

Communication Strategy Of Posyandu (Family Empowerment And Welfare) In Conveying Health Message To Community

(A Case Study of Immunization Benefit Messages by Posyandu
(Integrated Service Post) In Katulampa Village)

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Abstract. This research is located in Katulampa, East Bogor District, Bogor City, West Java Province and has an area of 491 Ha. Regency of Cimahpar in the north, Regency of Tajur in the south, Regency of Baranangsiang in the west and Sukaraja Village in the east, Bogor Regency. Katulampa urban altitude is located at 500 meters above sea level and has a temperature and an average of 36 degrees Celsius (Katulampa Urban: 2011). The distribution of Katulampa Urban Village consists of 20 Rukun Warga (RW) (hamlets) and 107 Rukun Tetangga (RT). Posyandu is a program of the Ministry of Health which in its implementation cooperate with Posyandu. Before a program is socialized to the community, careful planning is made. In the planning of culture and social life and local wisdom in a region becomes important capital in the successful implementation of the program. The message to be conveyed should be able to reach as many people as possible (communicant). Communities targeted by messages are heterogeneous. After considering and discussing and reaching an agreement, the message from the center will be rolled into the ranks below, in this case to the provincial, municipality, district, administrative Village, RW and RT levels. The message was then restored in a more conical way by involving the Provincial Health Office and the community consisting of Posyandu Chairman, Posyandu Cadre and health workers. Mothers who have been informed about the benefits of immunization deliver it to the husband, who will usually decide whether the child should be immunized or not. Most husbands are already aware of the benefits of immunization for the health of infants and toddlers ages 0 months to five years. Posyandu cadres adapt to targeted community conditions. The prevailing culture in society is an important consideration in the persuasive of parents who have babies and toddlers. The communication strategy includes macro strategy (planned multi media strategy) and micro (single communication medium strategy).

Keywords: Communication strategy, Posyandu, Type of communication.

I. INTRODUCTION

The Government of the Republic of Indonesia, both Central and Regional Governments synergize in making the development of health sector, especially children health, education and family welfare as a priority. The sustainability of a nation is largely determined by the quality of its next generation. Qualified children are formed through a healthy body.

Posyandu as an organization that has long been assisting families in Indonesia aims to help the implementation of Posyandu. Posyandu, in carrying out its duties and obligations try to adjust to the society encountered. Message delivery is done based on certain criteria so that appropriate communication strategy is needed. Communication strategy is a determinant of the success or failure of communication activities effectively.

Communication is a complicated process. In order to formulate a strategy of communication, a

thinking is required by taking into account the supporting factors and inhibiting factors. Communication strategy needs to pay attention to communication components and supporting and inhibiting factors on each component. An effective communication strategy will be able to deliver messages to people in remote areas.

Based on the background that has been described previously, the issues to be raised in this research are:

1. What is the description of the health message delivery flow from Posyandu to Community?
2. What are the obstacles of Posyandu to delivering health messages to Community?
3. How is Posyandu communication strategy in delivering the health message to the community?

The main objectives to be achieved in this research are:

1. To find out the description of Posyandu to delivering health message from Posyandu to Community.
2. To find out the solution of delivering health messages of Polio National Immunization Week to the community.
3. To know the communication strategy of Posyandu in delivering the health message to the community.

This research is expected to provide the following benefits:

Practical benefits

1. For the Company

Providing input for the POSYANDU through its communication strategy in conveying the message of development especially the message of Polio National Immunization Week.

2. For the Community

This research is expected to be a source of information, insight, and knowledge especially about communication strategy.

Theoretical benefits

This research is a preliminary observation about POSYANDU communication strategy which is expected to increase knowledge, insight and information for further research.

Communication Strategy

Eftendy (2002) argues, communication strategy is a guide of communication and management planning to achieve a goal.

