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Efforts to Improve Maternal and Child Welfare through Posyandu

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Abstract. Posyandu is a community-based integrated health service post that plays an important role in supporting maternal and child welfare. It is managed and organized by the community with technical assistance from health workers, particularly in providing maternal and child health services, family planning, immunization, nutrition monitoring, and health education. This study aims to describe efforts to improve maternal and child welfare through Posyandu in Kebun Beler Subdistrict, Ratu Agung District, Bengkulu City. This research used a qualitative method with a descriptive approach. Informants consisted of Posyandu cadres, parents, village officials, and community members selected purposively. Data were collected through interviews, observation, and documentation. Data analysis was conducted through data reduction, data display, and conclusion drawing. The results show that Posyandu activities in Kebun Beler have been implemented routinely and provide direct benefits for mothers and children. The services include toddler weighing, immunization, supplementary feeding, nutrition counseling, maternal health education, and monitoring of child growth and development. The most dominant aspect of child welfare fulfilled through Posyandu is the right to survival and development. However, several obstacles remain, including limited public trust in vaccines and concerns about side effects after immunization. Therefore, strengthening health education, cadre capacity, and community trust is essential to improve the effectiveness of Posyandu services.

Keywords: Child Welfare; Community Participation; Health Cadres; Maternal And Child Health; Posyandu.

1. INTRODUCTION

Maternal and child welfare remains one of the most important indicators in assessing the success of public health and social welfare development (Rammohan et al., 2025). Mothers and children are vulnerable groups who require continuous attention because their health status is closely related to family resilience, child development, human resource quality, and the achievement of sustainable development goals (Rammohan et al., 2024). Maternal welfare is not only related to the absence of disease during pregnancy, childbirth, and postpartum, but also includes access to health services, social support, nutrition, health education, psychological well-being, and the ability of mothers to care for their children properly (Adu & Owusu, 2023). Meanwhile, child welfare includes the fulfillment of children's rights to survival, growth and development, protection, and participation (Warren & Kavanagh, 2025). Therefore, efforts to improve maternal and child welfare need to be implemented through services that are accessible, preventive, promotive, participatory, and close to the community (Ancira-Moreno et al., 2025).

Globally, maternal and child health remains a major concern. The World Health Organization reported that maternal mortality remains a serious public health problem, and the latest global estimates show the importance of strengthening maternal health systems to prevent deaths related to pregnancy and childbirth (Sukmawati, 2024). WHO's report on trends in

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maternal mortality presents global, regional, and country-level estimates for maternal mortality between 2000 and 2023, indicating that maternal health is still a priority issue requiring continuous intervention (Anarwat et al., 2021). In Indonesia, maternal and child health challenges are also still relevant (Widyaningsih et al., 2025). Although various health programs have been implemented, disparities in access, quality of services, health literacy, nutrition, immunization coverage, and community participation continue to influence maternal and child welfare outcomes (Debpuur et al., 2021). A study on maternal mortality trends in Indonesia also noted that Indonesia still faces substantial challenges in reducing maternal mortality, with regional disparities and changing causes of maternal death that require stronger primary health care and community-based interventions (Nishimura et al., 2023).

In the Indonesian health system, Posyandu or Integrated Service Post is one of the most strategic community-based health service platforms (Suzana et al., 2020). Posyandu is organized from, by, and for the community, with technical support from health workers. Its existence reflects the principle of community empowerment because the community is not merely positioned as a recipient of health services but also as an active actor in improving health and welfare. Posyandu provides basic services such as maternal and child health monitoring, family planning, immunization, nutrition education, weighing of toddlers, Vitamin A supplementation, diarrhea prevention education, supplementary feeding, and health counseling. In this context, Posyandu acts as an extension of the Community Health Center or Puskesmas, especially in reaching families at the neighborhood and subdistrict levels (Al Farizi & Harmawan, 2023; Masriawan & Ariadi, 2025).

