerning the Welfare of the Elderly explains that a person is categorized as an elderly person if they have reached the age of 60 years or above [8]. At this age, a person begins to experience a decline in organ function, physical endurance, and the risk of degenerative diseases such as hypertension, diabetes, heart problems, and others [9]. Implementation of Law no. 13 of 1998 strengthened through Government Regulation no. 43 of 2004 concerning Implementation of Efforts to Improve the Social Welfare of the Elderly, which explains the participation of the central government, regional government, non-governmental organizations and the community in supporting the welfare of the elderly (Government of the Republic of Indonesia, 2004) [10]. In the Minister of Health's regulation Number 43 of 2019 concerning Community Health Centers, it is stated that Community Health Centers as first level health service facilities have the responsibility to carry out individual health efforts and community health efforts, one of which is through coaching and supporting posyandu activities [11].

In the field of public health, the Posyandu for the Elderly program is a derivative of the Ministry of Health's policy, which is based on the Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2015 concerning Prevention of Non-Communicable Diseases, Through this regulation, the Posyandu for the elderly is positioned as a form of community-based health service that supports efforts to fight degenerative diseases suffered by many groups of the elderly [12]. Based on data from the Central Statistics Agency (BPS), in the statistical report on Indonesia's elderly population in 2023, the number of elderly people in Indonesia continues to increase, reaching 11.75% of the total population, and is projected to reach almost 20% in 2045, making Indonesia a country with an aging population structure. This increase is a strong impetus for central and regional governments to develop adaptive and sustainable elderly care programs. The significant increase in Life Expectancy (AHH) from 72.81 years in 2020 to 74.34 years in 2023 (BPS, 2023), indicates success in health development.

The Posyandu for the Elderly program is a strategic effort to ensure equitable and sustainable access to health services for the elderly group [13]. Activities at the elderly posyandu include checking blood sugar, uric acid, cholesterol, as well as providing nutrition and health education [14]. In many regions in Indonesia, this program has become an important instrument in reducing the number of diseases and improving the quality of life of the elderly. Plinlahan Village as part of Pasuruan Regency is also one of the villages that actively implements the Elderly Posyandu Program with support from the community and village government. In Plinlahan Village, the elderly posyandu program has been implemented in a structured manner for the last few years. This village has a fairly high population density with the number of elderly people continuing to increase every year, so the need for elderly health services is becoming increasingly important. The implementation of posyandu for the elderly in Plinlahan Village is carried

out regularly every month, taking place in the village hall or cadre's house with a schedule that has been adjusted to the agreement of the community and health workers. The services provided include checking blood pressure, checking blood sugar, and also weighing. This activity is not only attended by the elderly, but also by pre-elderly people who take part in this posyandu program to maintain their physical health. The implementation strategy used includes collaboration between the village government, Pandaan Community Health Center, and posyandu cadres who have been specially trained. Support from the community and village officials is the main force in the sustainability of this program. The village government also allocates a portion of the village budget to support the operations of the elderly posyandu, including providing simple medical equipment and providing PMT for elderly posyandu participants.

Table 1. Recapitulation of Elderly Attendance at Posyandu Plintahan Village March 2025

No	Posyandu	Number of Elderly	Elderly Participants	Absent Elderly
1	Posyandu Cempaka Dusun Mlaten	65 People	19 People	41 People
2	Posyandu Melati Dusun Kwangen	62 People	17 People	25 People
3	Posyandu Dahlia Dusun Tembong	62 People	17 People	32 People
4	Posyandu Teratai Dusun Madulegi Utara	79 People	14 People	38 People
5	Posyandu Kamboja Dusun Madulegi Selatan	70 People	15 People	57 People
6	Posyandu Kenanga Dusun Plintahan	68 People	47 People	55 People
7	Posyandu Mawar Dusun Binangun	78 People	25 People	46 People