The macro communication strategy (planned multi media strategy) or micro (single communication medium strategy) has multiple functions, namely:

1. Disseminating communication messages that are informative, persuasive, and instructive systematically to the target to obtain optimal results.
2. Bridging the "cultural gap" due to its ease of acquisition and ease of operation of mass media that is so powerful that if left unchecked will undermine cultural values.

A strategy is the overall conditional decision about the action to be taken to achieve the goal. So, in formulating communication strategies, in addition to the necessary formulation of clear goals, also especially take into account the condition and situation of the audience. That is why the first step is to know the audience and target.

Correlation of Components in Communication Strategy

Communication strategy needs to pay attention to the target communication, the selection of communication media, assessment of the purpose of communication messages and the role of communicators in communication. The ethics of communication will also be in communication strategy. An effective message can be understood equally

between the messenger and the message recipient. An effective message will help clarify considerations for making the right decision.

Empowerment and Family Welfare (POSYANDU)

This organization has been recognized by the public, even in 2007 received awards from several international agencies (WHO, UNICEF, UNESCO, etc.) for over 10 program substantially POSYANDU has been able to involve women (and men) in an effort to realize a prosperous family, advanced and independent (POSYANDU History, 2007). According to history, the POSYANDU was originally an acronym for Family Welfare Education aims to involve the participation of women through women's education programs. Then, on December 27, 1972 the organization changed its name to the Family Welfare Guidance aims to foster and build a family in the field of mental, spiritual and physical as well as improving the quality of food, clothing, health, and the environment. The members are the community leaders, the wives of the Head of Agency / Bureau and the wives of the Head of the Region up to the Village and Sub-District level whose activities are supported with the Regional Revenue and Expenditure Budget. Furthermore, with the reformation and the new paradigm and the spirit of regional autonomy, since 1999 the Posyandu acronym Changed again into Family Empowerment and Welfare (History Posyandu, 2007).

From the program side, Posyandu was initially directed to encourage the progress of women in order to play their double role well as family managers, breadwinners and development actors. But in accordance with its development, the women empowerment program was then directed to realize the poverty line between men and Women in family life, community, nation and state. Thus, the goal is to develop and address the potentials of women that enable them to utilize equal rights and opportunities for development resources (Women's Empowerment Bureau, Ministry of Women's Role, 2007). This is reinforced by the Indonesian government's commitment to the Millennium Declaration signed at the United Nations Millennium Summit in New York in 2000. The Millennium Development Goals to be achieved in 2015 include gender equality and women's empowerment.

According to Aritonang (in Ihromi, et al, 2000: 142-143) the empowerment of women is an effort to improve women's capacity in developing their capacity and skills to gain access and control over, among other things: decision-making positions, sources, and supporting structures or paths. Empowerment of women can be done through awareness process so that women are expected to be able to critically analyze the situation of the community and can understand the practices of

discrimination which is a social construction, and can distinguish between the natural role and gender roles.

Based on the Decree of the Minister of Home Affairs and Regional Autonomy No. 53 of 2000 on the Family Empowerment and Welfare Movement, the Posyandu has 10 work programs that reflect the basic human needs of Indonesia, namely: 1) appreciation and practice of Pancasila, 2) mutual assistance, 3) food, 4) Clothing, 5) housing and housekeeping, 6) education and skills, 7) health, 8) development of cooperative life, 9) environmental sustainability, 10) healthy planning. Posyandu work program is grouped into 3 groups of programs, namely:

- A. Main Program
- B. Priority Program (5 years)
- C. Annual Work Program

The POSYANDU Mobilization Team is a manager of the POSYANDU movement at the central level up to the village / administrative village whose job is to manage and mobilize POSYANDU activities; Chaired by the wife of the regional leader (Governor, Regent / Mayor, Sub-district Head, Village Head), functionally.

