

ELDERLY COMMUNITY PARTICIPATION IN THE ILP POSYANDU PROGRAM IN TALAWI MUDIAK VILLAGE, TALAWI SUBDISTRICT

Puja Afwanda Mayako¹

¹ Program Studi Manajemen Bisnis, Politeknik Negeri Medan
Pujaafwandamayako@polmed.ac.id

Abstract

This study aims to examine the participation of elderly individuals in the Integrated Primary Services (ILP) Posyandu program at the ILP Posyandu Simaung Indah. The subjects of this research are elderly individuals registered as participants at the ILP Posyandu Simaung Indah. The study was conducted in Talawi Mudiak Village, Talawi Subdistrict, Sawahlunto City. The research employed a qualitative method with a descriptive case study approach. Data collection techniques used by the researcher included observation and in-depth interviews. The findings of the study indicate that the participation of elderly individuals in ILP Posyandu activities remains low. Several factors contribute to this issue, including a lack of information regarding the schedule of activities, changes in the service system that combine services for children, adults, and the elderly into a single session, and the busy schedules of elderly individuals who are still working. Additionally, the low attendance rate is also influenced by dissatisfaction with the new service system, such as the unavailability of medications on-site and an environment perceived as less comfortable for the elderly. It is hoped that in the future, the participation of elderly individuals in the ILP Posyandu program will improve, so that elderly health monitoring in the area can be carried out more optimally.

Keywords: community participation, ILP posyandu, elderly.

Abstrak

Penelitian ini bertujuan untuk mengkaji partisipasi lansia dalam program Posyandu Integrasi Layanan Primer (ILP) di Posyandu ILP Simaung Indah. Objek dalam penelitian ini ialah lansia yang terdaftar sebagai peserta pada Posyandu ILP Simaung Indah. Penelitian ini berlokasi di Desa Talawi Mudiak Kecamatan Talawi Kota Sawahlunto. Metode penelitian yang digunakan dalam penelitian ini ialah metode kualitatif dengan pendekatan studi kasus deskriptif. Teknik pengumpulan data yang penulis lakukan ialah observasi dan wawancara mendalam. Hasil penelitian menunjukkan bahwa partisipasi lansia dalam kegiatan Posyandu ILP masih rendah, yang disebabkan oleh beberapa faktor: kurangnya informasi mengenai jadwal kegiatan, perubahan sistem layanan yang menggabungkan layanan anak-anak, dewasa, dan lansia dalam satu sesi, serta kesibukan lansia dalam bekerja. Rendahnya tingkat kehadiran juga dipengaruhi oleh ketidakpuasan terhadap sistem layanan baru, seperti tidak tersedianya obat secara langsung di lokasi dan lingkungan yang dianggap kurang nyaman bagi lansia. Harapannya semoga kedepan partisipasi lansia dalam program Posyandu ILP dapat meningkat, sehingga pemantauan kesehatan lansia di wilayah tersebut menjadi lebih optimal.

Kata Kunci: partisipasi masyarakat, Posyandu ILP, lansia.

INTRODUCTION

One of the pressing issues currently faced in Indonesia's public health sector is the low participation of elderly individuals in community-based health services, such as Posyandu (Integrated Health Service Post). This issue is becoming increasingly relevant as Indonesia undergoes a demographic transition toward an ageing population, marked by a growing proportion of older adults. According to the 2023 Population Census, approximately 12 percent—or around 29 million people—in Indonesia are classified as elderly, defined as individuals aged 60 years and above (Kusumo, 2020). At the local level, data from the Central Statistics Agency (BPS) in 2024 indicates that in Sawahlunto City, 11.22% of the population belongs to the elderly age group.

Ageing is a natural process that every human being inevitably experiences. However, as individuals grow older, they tend to face a variety of complex challenges—physically, mentally, socially, economically, and psychologically (Mustika, 2019). Common health problems encountered by the elderly include cognitive decline, infections, sleep disturbances, and weakened immune systems (Anggraini, Zulpahiyana, & Mulyanti, 2015). If not monitored regularly, these conditions can significantly affect the quality of life among older adults.