Processed from Posyandu for the Elderly in Plinlahan Village 2025

Based on the recapitulation data on the presence of the elderly above, it can be seen that there are variations in the level of participation of the elderly in each hamlet. The highest number of attendance was recorded at the Cambodian Posyandu in Madulegi Selatan hamlet, where of the 70 elderly people recorded, 57 people attended the posyandu activities. This shows quite high enthusiasm and participation from the elderly residents in the apartment. The Kenanga posyandu in Plinlahan hamlet, with 55 elderly people attending out of a total of 68 elderly people, shows that attendance is also quite high. Then Posyandu Mawar in Binangun hamlet recorded the presence of 46 elderly people out of a total of 78 people. In general, this data shows that the level of elderly attendance at Posyandu activities varies greatly between hamlets. Hamlets with

high attendance may have more effective communication and service approaches, or their residents may have higher health awareness. Meanwhile, hamlets with low attendance may face obstacles such as lack of information, limited mobility of the elderly, or low interest in Posyandu activities.

Several previous studies have discussed the implementation of social welfare service policies for the elderly in Banyumas Regency (El Anshori, Y. T., & Saleha, E., 2023). This research discusses how the implementation of social welfare service policies for elderly people in Banyumas Regency is a form of regional government commitment to improving the quality of life of the elderly. The backbone of this research is based on the fact that the number of elderly people in Banyumas Regency continues to increase every year, so the need for adequate social services becomes increasingly urgent. The research results show that social welfare service policies have been implemented through various programs, such as providing social assistance, health services, and elderly empowerment activities. However, the implementation of this policy still faces several obstacles, including budget limitations, a lack of competent assistants, and the low awareness of some elderly people to be actively involved in the programs that have been provided [15]. Apart from that, there is also previous research entitled *The Role of Posyandu for the Elderly in Improving the Welfare of the Elderly Community in Cermen Hamlet, Cermen Village, Kedamean District, Gresik Regency* (Afkar, T., Puspitasari, Y., Safitri, A., Maslukhiyah, M., & Yakin, I. A., 2023). The results of this research discuss how the role of Posyandu for the Elderly is one of the strategic efforts in improving the welfare of the elderly community in Cermen Hamlet, Cermen Village, Kedamean District, Gresik Regency. The backbone of this research is based on the fact that the elderly as an advanced age group require special attention both in terms of health and social welfare in order to continue to live productive and healthy lives. The research results show that Posyandu for the Elderly has a real contribution in providing routine health services, such as checking blood pressure, measuring body weight, administering vitamins, and exercising for the elderly. Apart from that, posyandu also acts as a means of health education that increases the elderly's knowledge about healthy lifestyles. However, this research also identified the obstacles faced, including limited infrastructure, the number of cadres which is still minimal, and the level of attendance of the elderly which is not yet optimal [16]. Apart from that, there is also previous research entitled *Implementation of an Integrated Service Post (Posyandu) for the Elderly by Cadres in the Seulimeum Health Center Working Area, Aceh Besar Regency* (Asiah, N., Putra, H. A., & Surya, R, 2021). The results of this research discuss how the implementation of the Integrated Service Post (Posyandu) for the Elderly by cadres in the working area of the Seulimeum Health Center, Aceh Besar Regency, is a form of basic health service aimed at improving the quality of life of the elderly. The results of the research show that the implementation of Posyandu for the Elderly has gone quite well with routine health checks, provision of vitamins, and counseling about healthy lifestyles. Cadres play an important role in supporting the sustainability of posyandu, both in terms of services and assisting the elderly. However, this research also identified obstacles, such as the limited number of

active cadres, inadequate infrastructure, and the low level of participation of some elderly people in taking part in activities [17].