The main program responsible for POSYANDU is 5 (five) working groups (Pokja) which are coordinated with each other, namely:

- a. Pokja I, has a scope of work and functions in the field of appreciation and practice of Pancasila and Gotong Royong
- b. Pokja II, has a scope of work and functions in the field of education and skills.
- c. Pokja III, has the scope of work and function in the field of food, clothing and housing and household management.
- d. Pokja IV, has the scope of work and functions in the field of health, environmental sustainability and healthy planning.
- e. Working Group V, has a scope of work and function in the field of development of family economic and cooperative life (10 Basic Program of Posyandu, 2008)

II. RESEARCH METHODS

In Conducting this research, the authors use qualitative descriptive approach method to reveal the reality of the activity. The data obtained and collected that focus on the subject of research comes from interviews from various sources that have credibility, activity records, and documents obtained from the object of research. This research tries to explain how communication strategy of POSYANDU in delivering health message to society through Immunization Program. The approach will be deep, detailed, and intensive without testing hypotheses.

Moleong (2007: 5) proposed the definition of qualitative research is research that intends to understand the phenomenon of what is experienced by research subjects such as behavior, perception,

motivation, action holistically, and by way of description in the form of words and language, Special nature and by utilizing natural methods. This type of research is not to question the relationship between the variables; Is not intended to attract a generation that explains the antecedent variables that cause a phenomenon or social reality. Therefore, in a descriptive study did not use and did not perform hypothesis testing (as did explanatory research); Means not intended to build and develop theories. In processing and data analysis, usually using statistical processing that is descriptive (descriptive statistics).

Data collection technique

In this research data collection technique used Literature Review and Internet Searching

Field Studies

Field study is the process of collecting data that is done by the researcher directly to the place of research object. Field studies conducted include Interview, Observation, Documentation

Location and Time of Research

The location of the research was chosen purposively with some consideration (purposive). The selected research location is Posyandu in Katulampa Urban Village, East Bogor District. Some considerations of the selection of research sites are (1) Residents in Katulampa Urban area dominated by young couples who have children aged 0-59 months. (2) (Posyandu) cadres in this area actively carry out the POSYANDU work program. (3) There are still residents who reject the health services provided by the Government through Posyandu. The time of research conducted during Maret-July 2016 .

III. RESULTS AND DISCUSSION

Description of Research Location

This research is located in Katulampa, East Bogor District, Bogor City, West Java Province and has an area of 491 Ha. Regency of Cimahpar in the north, Regency of Tajur in the south, Regency of Baranangsiang in the west and Sukaraja Village in the east, Bogor Regency. Katulampa urban altitude is located at 500 meters above sea level and has a temperature and an average of 36 degrees Celsius (Katulampa Urban: 2011).

The distribution of Katulampa Urban Village consists of 20 Rukun Warga (RW) (hamlets) and 107 Rukun Tetangga (RT) (Neighbourhood) with the following details:

1. RW 1 consists of 7 RTs
2. RW 2 consists of 3 RTs
3. RW 3 consists of 2 RTs
4. RW 4 consists of 11 RT
5. RW 5 consists of 12 RTs
6. RW 6 consists of 5 RTs
7. RW 7 consists of 5 RTs
8. RW 8 consists of 6 RTs

9. RW 9 consists of 5 RTs
10. RW 10 consists of 14 RTs
11. RW 11 consists of 8 RTs
12. RW 12 consists of 5 RTs
13. RW 13 consists of 2 RTs
14. RW 14 consists of 5 RTs
15. RW 15 consists of 6 RTs
16. RW 16 consists of 5 RTs
17. RW 17 consists of 6 RTs
18. RW 18 consists of 5 RTs
19. RW 19 consists of 4 RTs
20. RW 20 consists of 3 RTs

History of Posyandu

The understanding of Posyandu is a service system combined between one program with another which is an integrated communication forum and dynamic as well as family planning program with health or various other programs related to community activities. The services provided at Posyandu are integrated, which aims to provide facilities and benefits for the community because in the Posyandu, the community can obtain full service. The launching of Posyandu done in bulk for the first time on National Health Day in 1986 in Yogyakarta by President Soeharto. Since the inauguration, Posyandu has developed rapidly. In 1990 the Instruction of the Minister of Home Affairs (Inmandagri) No. 9 of 1990 on improving the quality of Posyandu is the responsibility of the community with the Regional Government (Pemda).