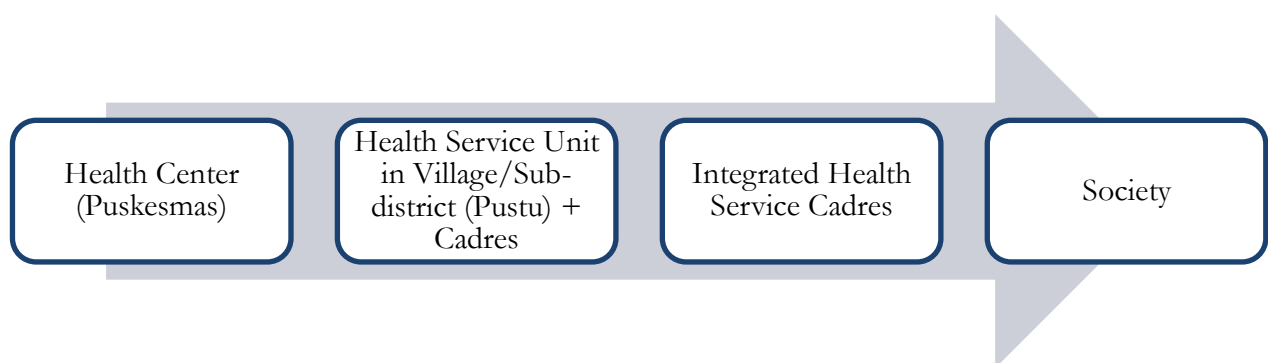
Monitoring the health issues associated with ageing can be conducted through community-based activities, notably the *Posyandu* (Integrated Health Service Post). *Posyandu* serves as a governmental initiative aimed at facilitating public access to healthcare services, including services for the elderly. The implementation and success of this program heavily rely on active community participation (Rahmawati, Mone, & Mustari, 2021). Elderly participation in healthcare services generally involves their engagement in various health-related activities such as *Posyandu* (integrated health posts), health education sessions, and routine medical check-ups. The main objective of such participation is to improve the quality of life of older adults, maintain their health, and enable early detection of potential health problems.

The government continues to make efforts to enhance the quality of *Posyandu* services, as evidenced by the transformation of *Posyandu* into the Integrated Primary Services (*Integrasi Layanan Primer*, ILP) program. *Posyandu* ILP (Integrated Primary Care Service) is closely connected to the City of Sawahlunto as it forms part of the Sawahlunto City Government's efforts to improve the quality of public health services, especially at community health centers (*Puskesmas*).

The transformation of Posyandu into ILP Posyandu (Integrated Primary Services) is intended to broaden the scope of healthcare services—from previously focusing solely on pregnant women and toddlers to now serving all stages of the life cycle, from infancy to old age. The key objectives of this transformation include bringing healthcare services closer to the community, improving service coverage and accessibility, adopting a life-cycle approach, expanding the range of services, and strengthening health monitoring at the community level. ILP was established under the Decree of the Minister of Health of the Republic of Indonesia Number (HK.01.07/MENKES/2015/2023, 2023), which outlines the technical guidelines for integrating primary healthcare services. This program aims to bring healthcare services closer to the community, thereby facilitating easier health monitoring across all age groups, particularly for the elderly.

ILP (Integrated Primary Services) is a concept introduced by the Ministry of Health of the Republic of Indonesia to strengthen promotive and preventive healthcare services at the primary healthcare facility level (*Fasilitas Kesehatan Tingkat Pertama*, FKTP). The program seeks to improve accessibility, enhance service quality, and integrate various basic healthcare services into a single location or system.