The urgency of Posyandu becomes stronger because maternal and child health problems often begin at the household and community levels. Problems such as delayed recognition of pregnancy danger signs, low compliance with child immunization schedules, poor complementary feeding practices, lack of awareness regarding child growth monitoring, and limited understanding of child development can occur when families do not receive regular health education. Posyandu helps bridge this gap by providing routine, simple, and direct services in the community. Through monthly activities, mothers can monitor their children's weight, height, head circumference, immunization status, and nutritional condition. Health cadres and health workers can also identify early signs of growth problems, malnutrition, or incomplete immunization. This shows that Posyandu does not only function as a service post but also as an early detection and health promotion mechanism (Fidorova & Dinda Febriani, 2023).

In addition to health services, Posyandu also has a social welfare dimension. Posyandu activities encourage interaction among mothers, cadres, health workers, and local government officers (Waslia & Widiyanti, 2022). This interaction creates social support, information exchange, and collective awareness regarding the importance of maternal and child health (NusuFadila et al., 2025; Olivia & Sudarman, 2022). For mothers, Posyandu provides access to information about breastfeeding, complementary feeding, pregnancy health, child care, immunization, and disease prevention. For children, Posyandu supports the fulfillment of their right to life and growth through health checks, immunization, nutrition support, and growth monitoring. Therefore, Posyandu is closely related to the fulfillment of children's rights and the improvement of family welfare (Nur Azhima et al., 2025).

The Indonesian Ministry of Health has also emphasized the importance of health data and routine health programs in monitoring national health development. The Indonesian Health Profile 2023 provides official data used to measure the progress of health indicators, including those related to the Sustainable Development Goals and national health development priorities. In addition, the Indonesian Health Survey 2023 includes indicators related to maternal and child health services, health insurance ownership, and other public health conditions, showing that continuous monitoring is necessary to guide health policies and programs. These national data reinforce the importance of community-based services such as Posyandu as the frontline mechanism for monitoring and improving maternal and child health at the local level (Fibia Sentauri Cahyaningrum et al., 2023).

Another important urgency is the issue of immunization and public trust. Immunization is one of the most effective interventions to prevent infectious diseases in children. However, in many communities, doubts about vaccine safety, fear of side effects, misinformation, and limited health literacy can influence parental decisions. This condition is also relevant in the context of Posyandu activities in Kebun Beler Subdistrict, where one of the identified obstacles is the lack of public trust in medicines and vaccines, as well as concerns about side effects after vaccination. This issue becomes more important because Indonesia has experienced challenges related to polio immunization. Recent reporting noted that Indonesia's polio outbreak, which emerged after the country had previously eliminated polio, was linked to low routine immunization rates, environmental conditions, and misinformation, and was addressed through a large-scale vaccination campaign. This indicates that community-based immunization education through Posyandu is essential to strengthen parental understanding and prevent vaccine hesitancy.

Despite the important role of Posyandu, several gaps remain. First, many studies and program reports discuss Posyandu mainly from a health service perspective, such as immunization, nutrition, and toddler weighing. (Ngamasana & Moxie, 2024; Nurmilawati et al., 2024) However, fewer studies examine Posyandu from the perspective of maternal and child welfare, especially by linking Posyandu activities with the fulfillment of children's rights, including the right to life, growth and development, protection, and participation. Second, existing discussions often focus on program implementation at the national or health-center level, while local community dynamics, such as the role of cadres, community trust, parental perceptions, and subdistrict support, are less explored. Third, there is still limited qualitative evidence that describes how Posyandu functions as both a health service and a social support system in specific local contexts (Dowou et al., 2023; Tegegne et al., 2024).

This gap is important because the effectiveness of Posyandu cannot be understood only from the availability of services. The success of Posyandu also depends on how cadres communicate with the community, how parents perceive the benefits of Posyandu, how local government supports the activities, and how mothers and children experience the services. For example, complete equipment, routine schedules, and the presence of health workers may not automatically guarantee optimal participation if parents still feel afraid of vaccines or do not fully understand the importance of growth monitoring. Therefore, a qualitative approach is needed to explore the real conditions, experiences, obstacles, and meanings of Posyandu services from the perspective of those directly involved.