Description of Posyandu Health Message Submission Flow

In implementing its work program, Family Empowerment and Family Welfare (POSYANDU) synergizes with the Government, especially with the Regional Government, which is pursued again per region (administrative village) that overshadow some POSYANDU groups in the neighborhood, the citizens who are part of its territory. Submission of POSYANDU's work programs started from the central POSYANDU headed by the Wife of the Minister of Home Affairs. Currently, the central POSYANDU is led by Erni Gundarti Tjahjo Kumolo. POSYANDU can contribute and take part in the effort to improve the living standards and the lives of families to the advanced and prosperous society.

Submission of POSYANDU program started from central POSYANDU led by wife of Minister of Foreign Affairs who will automatically become Chairman of Central POSYANDU. Further messages of POSYANDU center activities are socialized to the Provincial level, which is continued to POSYANDU in the level of City-Regency-District and administrative village and then to Rukun Warga.

Any messages (information) to be socialized will be preceded by planning, organizing, implementing and supervising the program. In this study, the work program that is the domain of analysis

is the Posyandu strategy in conveying health information about immunization benefits for infants and toddlers aged 0 months to 5 years in the Katulampa urban area.

The message of activity at Posyandu is conducted every month through loudspeakers from the Posyandu cadre house using microphone and mouth to word. Posyandu in Katulampa village almost all has a loudspeaker. Coordinator of Posyandu cadre since two days before the activity in Posyandu has been informed. The delivery of messages is also done through word of mouth through Posyandu cadres and Posyandu cadres from every neighborhood unit. This message delivery activity sometimes has not reached all mothers who have children aged 0 months to 5 years. When this study was conducted, some informants said that they had forgotten to weigh the baby with reasons not to hear the information conveyed through loudspeakers or through neighbors although this activity is routinely implemented every month.

The timing of the activities of weighing, immunization, examination of pregnant women and the health care of the elderly in Posyandu is conducted once a month with different time in each Posyandu. In one RW there are 2-4 Posyandu. One Posyandu post usually houses 2 to 4 Rukun Tetangga (RT) depending on the number of RTs that are part of a Rukun Warga (RW). Posyandu located in the same RW area provides services every month at different times.

Different service times due to limited midwife staff. One midwife usually has responsibilities on 5-7 Integrated Service Posts. Midwives are obliged to attend every Posyandu implementation and have the obligation to conduct pregnancy examination, immunization and examination and treatment in elderly (not all Posyandu have health service in elderly people (elderly)).

In every implementation of Posyandu activities, Posyandu cadres who are usually also Posyandu cadres provide services in the form of health counseling, weighing, giving of milk and healthy food, recording the result of weight examination, pregnancy age and time of immunization in health book owned by citizen which become the Posyandu activity target.

Flow of Messages Delivery by Posyandu Cadres to the Community

Posyandu is a program of the Ministry of Health which in its implementation cooperate with Posyandu. Before a program is socialized to the community, careful planning is made. In the planning of culture and social life and local wisdom in a region becomes important capital in the successful implementation of the program. The message to be conveyed should be able to reach as many people as possible (communicant). Communities targeted by messages are heterogeneous. Differences of culture, social structure, geographical location and other considerations in the delivery of messages.

After considering and discussing and reaching an agreement, the message from the center will be rolled into the ranks below, in this case to the provincial, municipality, district, administrative Village, RW and RT levels. The message was then restored in a more conical way by involving the Provincial Health Office and the community consisting of Posyandu Chairman, Posyandu Cadre and health workers.

Furthermore, the recipients of this message received guidance after the message of immunization benefits for the community is submitted, guidance is needed to be given to the recipients of the message (to establish acceptance). Recipients of messages at this stage are Posyandu cadres who are also cadres of POSYANDU. The cadres will receive coaching before delivering immunization messages to the community. The guidance provided includes appropriate public speaking techniques that will be targeted by messengers (parents who have children 0 months to 5 years old). Communities in remote areas certainly have a different character from people living in urban areas.