Figure 1. ILP Health Service Facility Flow (2024)



Source: *Juknis ILP (2024)*

ILP (Integrated Primary Services) is designed to educate the community by strengthening the role of community health volunteers (*kaders*), improving the quality of healthcare services, and utilizing digital models. Through these efforts, it is expected that public enthusiasm for the program will increase significantly. However, community enthusiasm toward ILP *Posyandu* activities varies considerably; in some regions, participation rates are high, while in others, participation remains low. Low community participation in the Integrated Primary Services *Posyandu* program may result in inadequate monitoring of public

health. In fact, health monitoring in a city or region begins with monitoring activities at the *Posyandu* level within each village or urban ward.

Since the transformation of Posyandu into ILP Posyandu (Integrated Primary Services), there has been a noticeable lack of research analyzing elderly participation in Posyandu ILP following the integration of services. This gap has prompted the researcher to explore the topic further, with a particular focus on understanding how elderly individuals participate in ILP Posyandu activities.

During observations conducted by the author at the Simaung Indah ILP *Posyandu* in Talawi Mudiak Village, Talawi Subdistrict, Sawahlunto City, it was noted that community participation, particularly among the elderly, in the ILP *Posyandu* program remained relatively low. Based on these findings, the objective of this study is to investigate the factors contributing to the low participation rates among the elderly population in Talawi Mudiak Village in attending the *Posyandu* at the Simaung Indah ILP *Posyandu*, as well as to identify potential solutions to address this issue.

LITERATURE REVIEW

Elderly individuals (older adults) are people who have reached the age of 60 years and above, and they have the same rights in social, national, and state life. As age increases, changes occur in the structure and function of cells, tissues, and organ systems. These changes affect the decline in physical health, which ultimately leads to greater vulnerability to disease (Akbar, Nur, & Humaerah, 2020).

Posyandu (Integrated Health Service Post) is a community-based health program in Indonesia that focuses on providing basic healthcare services. Posyandu services should be able to comprehensively address the health problems or complaints of the elderly, considering that older adults not only suffer from chronic conditions such as hypertension, diabetes mellitus, and elevated uric acid or cholesterol levels (Isa & Noor, 2020).

The success of the Posyandu program certainly requires the active participation of the community, especially older adults. In this context, Wilcox's theory of participation, as cited by (Sari, Latip, Suryani, & Wahyuni, 2024) is highly relevant. Wilcox outlines five stages of participation that need to be considered: (1) providing information, (2) consultation, (3) joint decision-making, (4) acting together, and (5) supporting. The implementation of these participation stages is essential in increasing community involvement in basic healthcare services through the ILP Posyandu program.

One of the social factors that influences elderly participation in health services is the role of the family. Families play a crucial role in supporting older adults to attend Posyandu services. As the closest individuals to the elderly, family members can provide various forms of support, including informational, instrumental, emotional, and attentional support. However, there are cases where elderly individuals receive family support yet remain inactive in participating in elderly Posyandu services. This may be due to other contributing factors such as lack of knowledge, low motivation, the elderly's physical condition that prevents them from attending, or other barriers (Monica, Putri, Riya, Hariyanti, & Maries, 2024).

In addition, a study conducted by (Islam, Hafifah, & Handoko, 2022) on the analysis of factors influencing elderly visits to Posyandu found that distance from home significantly affects participation. The research, conducted in Sukorejo Village under the jurisdiction of the Sumber Wringin Health Center in Bondowoso, revealed a statistically significant relationship with a p-value of 0.000.

RESEARCH METHOD

This type of research is qualitative research with a descriptive case study approach. The reason the researcher chose a qualitative research type is to gain a deeper understanding of the subject's perspective, which cannot be represented merely by statistical figures. Through the qualitative method, the researcher can get to know the people (research informants) personally and observe how they develop their own definitions of the topic being discussed. Qualitative research reveals facts as they are, under natural conditions, in accordance with what actually occurs in the field (Saleh, 2017).

