

## Optimization of counseling service at the fourth table in *posyandu*



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### ABSTRACT

**Introduction:** Health counseling activities at the fourth table in *posyandu* services are still a serious problem. Counseling can detect early problems in babies and toddlers. Counseling services have not been carried out regularly at this *posyandu*. The purpose of this community service is the empowerment of cadres to improve *posyandu* services at the fourth table (counseling services) using *posyandu* counseling back sheet tools.

**Methods:** The method used by providing education on counseling back sheets to *posyandu* cadres. The data collection technique is the observation of cadre counseling using counseling back sheets and pre-tests and posttests to measure maternal satisfaction. The instruments used are in the form of checklists and questionnaires. The population at this service is 6 cadres and 31 mothers of babies and toddlers. The sampling technique uses total samples. The data analysis used is the percentage and mean formulas. The Location of Service at *Posyandu* Lestari I and *Posyandu* Ringin I in the Prambanan *Puskesmas* Work Area will be carried out in October 2022 with 3 hours of activity.

**Results:** The results obtained were the average score of the implementation of cadre counseling using the counseling feedback sheet. The results of the *posyandu* service survey before and after the mother received counseling services from *posyandu* cadres, namely 54.8% in the dissatisfied category. After receiving counseling, the posttest score was mostly 83.9% in the satisfied category.

**Conclusion:** These results show that *posyandu* counseling education with back sheet tools can improve *posyandu* services, especially in the 4th table. The devotee hopes there will be further empowerment activities to optimize services at the *posyandu*, one of which is technical training in counseling.

**Keywords:** Fourth Table, *Posyandu* Service, Counseling Feedback Sheet.

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## INTRODUCTION

Health efforts at the Integrated Service Post (*Posyandu*) in adapting to new habits are still carried out as an effort to accelerate stunting prevention, improve maternal and child health, counseling, and dissemination of health information, as well as community-based health surveillance in order to prevent and control Coronavirus Disease 2019 (Covid-19). The specific goal is the implementation of nutrition services at the *Posyandu*; implementation of pregnancy monitoring, puerperium, breastfeeding counseling, monitoring the growth and development of children, adolescents and the elderly in *posyandu* in the adaptation of new habits; the implementation of immunization services at *posyandu*; the implementation of family planning services in *posyandu*; the implementation of healthy living behaviors in *posyandu*.<sup>1</sup>

The main personnel implementing *posyandu* are *posyandu* cadres, whose quality is decisive in improving the quality of services. Table 5 system is a system of *posyandu* service activities that are carried out once a month by cadres, village and village PKK driving teams and health workers from *puskesmas*.<sup>2</sup>

The duties of cadres in the *posyandu* are in 5 *posyandu* tables, especially in conducting counseling at the 4th table; it is hoped that the cadres have effective and good communication skills and skills so that the counseling and messages to be delivered can be appropriately received by *posyandu* participants. A phenomenon that often occurs in the field is that there are still cadre mothers who are not good at communicating with mothers during counseling and when providing services when *posyandu* is ongoing.<sup>3</sup>

*Posyandu*, in its implementation, must use a system of five tables, where each

table has the following functions, [table 1](#) for registration, [table 2](#) for weighing and measuring toddlers, [table 3](#) for recording the results of table two, table 4 for health counseling, and table 5 is health services by health workers. Health counseling activities or at the fourth table in *posyandu* services are still a serious problem. If this service runs as it should, it will be able to reduce the mortality rate of toddlers. This problem occurs in all *posyandu* in Indonesia; even this also occurs in *posyandu*, which is claimed to be the best in Indonesia. After the child is weighed and measured in height, what happens during this time is immediately immunized. With the provision of counseling, knowing what must be done will be possible. If there is indeed a problem with the toddler, it can be referred to the right service, such as a hospital or health center. The existence of a sufficient number of counseling staff so that the child mortality rate can be

reduced to 22%.<sup>4</sup>

Based on the study results, five *posyandu* tables in the La'o *Puskesmas* work area are generally implemented in the less category (60%).<sup>5</sup> The lack of implementation of five *posyandu* tables is caused by several factors, including cadres. *Posyandu* cadres have an important role in the implementation of *posyandu* because they are the main promoters of the implementation of *posyandu* activities. The implementation of *posyandu* is not optimal due to the lack of cadres compared to the number of targets. Most *posyandu* cadres have not attended *posyandu* cadre training, so they do not have skills in filling out the Card Towards Health (KMS). Cadres are also unable to be independent, so the implementation of *posyandu* still depends on *puskesmas* officers as coaches. In addition, *posyandu* cadres also receive very little training (training) due to frequent changes of members, so the impact of their continued technical ability in implementing *posyandu* is also not very good. Cadres are the right target in implementing the Health program because they are considered the first referral place for health services, so health cadres around the community must have a level of knowledge to carry out the function of five tables properly.