Based on the results of observations in the field, there are several problems faced in implementing the elderly posyandu program in Plinlahan. The first glaring problem is the low level of attendance of elderly people in posyandu activities which are carried out routinely every month [18]. Even though an implementation schedule has been determined, participation levels are still fluctuating. This happens because most elderly people do not feel the urgent need for regular health checks, especially for those who feel they are "still healthy" [19]. The second problem found was limited access to information about elderly posyandu activities. Information regarding the implementation of posyandu activities is usually conveyed via cadre WhatsApp groups, or announced directly through the Hamlet Head, RT/Rw head, but the effectiveness of conveying this information still does not reach the main target, namely the elderly themselves [20]. The majority of elderly people in Plinlahan Village are not part of digital platforms such as WhatsApp or other social media, due to limitations in digital literacy [21]. The third problem is related to the number of elderly posyandu cadres who have not crossed over to the number of elderly who must be served [22]. In Plinlahan, there are more than 100 elderly people registered in the village health data. This imbalance causes services to be less than optimal, especially during basic health checks such as checking blood pressure, blood sugar and measuring body weight [23]. This problem shows that strengthening human resources in Posyandu services for the elderly is very urgent [24]. There needs to be strategic steps from the government, involving young volunteers [25]. That way, services for the elderly can be more equitable and structured. Another significant problem is the lack of optimal promotive and educational approaches in posyandu activities for the elderly. Posyandu activities so far have placed more emphasis on routine technical services such as checking blood pressure, measuring weight and height, and occasionally checking blood sugar. Meanwhile, educational materials that should accompany these activities, such as counseling about healthy eating patterns, preventing chronic diseases, and managing the mental and emotional health of the elderly, are rarely provided. This lack of educational approaches means that many elderly people do not have sufficient understanding of the importance of early prevention of diseases that are common in old age.

Based on the research issues above, the author is interested in analyzing the results of research entitled Implementation of the Posyandu Program for the Elderly in Plinlahan Village, Pandaan District, Pasuruan Regency using the theory of George C Edward III (1980). This theory states that the successful implementation of a policy is influenced by four main variables, namely: communication, the extent to which the policy or program is conveyed clearly, consistently and on target to implementers and the public. Resources, including funds, human resources, facilities, and time available to implement policies. The implementer's disposition, willingness, commitment and understanding of the policy or program. Bureaucratic structure, governance, division of tasks, and monitoring system that supports program implementation.

RESEARCH METHOD

This research uses a qualitative approach with a descriptive type, which aims to describe in depth the process of implementing the Posyandu for the Elderly Program, in Plinlahan Village, Pandaan District, Pasuruan Regency. A qualitative approach is used because this research seeks to understand the phenomenon holistically, in-depth and contextually based on reality in the field. Researchers seek to explore data from the perspective of actors and parties directly related to program implementation. A descriptive approach is used to describe the processes, dynamics and factors that influence the implementation of the Posyandu for the Elderly program, especially in the context of public service policies at the village level. This research does not aim to test hypotheses, but rather to provide a comprehensive picture of the real conditions of program implementation in the field [26].

The focus of this research refers to the theory of policy implementation according to George C Edward III (1980) which includes four main variables, namely: 1) Communication, analyzing the extent to which policies or information about the Posyandu Elderly program are conveyed to implementers and targets, as well as the flow of coordination between the parties involved. 2) Resources, Assessing the availability and adequacy of resources, including human resources (cadres, health workers), funds, and supporting facilities and infrastructure in implementing the program. 3) Disposition, Assessing the extent of the attitude, commitment and motivation of policy implementers, such as posyandu cadres and village officials in implementing the Posyandu for the Elderly program. 4) Bureaucratic Structure, Seeing how the organizational structure, systems and bureaucratic mechanisms support or hinder program implementation. The four aspects above are an analytical framework for understanding the successes and challenges in implementing the Posyandu for the Elderly program at the village level [27].

This research was conducted in Plinlahan Village, Pandaan District, Pasuruan Regency. This location was chosen because Plinlahan Village has been actively implementing the Posyandu for the Elderly program and is a representation of the implementation of elderly health services in rural areas. Determining informants was carried out using a purposive sampling technique, namely the researcher selected informants based on their knowledge, experience and involvement in the implementation of the Posyandu for the Elderly program. Informants in this research include: 1) Village officials, 2) Chair and cadres of the Posyandu for the Elderly, 3) Community figures and the elderly who receive Posyandu services. The data obtained were analyzed using the interactive analysis technique model of Miles, Huberman, and Saldana (2014) which consists of three main stages. Data Reduction, Summarize, select and focus data that is relevant to the research focus, and eliminate data that is not relevant. Data Presentation Arrange data in the form of narratives, tables, or matrices to make it easier to draw conclusions. Drawing Conclusions and Verification, Concluding findings related to research focus and re-examining the validity of findings through data triangulation.