The case study approach was also chosen because it is a current trend in social phenomena research, allowing the researcher to access the events or social phenomena being studied through observation and in-depth interviews with research informants. Furthermore, the descriptive nature of this approach was selected to systematically and accurately describe the facts and characteristics of the research topic.

The research was conducted at one of the ILP Posyandu sites named Posyandu ILP Simaung Indah, located in Talawi Mudiak Village, Talawi District, West Sumatra Province. The study took place over one month, from April 1 to April 30, 2025. The number of informants in this study was five, consisting of one Posyandu cadre leader and four elderly participants aged 60 years and above (two active participants and two passive participants) registered at Posyandu ILP Simaung Indah. The researcher selected the informants based on the

consideration of obtaining in-depth and specific information from those deemed to have the most knowledge or direct experience regarding the phenomenon being studied.

Data collection techniques employed in this research included observation and interviews. After data collection, the data were analyzed using the Miles and Huberman model, which involves the following stages: (a) data collection, (b) data reduction, (c) data display, and (d) conclusion drawing (verification).

RESULTS

The ILP *Posyandu* (Integrated Primary Services Post) was first introduced in Sawahlunto City in December 2024. One of the villages that has implemented the ILP *Posyandu* program is Talawi Mudiak Village, located in the Talawi Subdistrict, through the Simaung Indah ILP *Posyandu*. Prior to the implementation of the ILP model, the Simaung Indah *Posyandu* conducted separate health service sessions for the elderly and for toddlers, both in terms of location and schedule.

The health system transformation currently being implemented in Sawahlunto City is intended to facilitate access to healthcare services for all age groups—from toddlers to the elderly—at a single location and within a unified schedule. Participation, according to the Indonesian Dictionary (KBBI), refers to the act of taking part, involvement, or engagement. According to (Deviyanti, 2013). However, field observations reveal that a portion of the elderly population still fails to attend the Simaung Indah ILP *Posyandu* sessions. It is important to note that older adults are generally more susceptible to various age-related health conditions, making the ILP *Posyandu* program particularly essential for the maintenance and monitoring of their health.

The attendance data of elderly participants in the ILP *Posyandu* activities at Simaung Indah is presented in the following table:

Table 1. List of Elderly Attendance at the Posyandu Post ILP Simaung Indah Talawi Mudiak Village in 2025

No	Meetings	Number of elderly registered	Number of elderly visits
1	January	20	18
2	February	20	10
3	March	20	15
4	April	20	7

Source: Head of the Elderly Posyandu cadre, Talawi Mudiak Village, 2025

Based on the table above, it is explained that since the implementation of the ILP Posyandu program in January 2025, a total of 20 elderly individuals have been registered. However, the number of elderly participants attending the ILP Posyandu in Simaung Indah has not yet reached an optimal level of participation.

This finding is further supported by the author's interview with the head of the ILP Posyandu cadre in Simaung Indah, Mrs. Mardiana, as follows:

“Kadang urang tu nyo lai ondak datang, dek dak dapek undangan kadang gei diktu nyo dak datang. Kadang lai basobuik juo untuk datang. Kadang yang kader yang menjalankan ekspedisi kadang dusun sago tu bagian sago yang diundang e, yang bagian binasi idak tu dak datang urang binasi (dusun) jadie. Mako kami imbauan di masojik bagai di hariH” (Sometimes, the elderly actually want to come to the posyandu. (integrated health service post), but they end up not attending because they didn't receive an invitation. Occasionally, they are informed in advance to attend. There are also times when the health cadre delivering the invitations is from Sago Hamlet, so only the elderly in Sago Hamlet receive invitations, while those in Binasi Hamlet do not. That is why we make announcements through the mosque loudspeaker on the event day).

The interview findings above indicate that, at times, the registered elderly individuals may intend to attend the posyandu, but fail to do so due to not receiving an invitation. This issue arises partly because the cadre responsible for delivering the invitations is from Dusun Sago, and tends to invite only the elderly residents of that hamlet, neglecting those residing in Dusun Binasi. In fact, the ILP Posyandu in Simaung Indah serves as the designated health post for residents of both Dusun Sago and Dusun Binasi.