Kebun Beler Subdistrict, Ratu Agung District, Bengkulu City, provides a relevant context for this study. Based on the article manuscript, Posyandu activities in Kebun Beler have been implemented routinely and involve Posyandu cadres, parents, subdistrict officials, and health workers. The area has several Posyandu centers, including Cempaka Putih, Cempaka Biru, Cempaka Hijau, and Cempaka Kuning. The activities include measuring children's height, weight, and head circumference, checking pregnant women's blood pressure, administering Vitamin A, providing immunization, distributing supplementary food such as bread, soybean milk, or green bean porridge, and supporting government programs such as stunting data collection, ELSIMIL socialization, and Polio National Immunization Week. These activities show that Posyandu in Kebun Beler has a broad role in health promotion, disease prevention, nutrition improvement, and community empowerment.

The novelty of this study lies in its focus on analyzing Posyandu not only as a maternal and child health service unit but also as a community-based social welfare mechanism. This study connects Posyandu activities with efforts to fulfill children's rights, particularly the right

to life and the right to growth and development, while also identifying the role of cadres as providers of informational, emotional, and instrumental support. Unlike studies that mainly measure Posyandu performance through coverage indicators, this study provides a qualitative description of how Posyandu contributes to maternal and child welfare in a local community setting. It also highlights the importance of trust, communication, and cadre capacity in overcoming community concerns about vaccines and medicines.

Therefore, this study is important because it provides a deeper understanding of the implementation of Posyandu in improving maternal and child welfare at the community level. The findings are expected to contribute to the development of community-based health and welfare services, strengthen the role of Posyandu cadres, and support local government efforts to improve maternal and child welfare. Based on this background, the purpose of this study is to describe efforts to improve maternal and child welfare through Posyandu in Kebun Beler Subdistrict, Ratu Agung District, Bengkulu City.

2. METHOD

This study employed a descriptive qualitative research design. A qualitative approach was used because the study aimed to explore and describe in depth the efforts to improve maternal and child welfare through Posyandu activities in Kebun Beler Subdistrict, Ratu Agung District, Bengkulu City. This approach was considered appropriate because Posyandu is not only a health service activity but also a community-based social welfare practice involving cadres, mothers, local officials, health workers, and community members. Through this method, the researcher was able to understand the implementation of Posyandu services, community participation, the role of cadres, the benefits received by mothers and children, and the obstacles encountered in carrying out Posyandu activities. The research was conducted in Kebun Beler Subdistrict, Ratu Agung District, Bengkulu City. This location was selected purposively because Posyandu activities in this area have been routinely implemented and supported by the active involvement of the community and local government. The research subjects were individuals who had direct knowledge and experience related to Posyandu activities. The informants consisted of Posyandu cadres, subdistrict officials, mothers who actively participated in Posyandu activities, and community members living around the Posyandu service area. Informants were selected using a purposive sampling technique based on several criteria, namely active involvement in Posyandu activities, knowledge of maternal and child welfare programs, and willingness to provide information relevant to the research focus. The number of informants was not

determined in advance but was adjusted to the adequacy of the data obtained during the research process. Data were collected through observation, in-depth interviews, and documentation studies. Observation was conducted by directly observing the implementation of Posyandu activities, including participant registration, measurement of children's weight and height, head circumference measurement, immunization services, Vitamin A administration, supplementary feeding, counseling, and interactions among cadres, health workers, mothers, and children. In-depth interviews were carried out using semi-structured interview guidelines to obtain information about the implementation of Posyandu, the role of cadres, community participation, perceived benefits, and obstacles in improving maternal and child welfare. Documentation studies were conducted to support and strengthen the primary data obtained from interviews and observations. The documents reviewed included Posyandu records, attendance lists, activity reports, monographs, archives, photographs, and other supporting documents related to Posyandu activities in Kebun Beler Subdistrict. Data analysis was conducted qualitatively and continuously throughout the research process using the stages of data reduction, data display, and conclusion drawing or verification. Data reduction was carried out by selecting, simplifying, focusing, and organizing data obtained from interviews, observations, and documentation. The reduced data were then presented in narrative form according to the main themes of the study, including Posyandu services, maternal and child welfare, cadre roles, community participation, and implementation barriers. Conclusions were drawn by interpreting the data, identifying patterns, and linking the findings to the research objectives. To ensure data validity, triangulation was conducted by comparing information obtained from different informants, observation results, and documentation data. Ethical considerations were maintained by explaining the purpose of the study to informants, ensuring voluntary participation, and maintaining the confidentiality of the information provided.