RESULTS AND DISCUSSION

Results

This research aims to analyze the implementation of the Posyandu Program for the Elderly in Plinlahan Village, Pandaan District, Pasuruan Regency. Based on in-depth interviews, observation and documentation, several important findings were obtained regarding four variables analyzed using George C. Edwards III's (1980) policy implementation theory: communication, resources, executive disposition, and bureaucratic structure.

1. Communication in Implementing the Posyandu Program for the Elderly in Plinlahan Village

Communication is an important variable in policy implementation, including in the Elderly Posyandu program in Plinlahan Village, Pandaan District, Pasuruan Regency. Communication includes the delivery of clear, targeted and consistent information from policy makers to policy implementers, and from implementers to program targets. Effective communication between various actors in policy, such as Posyandu cadres, village officials, and elderly communities, greatly influences the success of implementing this program. The elderly posyandu policies and programs in Plinlahan Village aim to improve the quality of life of the elderly through routine health monitoring, immunizations, blood pressure checks, blood sugar checks, and provision of basic medicines.

Coordination between cadres, village officials and the elderly community is the main key in implementing the Elderly Posyandu program. However, communication with the elderly as program beneficiaries is still limited. Most of the elderly in Plinlahan Village have difficulty accessing information regarding Posyandu schedules and the benefits of the program due to limited use of technology or modern communication media. Many of them are more comfortable with verbal communication from cadres or family, and some are less familiar with schedules announced via social media or other digital announcements. This is in accordance with the opinion of Edwards (1980) who states that communication is an important element in the implementation of public policy. Ineffective communication between the government (through village officials and Posyandu cadres) and the communities targeted by the program can lead to ignorance or disinterest in participating in the program.

"Mother, as a cadre herself, always tries to provide as clear information as possible to the elderly, whether regarding examination schedules, types of services provided, or the importance of maintaining health in old age. Because some elderly people do not actively use cellphones or do not have WhatsApp, we also convey information directly, for example through home visits or through announcements in prayer rooms. Apart from that, if there are elderly people who are not present, we ask their families." (March 2025).

Based on the results of an interview with one of the cadres, it is known that posyandu cadres play a role as the main liaison in conveying information from the village government/puskesmas to the elderly community. Therefore, communication methods that are adaptive and carried out face-to-face are considered more effective, because they

are adapted to the conditions of the elderly, not all of whom are able to receive information via digital media such as WhatsApp. These obstacles in digital communication were overcome by cadres using a personal approach, such as making direct visits to elderly people's homes and conveying information verbally. The communication carried out by the cadres also shows that they are aware of the importance of conveying clear, simple and sustainable information, so that the implementation of the Elderly Posyandu program continues to run according to its objectives and all elderly people can be served well.

Table 2. Recapitulation of the Number of Pra-Elderly, Elderly and Elderly in each Hamlet in Plinlahan Village, March 2025

No	Hamlet	Pra Elderly	Elderly	Elderly	Total
1	Plintahan	242 People	68 People	47 People	357 People
2	Kwangen	181 People	62 People	17 People	260 People
3	Mlaten	164 People	65 People	19 People	248 People
4	Binangun	110 People	78 People	25 People	213 People
5	Tembong	181 People	62 People	17 People	260 People
6	Madulegi Selatan	165 People	70 People	15 People	250 People
7	Madulegi Utara	169 People	79 People	14 People	262 People

Processed from Posyandu for the Elderly in Plinlahan Village 2025

This data provides an important basis for understanding the size of the communication target group, which directly influences the complexity and strategy of information dissemination. With a target coverage of almost 500 elderly people, disseminating information is a challenge in itself, especially because most elderly people do not have access to information technology such as smartphones or social media. In the context of implementing the Posyandu for the Elderly program in Plinlahan Village, communication is one of the key aspects that determines the effectiveness of policy implementation in the field.

2. Resources in Implementing the Posyandu Program for the Elderly in Plinlahan Village

Resources are the main factor in implementing the Elderly Posyandu program. Posyandu cadres and health workers play a key role in providing direct health services to the elderly. In Plinlahan, trained Posyandu cadres who have basic knowledge about elderly health are very important to maintain the quality of this program. According to Edwards (1980), resources are one of the four main indicators that determine the success of implementing a policy. According to Edwards, good policies will not be implemented effectively if they are not supported by sufficient resources, both in quantity and quality. The division of duties of Posyandu cadres is an important part of human resource management. The cadres not only serve as technical implementers, but also act as

communication links between the elderly and the village government or community health center. To understand further their roles and duties.