*Posyandu* Lestari 1 and *Posyandu* Ringin 1 are one of the *posyandu* in the Prambanan *Puskesmas* Working Area, Sleman Regency. Service and Reporting activities at *posyandu* are routinely carried out every month; the services provided include anthropometric measurements in infants and toddlers, complementary breast milk feeding, immunization, and administration of Vitamin A and Deworming (February and August each year). The counseling service at the fourth table has not been carried out properly. The fourth table service is carried out only when Health workers from the *puskesmas* visit, usually only in February and August, along with the administration of Vitamin A and Deworming for babies and toddlers. Cadre said he was still hesitant to provide unaccompanied counseling from Health officials. The *posyandu* counseling back sheet is a tool to support the cadre counseling process for mothers of babies and toddlers on the opening day of the *posyandu*.

## METHOD

The method used in this community service is to provide education on the use of counseling back sheets to *posyandu* cadres. This community service activity was carried out at *Posyandu* Lestari 1 and *Posyandu* Ringin 1, which are located in the Prambanan *Puskesmas* Working Area, Sleman Regency, Yogyakarta Special Region, by a community service team consisting of 2 lecturers of the undergraduate nutrition study program and 1 lecturer of Information Systems for the Undergraduate Program at Respati University Yogyakarta. Education on using *posyandu* counseling feedback sheets at the 4th table is given only to *posyandu* cadres totaling 6 people. The cadres' ability to use *posyandu* counseling backsheets in providing counseling to infant and toddler mothers was assessed by the head of the service and the team by observing the counseling process during the *posyandu* opening day. The activity carried out in October 2022 with an activity duration of 3 hours. The population in this study was all cadres totaling 6 people, and all mothers of babies and toddlers totaling 31 people who were in *Posyandu* Lestari I and *Posyandu* Ringin I. Sample techniques used were total samples. The service team conducts an assessment when cadres counsel mothers of babies and toddlers. The media cadres use in counseling is a counseling feedback sheet made by the service team. The service team supervises the course of counseling by assessing the ability of cadres using checklists. The service team assessed the cadre counseling process using a checklist with a value of 0 if the cadre did not do it at all, a value of 1 if it was done incomplete and a value of 2 if the cadre did exactly what was on the checklist. The validity and reliability test was not used because the checklist containing 10 correct indicators in conducting counseling using *posyandu* counseling back sheets was adopted from previous studies.<sup>6</sup>

Meanwhile, to measure the level of satisfaction of mothers under five with cadre counseling services, it is used with pre-test and post-test methods using questionnaires. Pre-tests are bought for mothers of babies and toddlers while waiting in line before getting counseling

services at the fourth table. The service team gives post-tests to mothers of infants and toddlers after the mother receives counseling services from the cadre at the fourth table. The data analysis used is the percentage and mean formulas. This type of data in community service is that only primary data is taken using questionnaires, and there are no in-depth interviews.

## RESULT

The following are the results of community service activities to optimize *posyandu* services by activating counseling services at the desks of the four *posyandu* using tools like *posyandu* counseling back sheets.

Based on Table 1, the characteristics of respondents based on age are known to be mostly 61.3% of mothers of infants and toddlers aged 25 years to 35 years. Most of the 51.6% of maternal education is in the middle category, and maternal employment, most of the 51.6% are in the working category. The characteristics of cadres are all over 35 years old, and most of the 72% have education in the secondary category.