3. RESULT AND DISCUSSION

Kebun Beler Subdistrict is one of the subdistricts located in Ratu Agung District, Bengkulu City. This area directly borders Kebun Kenangan Subdistrict and Lempuing Subdistrict. Geographically, Kebun Beler is categorized as a coastal area because it is located not far from Panjang Beach. With a total area of approximately 301,093 m^2, Kebun Beler is considered one of the relatively large subdistricts in Ratu Agung District. This geographical and administrative condition makes Kebun Beler an important area for the

implementation of community-based health services, particularly Posyandu, because the community requires accessible and continuous maternal and child health services.

The Posyandu located at the Kebun Beler Subdistrict office operates under the supervision of the Development Section or *Kasi Pembangunan*. In terms of coordination, the subdistrict administration plays an important role in facilitating Posyandu activities, especially by providing a service venue and supporting administrative needs related to Posyandu operations. The involvement of the subdistrict administration shows that Posyandu implementation is not only supported by health workers and cadres but also by local government structures. Currently, there is one doctor assigned to provide services at the Posyandu located in the Kebun Beler Subdistrict office, which further strengthens the quality of health services provided to mothers and children.

The activities carried out at Posyandu Kebun Beler include measuring children's height, weight, and head circumference, checking blood pressure for pregnant women, administering Vitamin A, providing immunization services, and distributing supplementary food such as bread, soybean milk, or green bean porridge. These activities indicate that Posyandu plays an important role in monitoring children's growth and development, supporting maternal health, preventing disease through immunization, and improving nutritional awareness among families. In addition to routine services, Posyandu Kebun Beler also actively supports government programs, including stunting data collection, the use and socialization of the ELSIMIL application, and the implementation of the Polio National Immunization Week or PIN Polio. These programs show that Posyandu functions as a strategic community-based platform for implementing national health priorities at the local level.

The service flow at Posyandu Kebun Beler is carried out systematically. Participants attend Posyandu according to the predetermined schedule. Upon arrival, the identities of mothers and children are recorded by Posyandu cadres. After registration, the Maternal and Child Health book or KIA book is submitted to the officer as an important document for monitoring maternal and child health records. When the child's name is called, the first service provided is the measurement of weight and height, followed by other examinations according to service needs. If a child has not received the required immunization, immunization is given after the basic examination. If Vitamin A distribution is scheduled on that day, Vitamin A is also administered after the measurement process. All examination results and services provided are recorded both in the Posyandu cadre's register and in the

KIA book. After completing the service process, children usually receive supplementary food such as soybean milk or green bean porridge.

This organized service flow demonstrates that Posyandu activities in Kebun Beler are implemented in a structured and coordinated manner. The recording of maternal and child health data is important because it enables cadres and health workers to monitor children's growth, immunization status, and health development continuously. The availability of routine services, clear service procedures, and coordination between cadres, health workers, and subdistrict officials reflects the role of Posyandu as a community-based service that contributes to improving maternal and child welfare in Kebun Beler Subdistrict.

Right to Life

The right to life of a child is the right granted to children to live and sustain their lives. In this context, the right to life includes: the provision of identity for children, the child's right to receive affection, and access to a child identity card. Based on interviews conducted with informants, it was found that:

According to the informants, the subdistrict administration can provide assistance by helping parents process children's identity documents. This includes issuing birth certificates and, if necessary, facilitating the creation of child identity cards.

In addition, based on information from the subdistrict authorities, facilitating Posyandu activities is one of their efforts to fulfill children's right to life from a health perspective. Through Posyandu, children's growth and development can be monitored regularly, they can receive supporting medications (such as immunizations), and undergo health check-ups conducted by qualified medical personnel. Furthermore, in fulfilling health rights, the subdistrict administration can also issue recommendation letters for low-income families to obtain BPJS (health insurance), which can help cover medical expenses.