"every Posyandu activity, the cadres and I have our own division of tasks. Some are in charge of preparing the place and recording attendance, there are also those who measure the blood pressure and weight of the elderly. Other cadres are usually tasked with distributing PMT and recording the results of the examination to be reported to the village midwife. Kaimi also helps each other if there are difficulties, because not all elderly people understand the process." (March 15, 2025).

This statement shows that the implementation of the Posyandu for the Elderly program has an organized work system at the cadre level. It was found that cadres had a structured division of tasks, indicating that human resources were utilized efficiently. This reflects the capacity of local organizations in implementing policies, where implementation is carried out with teamwork and complementarity, even though the number of cadres is limited.

In implementing the Posyandu for the Elderly program in Plinlahan Village, community involvement is one of the important factors that supports the smooth running of activities. The community, especially the elderly and their families, are direct recipients of program benefits and indirectly also play a role in supporting human resources and facilities used in services. The community perspective is very important to know how the availability of these resources is felt directly by service recipients.

"every time I take my mother to the Posyandu, there are cadres here who are ready to help. They already know their respective duties, some are weighing, some are taking notes, some are distributing food. But there is only one equipment, so sometimes the queue is long. But I feel helped, because elderly people like my mother can have their blood pressure and weight checked." (March 15, 2025).

The statement above shows that the presence of cadres is considered sufficient and they can carry out their duties well, however the availability of medical equipment such as scales and blood pressure monitors is still limited, causing queues. This indicates that resources are generally available, but there is still a shortage in the number of equipment that hinders service efficiency.

The financial aspect is no less important in the successful implementation of the Posyandu for the Elderly program. This program requires funds for operations, including transportation costs for cadres, costs for medical materials, and provision of posyandu facilities. Adequate facilities and infrastructure are also needed to support the implementation of Posyandu for the Elderly. The facilities in question include physical facilities such as posyandu buildings, health examination rooms, and medical equipment such as scales, sphygmomanometers, and other equipment needed for elderly examinations.

Table 3. Recapitulation of the Elderly Posyandu Program Budget in 1 Year

No	Description	Amount	Unit price (Rp)	Total Fees (Rp)	Source of funds
A	Providing Supplementary Food				
1	Cempaka (Mlaten)	116	5.000	6.960.000	
2	Melati (Kwangen)	58	5.000	3.480.000	
3	Dahlia (Tembong)	103	5.000	6.180.000	
4	Teratai (Madut)	98	5.000	5.880.000	
5	Kenanga (Plintahan)	115	5.000	6.900.000	
6	Kamboja (Madsel)	31	5.000	1.860.000	APBDes
7	Mawar (Binangun)	74	5.000	4.440.000	
B	Posyandu Cadre Honor				
8	Honor all Posyandu cadres	41	50.000	24.600.000	APBDes
	Total			60.300.000	

Processed from Posyandu for the Elderly in Plinlahan Village 2025

Based on the data above linked to the theory of George C. Edwards III (1980), especially on resource indicators, funding from the APBDes shows that the availability of financial resources is an important element in supporting the success of program implementation. George C. Edwards III (1980) emphasized that policies will not work well if they are not supported by adequate resources, whether in the form of funds, personnel or facilities. In this context, village fund support makes it possible to carry out routine Posyandu activities, especially the provision of PMT which is an attraction and a form of direct attention to the elderly. In addition, giving honorariums to cadres is a form of appreciation for their contribution, as well as motivation to maintain service continuity. This data also strengthens that stable and structured budget support is an inseparable part of resource effectiveness in program implementation.

3. Disposition or Attitude of the Implementer (Disposition) in Implementing the Posyandu Program for the Elderly in Plinlahan Village

The disposition or attitude of policy implementers, which includes commitment, motivation and behavior of implementers, is a very important factor in determining the success of a policy program. Posyandu cadres' attitudes and commitment. According to Edwards (1980), the attitude and commitment of policy implementers is an important element in policy implementation theory. If posyandu cadres have a high commitment to the program and believe in the importance of elderly health, they will carry out their duties with full responsibility and enthusiasm. In the implementation of service-based social programs such as Posyandu for the Elderly, success is not solely determined by budget allocation or availability of facilities, but also depends greatly on the quality of implementers in the field. Posyandu cadres are the spearhead of the program's success because they are the ones who directly deal with the elderly.