Posyandu cadres have a responsibility to know that the message conveyed is understood by the community and is proven by the attitude of the people who are willing to bring their babies and toddlers to Posyandu for weighing or immunization and utilization of other health services. In a sense, the community after understanding the message submitted will have the motivation to come to Posyandu.

Parent Message Delivery Flow (Mother) to the husband and other parents (neighbors) who became the target of Posyandu

Mothers who have been informed about the benefits of immunization deliver it to the husband, who will usually decide whether the child should be immunized or not. Most husbands are already aware of the benefits of immunization for the health of infants and toddlers ages 0 months to five years. Husbands are also informed by the wife about some immunizations that usually cause fever and fussiness in infants and toddlers at night after immunization. Fever and fuss lasted only one day. Afterwards, the baby and child will be healthy and have immunity to the disease. Immunizations that cause fever include Diphtheri Pertussis and Tetanus (DPT) immunization.

Husbands, most of whom understand the message of his wife and some who accompany his wife taking care of a fussy infant or toddler at night after immunization, by alternately accompanying and helping his wife soothe the infant and toddler by holding, giving milk or drinking water, accompanying wives to breastfeed, compress, replace diapers or other activities that can calm infant or toddler agitation.

Activities in accompanying the wife is also equipped with a chat about the fever experienced by infants or toddlers. Some of the husbands helped calm down his frantic or restless wife because of a fever

suffered by infants or toddlers. Usually the husband will advise his wife to give febrifuge. There are some husbands who advise their wives before the evening to check the supply of fever-lowering drugs when the baby or her toddler is immunized.

Some husbands will be awoken from their sleep when their wives awake them and convey about the fever of their babies or babies. Some are awakened once woke up, some are awakened several times then woke up. There are also husbands who have been awakened several times but stay asleep or just open the eyes, but did not accompany the wife with the reason tired after working all day and the next day they have to work again. There is also a husband who after being forced to wake up to accompany his wife with an irritated body language and sullen face for feeling disturbed, but still accompany the wife to calm and keep the child who is fussy because of fever. There are also husbands who volunteer to wake up when their wives awake them or when they hear the fussiness of their babies or toddlers.

Message Delivery Place

The delivery of messages on Posyandu activities every month is delivered in several ways. Posyandu cadres deliver a message from the house or building that is used as a place for Posyandu activities a few days before the implementation and the morning before the activity in Posyandu.

Another place used to convey the message is a stall selling vegetables and groceries. Usually when shopping, the mothers will communicate about many things, including about the time of implementation of activities in Posyandu. Place or house of one of the citizens at the event of arisan (regular social gathering). There are several RWs and RTs that have monthly social gathering activities and are held in the homes of one of the residents. The mosque, as a place of execution of Majlis Talim also become a place of delivery of time messages and activities of Posyandu. Usually, after the recitation activity in Mosque, the mother or cadre of Posyandu present at Majlis Ta'lim activity will convey message of Posyandu activity.

While the place to convey messages of Posyandu activities from the wife to the husband is usually done in the living room when watching television together or in the bedroom.

Obstacles in Health of Messages

Katulampa urban village consists of 22 Rukun Warga (RW). Each RW has between 2 and 8 Rukun Tetangga (RT). Each RW has 2 to 3 Posyandu depending on the number of infants and toddlers who are targeted. There are three Pillars of Residents who are not active in Posyandu activities, namely RW 11, RW 12 and RW 13. The three Rukun Warga of this Posyandu activity is not active because the area in the three RW is a housing area with upper social status that include Bogor Lake Side Housing, Housing Villa Duta and their surroundings. Residents in these three RWs

immunize their babies and toddlers by visiting a pediatrician who has been trusted to monitor the development of their child's health since they were born.