Regarding housing, it is not directly related to Posyandu. However, if the subdistrict authorities identify a family living in inadequate housing conditions or on land owned by others, efforts are made to assist them by providing recommendations to the relevant agencies handling such matters. As stated by informant P:

"For children who do not have identity documents, we provide assistance, including for their healthcare. We also help them enroll in the BPJS program."

Based on an interview with informant N, it was stated that:

"All children have participated in Posyandu, and everything is complete. Whenever vitamins and immunizations are provided by Posyandu, my children have received them.

Currently, my youngest child shows good growth and development every month. I have also registered all my children for BPJS as health insurance."

This is also in line with the statement from informant PA, who said: *"All of my children have identity documents and KIS (Health Indonesia Card)."*

Based on the information provided by the informants, the researcher concludes that all children have been facilitated with identity documents and access to healthcare services.

The conclusion of the study shows that, in terms of the right to life, most parents have fulfilled this right by providing identity documents such as birth certificates and Child Identity Cards (KIA). Furthermore, in terms of affection, all informants stated that they have provided love and care to their children. This is also consistent with observational findings, where parents demonstrated affection through physical touch, kisses, and caring words. In terms of healthcare fulfillment, most informants have registered their children with BPJS and regularly attend Posyandu. Observations also indicate that the living conditions of the informants are generally adequate. The following figure illustrates a socialization activity conducted during Posyandu sessions, attended by mothers with toddlers.

The right to growth and development of a child is the right granted to achieve a decent standard of living. In this context, a decent standard of living to fulfill children's rights includes education, nutrition, sleep and rest, as well as learning and play. Based on interviews conducted with informants, it was found that:

Efforts to fulfill children's growth and development rights through Posyandu include providing education to parents, such as guidance on nutritious food recipes, proper nutritional intake, clean and healthy lifestyles, and understanding normal child growth and development. This knowledge is expected to help parents care for their children more effectively.

Efforts to fulfill children's rights in terms of nutrition and growth are carried out by providing vitamins and medications (immunizations). At Posyandu in Kebun Beler, in addition to routine immunizations, children are currently also receiving polio immunization drops. The provision of soybean milk and green bean porridge is also part of fulfilling these nutritional needs.

In addition, Posyandu facilitated by the subdistrict and supported by lecturers from the University of Bengkulu also provides a library as a space for children to learn and play.

Based on interview results, all informants have provided access to education for their children, either by teaching them directly or enrolling them in school. Posyandu also supports education by providing mothers with knowledge about child growth and development. In terms of nutrition, mothers have provided healthy foods such as spinach, tofu, eggs, and fruits.

Posyandu further supports this by distributing vitamins, soybean milk, and bread. Children's rest needs are also fulfilled, as parents provide adequate rest time. Learning and play activities are well supported by giving toys and engaging children in educational play, such as learning to count. Posyandu also provides facilities for learning and play in the form of a library equipped with children's books and educational toys.

Based on the interview with informant NE: *"All three of my children are already in school. For me, education is very important. I want to provide the best education so that my children can succeed."*

From Posyandu, the knowledge gained includes information about immunization, its benefits, and child growth and development. This information is provided during Posyandu visits, so while the child is being examined and recorded, the mother also receives this education.

The results of observations indicate that efforts to fulfill children's growth and development rights have been carried out through socialization activities and the administration of vaccines to children in Kebun Beler Subdistrict. These activities can be seen in Figure 2 above. Meanwhile, children's play activities in Kebun Beler Subdistrict can be seen in the figure below.

Right to Protection

Children's right to protection includes a sense of security, non-discriminatory treatment, and protection from abuse, violence, and neglect. Based on interviews conducted with informants, it was found that:

In efforts to fulfill this right to protection, there is relatively limited direct action that Posyandu can undertake. However, by implementing government programs properly and optimally, they contribute to ensuring that children remain healthy and experience proper growth and development. Additionally, the administration of polio vaccine drops is an effort to provide a sense of security by preventing children from contracting polio.