"we not only come on the day of the activity, but long before that we prepare the place, contact the elderly who usually forget or find it difficult to attend, and ensure that additional food

is available" (March 15, 2025). This statement reflects that posyandu cadres have a high commitment and concern for their duties, which is not only limited to attendance on the day of implementation, but also includes preparations made beforehand.



Figure 1. Field documentation, Posyandu activities for the elderly, 2025

Photo documentation of the activities of the Posyandu for the Elderly in Plinlahan Village which takes place every month in Plinlahan Hamlet, clearly shows the active role of the cadres in carrying out all stages of the activity. Starting from measuring blood pressure, weighing the elderly, to manually recording health data into a register book, everything is done carefully and responsibly. If linked to the theory of policy implementation by George C. Edwards III (19800), this activity shows that policy implementers, namely posyandu cadres, have a positive attitude, support and loyalty towards program goals. According to Edwards III (1980), the attitude of the implementer really determines the success or failure of a policy or program. If the implementer does not have the will or understanding of the importance of the policy, then implementation will experience obstacles, even though resources and communication are adequate. On the other hand, in the context of the Posyandu for the Elderly in Plinlahan Village, moral support, work commitment and concern for the cadres become The main force in ensuring the program runs well, even amidst limited facilities and infrastructure.

4. Bureaucratic Structure in Implementing the Posyandu Program for the Elderly in Plinlahan Village

The structure in implementing the Posyandu for the Elderly Program in Plinlahan Village is one of the important foundations in determining the effectiveness of the program. This structure includes work systems, division of roles, coordination flows, as well as relationships between implementing elements involved in posyandu activities. The implementation of activities also does not stand alone, but involves collaboration between the village government and the local Community Health Center. The village government plays a role in supporting honorariums for PMT cadres and the PMT budget through the APBDes, while the Community Health Center provides technical guidance and supplies medical facilities such as scales and blood pressure monitors for each hamlet. The implementation of the Poasyandu Elderly program in Plinlahan Village is carried out in a scheduled and structured manner. This activity is carried out once a

month in each hamlet in the village area, and the Lansida Posyandu schedule is adjusted to the Toddler Posyandu schedule. This is done so that time and place can be used more efficiently, as well as optimizing the role of cadres who are equally involved in both types of posyandu.

This clear and functional structure is closely related to George C. Edwards III's (1980) theory of policy implementation, explaining that the success of implementation is greatly influenced by how the organizational structure of the policy is designed and implemented. A good structure will make it easier for policy implementers to understand their duties, carry out their respective functions, and speed up the flow of communication and coordination between actors. In the context of the Posyandu for the Elderly in Plinlahan Village, the work structure formed between cadres, village government and the Community Health Center reflects a simple, effective bureaucratic system. There is no overlapping of roles, and each element understands the limits of its authority and responsibilities.

"In each hamlet there is its own team of cadres, usually five to six people. For example, I am in charge of measuring blood pressure, my friend is in charge of weighing bodies, and there is someone who records and organizes the elderly who come. Usually before the day of implementation, we have a meeting first to divide tasks and prepare equipment." (March 15, 20205). Statements from cadres show that the implementation of Posyandu for the Elderly activities is supported by a well-organized work system

"when it comes to the implementation of Posyandu for the Elderly, we have coordinated this with the cadres and head of each hamlet. Each hamlet has its own team of cadres, and they already know what has to be done. We from the village also accompany and facilitate the necessary needs, for example honorarium funds and PMT. But for the technical implementation it is more up to the cadres and the Puskesmas." (March 15, 2025). The statement from the village officials above shows that the implementation structure of the Posyandu for the Elderly program has been built through a division of roles involving various local elements. The village government takes a coordinating and facilitative role, while the technical implementation is in the hands of health cadres and support from the Pandaan Community Health Center

"kalau soal pelaksanaan Posyandu Lansia, itu sudah kami koordinasikan dengan kader dan kepala dusun masing-masing. Setiap dusun punya tim kader sendiri, dan mereka sudah tahu apa yang harus dilakukan. Kami dari desa juga mendampingi dan memfasilitas kebutuhan yang diperlukan, misalnya dana honor dan PMT. Tapi untuk teknis pelaksanaannya memang lebih kek kader dan pihak Puskesmas." (15 Maret, 2025).