Cadres are community workers who are considered the closest to the community. The Ministry of Health made a policy regarding training for cadres to increase knowledge and reduce maternal and child mortality, one of which is by counseling on how to communicate and provide counseling to mothers at *Posyandu*. The public health cadres should have enough educational background to allow them to read, write, communicate and counsel mothers at the *posyandu* at that time.<sup>7</sup>

In the cadre data distribution table based on indicators, it is correct to counsel pre-test scores with the lowest value category, namely in the acting category. In counseling activities, cadres still doubt whether what is conveyed is appropriate. Hence, helping mothers in finding solutions to problems is still lacking. Regarding counseling back sheet tools, *posyandu* cadres can still not use them correctly because they have never used counseling aids before. After being given education, it can be seen that there is an increase in the scores obtained by cadres in each category compared to the pre-test scores. This is because cadres feel more confident in providing counseling using

*posyandu* counseling back sheet tools. babies and toddlers in *posyandu* services  
Most of the satisfaction of mothers of before getting counseling services

**Table 1. Frequency Distribution of Respondent Characteristics**

Respondent Characteristics		Frequency	Presented (%)
Mothers of Infants and Toddlers	Category		
	Mother's Age		
	< 25 Years	1	3,2
	25 to 35 Years	19	61,3
	> 35 Years	11	35,5
Education	Elementary School	1	3,2
	Junior High School	16	51,6
	College	14	45,2
Job	Working Mothers	16	51,6
	Housewives	15	48,4
Frame			
Cadre Age	> 35 Years	6	100
Cadre Education	Elementary School	2	33
	Junior High School	4	72

**Table 2. Distribution of cadre data based on indicators of correct counseling at *posyandu***

	Indicator	Pre-Test	Post-Test
Questioning Ability	Welcoming, asking how the mother and child are doing	75	92
	Asking about the child's weight last month	92	92
Ability to Analyze	Asking if a child has been sick in the past month	83	92
	Cadres analyze the results of weighing with the Card Towards Health (KMS)	50	92
Ability to Act	Helping the mother to solve the problems that occur with her child	50	83
	Providing information according to the solution of the problem using the <i>posyandu</i> backsheet tool	25	83
	Show and explain the part on the backsheet according to the needs of the baby's mother and toddler	16	83
Communication Skills	Avoiding judgmental words or sentences	67	92
	Giving compliments to mothers of babies and toddlers	67	92
	Providing motivation to mothers of babies and toddlers in nurturing and monitoring the growth and development of their children	50	92

**Table 3. Satisfaction Level of Toddler Mothers in the quality of *Posyandu* Services**

Mother's Satisfaction	Frequency	Presented (%)
Pre-Test		
Satisfied	14	45,2
Unsatisfied	17	54,8
Post-Test		
Satisfied	26	83,9
Unsatisfied	5	16,1

from *posyandu* cadres is 54.8% in the dissatisfied category. After the cadres received education on the use of *posyandu* counseling aids, it was known that the post-test satisfaction of infant and toddler mothers was mostly 83.9% in the satisfied category.

## DISCUSSION

The implementation of counseling at the 4th table carried out by cadres before being educated and afterward is known to show an increase in grades in each category. The difference in the average value of pre-test and post-test cadres in providing counseling services at the fourth table of *posyandu* is shown from the analysis of the average value of pre-test 57.5 and post-test 83.9. The counseling back sheet can be used as a cadre as handle, especially when the cadre forgets what should be conveyed to the mothers of babies and toddlers. The results of the *posyandu* service user satisfaction survey before counseling and after getting different results. This supports that when the fourth table service is active again, mothers of babies and toddlers are more satisfied with the services at the *posyandu*.

Previous research results said there were differences in knowledge before and after counseling with the media of turning sheets.<sup>8</sup> These results are supported by previous research, which said that there is an influence of the application of pre-referral using a back sheet on the knowledge and attitudes of midwives in the early detection of maternal high-risk. The study results can be input for health workers, especially midwives, to use maternal pre-referral back sheets as a promotional and preventive effort against early detection of high risks through counseling or counseling.<sup>9</sup>

Supported by the results of the dedication of Igiyani and his previous friends<sup>4</sup>, who stated that the increase in cadre competence was shown when mentoring activities at *posyandu* when cadres began to understand the order of *posyandu* implementation and began to apply knowledge of the five-table system so that *posyandu* services began to increase. In the second mentoring activity, it can be seen that the implementation of *posyandu* is more effective with the running of the



five-table system. *Posyandu* cadres also showed improvement in implementing the five-table system according to their functions. This can be seen from the pretest results showing that the knowledge of *posyandu* kader about *posyandu* and the five-table system is still low at 41.43%. After socialization and training, posttests were carried out again. The posttest results showed a satisfactory increase in cadre knowledge, namely a 50% increase from 41.43% to 91.43%. The results of research that Rahmawati and her friends have carried out previously also support the results of this community service which states that the higher the knowledge of *Posyandu* Cadres about the Five Table System, the better the Implementation of the Five Table System.<sup>10</sup>