Informant K stated:

> *"In terms of child protection, as parents, we always monitor our children's activities. They are not allowed to play too far away, and the younger ones are always supervised and accompanied. As for Posyandu, there are not many specific measures, mostly just health-related guidance."*

Furthermore, according to Posyandu cadres, there were previously youth Posyandu activities that included socialization on preventing sexual harassment and the dangers of free association. This also served as an effort to protect children from violence and abuse.

In addition to providing education through socialization, the Posyandu cadre team is also part of the Family Assistance Team. In this role, they assist prospective couples, married couples, postpartum mothers, mothers who have recently given birth, and breastfeeding mothers in using the ELSIMIL application—an initiative by BKKBN aimed at reducing stunting rates.

From the perspective of Posyandu, there are limited direct interventions in this area, especially since cases of violence, abuse, and discrimination are not reported in Kebun Beler Subdistrict. Meanwhile, from the parents' perspective, protection is generally provided by closely supervising their children, with some parents not yet allowing their children to play outside the home.

Right to Participation

The right to participation includes children's rights to express opinions, have a voice in discussions, choose education according to their interests and talents, and share their concerns. Based on interviews conducted with informants, it was found that:

Informant NE stated:

"Children are not yet able to participate in decision-making discussions. As for education, we as parents make the choices because we believe parents know what is best. Children do express concerns, and we always try to give them understanding. At Posyandu, all parents can participate and ask questions. So far, I have not had any complaints to convey at Posyandu."

Based on the interview results regarding participation rights, since the children are still very young, there are limited opportunities for participation, and everything remains under parental control. This includes decisions about education, which are still determined by parents. A similar view was expressed by informant P:

"Participation is difficult to define because the children are still young. We mostly allow them to play freely every day, as long as they are supervised. At Posyandu, participation is mainly as attendees."

Overall, based on observations, children are still too young to make their own decisions regarding participation. However, parents have provided opportunities for them within appropriate limits. Observations also show that Posyandu cadres in Kebun Beler are very active and have a strong understanding of their roles. During the second day of field research, it was observed that Posyandu cadres, together with health center staff, conducted outreach visits to the homes of residents with children who had not yet received the Polio National Immunization Week (PIN Polio) vaccine. This demonstrates their commitment and responsibility in ensuring that Posyandu services reach all children and mothers.

Posyandu officers also consistently record data on every child, mother, and pregnant woman in Kebun Beler Subdistrict, using the ELSIMIL application. During each visit, they not only administer polio drops but also provide guidance related to child care, such as encouraging routine attendance at Posyandu, reminding parents of schedules, explaining children's health conditions, and offering clear information about medications given to prevent misunderstandings among the community.

The equipment at the Posyandu is also quite complete, including weighing scales, height measuring tools, blood pressure monitors, and medicines stored in a special box, as well as tables and chairs. It is also equipped with a waiting area that contains children's books and educational toys. The flow of activities is also simple: after registration, children immediately undergo measurements of height, weight, and head circumference. Immunization is then provided for those who have not yet received it. Finally, before leaving, children are given soybean milk.

4. CONCLUSSION AND SUGGESTIONS

Posyandu services support mothers and children through routine health checks, child growth monitoring, immunization, nutrition education, supplementary feeding, and health counseling. These activities show that Posyandu plays an important role as a community-based service that is accessible and beneficial for families. In relation to child welfare, Posyandu contributes mainly to the fulfillment of children's right to life and the right to growth and development. These are reflected in health monitoring, immunization, nutritional support, and education for mothers regarding child care. However, obstacles remain, particularly the lack of public trust in medicines and vaccines, as well as concerns about possible side effects after immunization. Therefore, the role of Posyandu cadres needs to be strengthened through regular training, clearer task distribution, and improved communication skills. Support from health workers, subdistrict officials, and social workers is also needed to improve service quality. The community is encouraged to participate actively in Posyandu programs so that maternal and child welfare in Kebun Beler Subdistrict can continue to improve.

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