The statement from the village officials above shows that the implementation structure of the Posyandu for the Elderly program has been built through a division of roles involving various local elements. The village government takes a coordinating and facilitative role, while the technical implementation is in the hands of health cadres and support from the Pandaan Community Health Center

The need for these cadres has been calculated by taking into account the number of elderly targets in each hamlet and the level of citizen participation. The village

government also carries out routine coordination so that each cadre understands their duties and responsibilities proportionally.

Table 4. Distribution of Number of Elderly Posyandu Cadres Based on Hamlet Area in Plinlahan Village

No	Posyandu name	Number of Cadres
1	Posyandu Kenanga (dusun Plintahan)	6 Cadres
2	Posyandu Melati (dusun Kwangen)	6 Cadres
3	Posyandu Cempaka (dusun Mlaten)	6 Cadres
4	Posyandu Mawar (dusun Binangun)	6 Cadres
5	Posyandu Dahlia (dusun Tembong)	6 Cadres
6	Posyandu Kamboja (dusun Madulegi Selatan)	5 Cadres
7	Posyandu Teratai (dusun Madulegi Utara)	6 Cadres
	Total	41 Cadres

Processed from Posyandu for the Elderly in Plinlahan Village 2025

The data in the table shows that the implementation of the Posyandu for the Elderly in Plinlahan Village involved 41 cadres spread across seven hamlets with each posyandu. Each posyandu has an average of 6 cadres, except for the Cambodian Posyandu (South Madulegi hamlet) which only has 5 cadres. If linked to policy implementation theory according to George C. Edwards III (1980), data on the distribution of the number of cadres in each posyandu reflects the existence of a decentralized but controlled organizational structure. Each cadre group is responsible for their respective areas and has an equally important role in implementing posyandu activities for the elderly every month.

Discussion

Based on the results of research conducted in Plinlahan Village, Pandaan District, Pasuruan Regency, it can be concluded that the implementation of the Elderly Posyandu program has been running actively and structured, but is still facing several technical obstacles. Through George C. Edwards III's (1980) policy implementation theory approach, it was found that communication between implementers and targets was carried out directly and adaptively by posyandu cadres, although limited access to technology was still an obstacle to wider dissemination of information. Human resources in the form of cadres are sufficient, supported by funding from the APBDes for honorariums and providing additional food, however the availability of medical equipment such as scales and blood pressure monitors, which is only one unit per hamlet, causes queues and limited service time. The attitude or position of the cadres shows high dedication, as can be seen from their involvement in preparation before activities to direct implementation in the field. The bureaucratic structure in implementing the program has also run well through clear coordination between cadres, village officials and the community health center. Thus, the Posyandu for the Elderly program in Plinlahan Village has been implemented quite effectively in reaching targets and carrying out routine health service functions for the elderly, although strengthening is still needed in

terms of facilities and broader communication strategies to support the sustainability and optimization of the program.

CONCLUSION

Fundamental Finding : The implementation of the Elderly Posyandu program in Plintahan Village has been carried out actively and systematically, demonstrating effectiveness in reaching elderly targets and ensuring routine health services, although technical obstacles remain in the form of limited medical equipment and restricted communication reach. **Implication :** These findings indicate that strengthening health service facilities, improving the availability of medical tools, and expanding communication strategies through technology and social networks are essential to enhance the sustainability and optimization of elderly health programs at the village level. **Limitation :** This study is limited by its focus on a single village context and qualitative assessment, which may not fully capture variations in implementation or service satisfaction across broader populations. **Future Research :** Further studies should incorporate mixed-method approaches, include direct perspectives from elderly beneficiaries, and conduct cross-village comparisons to identify best practices and policy recommendations for strengthening elderly health services in rural communities.

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