The counseling activities provided by *posyandu* cadres to mothers are two-way communication interpersonally with a calm atmosphere so that mothers become more open to telling their children's nutritional and health problems. Mothers consider that counseling by cadres is useful for increasing maternal knowledge.<sup>10</sup> Health cadres need a refresher on how to do simple counseling to the elderly to maximize the services provided.<sup>11</sup>

After receiving education, cadres became more familiar with ethics and skills in counseling. Direct discussion activities are proven to increase the knowledge of cadres. These counseling skills are very important to continue to be trained every day so that the cadre of *posyandu* can provide counseling and counseling to mothers at any time when mothers need information about maternal and child nutrition. After the education session, cadres were trained to counsel mothers at *posyandu* or around their environment.<sup>12</sup> The results of previous community service activities said that the practice of counseling infant and child feeding (PMBA) and providing motivation to PMBA counselor cadres and providing great benefits for PMBA cadres, namely experiencing changes following external objectives, increasing knowledge, skills, and motivation of PMBA counselor cadres and the formation of PMBA support group practices.<sup>13</sup>

Cadres are expected to bridge between health officers/experts and the community

and help communities identify and face/answer their own health needs. Cadres are also expected to provide information to authorized Health officials who may not be able to reach the community directly and be able to encourage health officials in the health system to understand and respond to community needs. Cadres can help mobilize community resources, advocate for communities and build local capabilities.<sup>14</sup>

*Posyandu* cadres have a role in improving maternal and child health. These roles include assisting health workers in socializing health programs to residents, especially related to *posyandu*. Conduct counseling with health workers to residents, and assist residents pre- and after *posyandu*.<sup>15</sup> With cadre training and counseling, cadres will be more skilled in detecting and overcoming child nutrition problems, especially stunting and can overcome nutritional problems; parents will understand more about how to prevent stunting through monitoring growth and development, maintaining cleanliness, timeliness immunization, and fulfilling balanced nutrition.<sup>16</sup>

From this discussion, the devotee concluded that after the activity was carried out, cadres could use the counseling feedback sheet as a medium that could help the counseling process at the fourth table. When the 5-table system runs well, this can optimize the services that the *posyandu* can provide. The devotee hopes that the cadres can consistently provide counseling services at the fourth table daily to open *posyandu*. In this regard, support from local Health officials and the government is also needed. Based on the results of community service, it is known that the satisfaction of mothers of babies and toddlers increased after the fourth table was active again at the *posyandu*. This is expected to motivate mothers of babies and toddlers to visit *posyandu* every month diligently. Thus, early detection of toddler growth and development can be known as early as possible. Activities that need to be added for further empowerment are improving cadres' skills related to counseling techniques because the empowerment activities to the community that the service and the team have carried out are limited to providing counseling

education using media assistance in *posyandu* counseling back sheets.

## CONCLUSION

The difference in the average value of pre-test and post-test cadres in providing counseling services at the fourth table of *posyandu* is shown from the analysis of the average value of pre-test 57.5 and post-test 83.9. Counseling aids in the form of counseling back sheets can be used as cadres a handle, especially when cadres forget what should be conveyed to mothers of babies and toddlers. The survey results on the satisfaction of infant and toddler mothers in *posyandu* services before getting counseling services from *posyandu* cadres were 54.8% in the dissatisfied category. After the cadres received education on the use of *posyandu* counseling aids, it was known that the post-test satisfaction of infant and toddler mothers was mostly 83.9% in the satisfied category. From the results obtained, it can be concluded that *posyandu* counseling education with back sheet tools can improve *posyandu* services, especially in the 4th table. It can also increase satisfaction for mothers of babies and toddlers with the services at the *posyandu*. The use of *posyandu* back sheets is expected every time the cadre provides counseling at the 4th table to help facilitate the implementation of counseling from cadres to mothers of babies and toddlers. There needs to be further research to update the *posyandu* counseling feedback sheet. So that it can adjust to problems, one of which is related to the dynamic growth and development of babies and toddlers. The devotee hopes there will be further empowerment activities to optimize services at the *posyandu*, including technical training in counseling.

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## CONFLICT OF INTERESTS

The authors declared no conflict of interest.

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