Another obstacle faced in conveying immunization messages in Posyandu to residents is because there are still a lot of people who forget or not seriously seeking information when the implementation of Posyandu activities are taking place. Residents who forget usually because they are busy taking care of daily activities and do not meet residents who can provide information during the implementation of Posyandu activities.

In general, people who have babies and toddlers already understand the importance of checking health, weighing and providing immunization. However, in almost every activity in Posyandu, there are still residents who forget at the time of implementation. In addition to cadre availability constraints, in Katulampa Urban District, in RW 07, there are still babies and toddlers whose parents (father) refuse to have their children immunized. The reason, "why healthy children are made sick?". There are two parents who live in RW 07, who are the target of Posyandu Kamboja do not allow their babies and children to get immunization. Both of these parents have been taught several times. To provide understanding to both parents who are religious leaders in RW 7. Both have had several children who all did not get immunized. However, religious leaders still refuse to immunize their children. Personal approach has been done by the Chairman of RW to both parents, but has not achieved results until the time of this research is conducted. Both religious leaders still did not allow their wives to bring their babies and toddlers to Posyandu.

Another obstacle faced in delivering immunization messages to residents is the distance from the house to the Posyandu. According to Tukijo, Head of Posyandu Delima Bodas, all toddlers have access to Posyandu. "People whose homes are far from Posyandu already have the awareness to come because they already understand the importance of immunization, weighing and checking the health of infants and toddlers". While in Posyandu Kamboja, residents whose home location is rather far from the Posyandu sometimes are lazy to come because the distance problem, especially if it is a rainy day. "However, usually residents will come after being informed again by Posyandu cadres", said Imas, a Posyandu cadre.

Posyandu Communication Strategy in Delivering Health Messages to Society

In delivering health messages of immunization benefits for infants and toddlers, Posyandu cadres adapt to targeted community conditions. The prevailing culture in society is an important consideration in the persuasive of parents

who have babies and toddlers. The communication strategy includes macro strategy (planned multi media strategy) and micro (single communication medium strategy). Both of these strategies serve to disseminate informative, persuasive, and instructive messages of communication to the target to obtain optimal results. In addition to disseminating functions, both strategies also serve to bridge the "cultural gap" which can be interpreted as an appropriate way to bridge the cultural gap.

Planned Multi Media Strategy

Health messages on the benefits of immunization is disseminated to the community completely and optimal that can bridge the existing cultural gap. The message of immunization benefit delivered by Posyandu Cadres at village level to the cadres at the level of Rukun Warga and Rukun Tetangga. The message of Immunization benefits is delivered by POSYANDU activists at Bogor City level with a simple and easy to understand language. The use of language that is simple and easy to understand is tailored to the Communicant, in this case the Posyandu cadre who is an average high school housewife.

Health messages on the benefits of immunization at an early stage at the RW and RT levels are usually delivered at RW Hall, at the home of the Chairman of the Rukun Warga or other agreed place. The mosque is not a place to convey immunization benefit information because it is a house and place of worship.

(Single communication medium strategy)

Parents of infants and toddlers in the Katulampa sub-district covering RW 01-RW 022 (except RW 11, 12 and 13) have almost one hundred percent access to Posyandu services. Two Heads of Families who refused to receive infants and toddlers being immunized reside in RW 07. A face-to-face approach with single communication has been done, either by Posyandu cadres to mother / wife or communication to husband / father through the help of community leaders in RW 07 circle. Approach is done more than once, starting from a few years ago.

Use of Language in the Submission of Health Messages Immunization Benefits

People in Katulampa Urban District use Indonesian and Sundanese as their daily language. In daily communication, these two languages become an important tool in conveying the message. The use of mixed Indonesian and Sundanese languages occurs in all activities and places. Starting at home, on the street, at work and elsewhere. Leni, one of the Posyandu Kamboja cadres, explained that the people who are the target of Posyandu are mostly the people whose head of the family is living as a construction worker in the lower economic strata and mostly are indigenous people who make Sundanese their social language.

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