In addition, regarding the participation of elderly individuals in the ILP Posyandu at Simaung Indah, Mrs. Mardiana further stated:

“kadang yang terdaftar tu dak poi, tapi peserta yang hadir tetap banyak dek karano yang tibo lansia dari dusun lain yang dokek rumahnya dengan Posyandu Simaung Indah. Sebonow e posyandu lansia lah ado sejak dulu cuman terpisah dari posyandu balita dan posyandu posbindu, kini sejak lah ado Program Posyandu ILP sadonyo di gabung lai dalam satu tempat”

(Sometimes, the registered elderly participants do not attend, but the number of elderly participants present remains high because those who come are elderly individuals from other hamlets whose homes are close to the Posyandu Simaung Indah location. In fact, the elderly posyandu has existed for a long time, but it used to be separate from the posyandu for toddlers and the Posbindu (Integrated Non-Communicable Disease Post). Now, with the implementation of the ILP posyandu program, all services have been combined in one location.)

Based on Mrs. Mardiana's explanation, it was revealed that although some of the elderly individuals registered at the ILP Posyandu Simaung Indah do not attend, the attendance list often appears full. This is because elderly individuals from other hamlets, whose homes are located near the ILP Posyandu Simaung Indah site, attend the sessions instead. Mrs. Mardiana also noted that the elderly posyandu activities had been established for quite some time and were previously conducted separately in terms of both time and location from the posyandu for toddlers and the Posbindu program. However, following the implementation of the ILP posyandu program, all posyandu activities—those for toddlers, Posbindu participants, and the elderly—have been consolidated into a single time and location.

The low participation of elderly individuals in the ILP posyandu program raises a significant question: why is there a lack of engagement among elderly residents of Talawi Mudiak Village, particularly at the ILP Posyandu Simaung Indah, in the elderly posyandu activities?

To explore this issue further, the author conducted an interview with Mrs. Emiliya, an elderly individual who had been an active participant in the previous elderly posyandu activities. She stated:

“lomak posyandu yang dulu, dulu dapek ubek di posyandu kini kalau ingin baubek kok tinggi tensi ka rumah sakit, kini agak maleh hati poi. Kadang poi kadang idek lei, samo poi mauku-uku ancak poi ka rumah sakit dapek ubek. Kadang poi posyandu untuk poi ngumpu-ngumpu jo kawen ajo lei samo-samo lansia, itu ajo kini untuk pengembira. Kini lah bacampu posyandu lansia, posyandu anak-anak lah bergabung, tu kini lah kacaubalau aj kini, lomak nan dulu. Dulu kami ado pengarahannyo untuk awak yang lah tuo ko apo makanan nan ka dimakan, bakpo supaya tensi dak naiak. kini dak adolei do. lomak nan dulu”

(It was more comfortable with the previous posyandu because back then we used to receive medication there. Now, if we want treatment—for example, for high blood pressure—we have to go to the hospital. That makes us reluctant to go to the posyandu. Sometimes we go, sometimes we don't. If it's just for a check-up, it's better to go straight to the hospital because we can get the medication immediately. Sometimes we only go to the posyandu just to meet and gather with friends. Now, the posyandu has been merged—elderly posyandu and children's posyandu are combined. It feels chaotic; the old system was better. We also used to receive guidance or advice for us elderly—about what we should eat and how to keep our blood pressure down—but now that's gone. The old way was better.)

Based on Mrs. Emiliya's responses, several factors contribute to her reduced participation in the ILP Posyandu activities at Simaung Indah. One key reason is that, under the current ILP Posyandu system, medications are no longer distributed to elderly participants during the sessions. Previously, when the elderly posyandu operated independently of the ILP program, elderly individuals diagnosed with high blood pressure during health checks would

immediately receive antihypertensive medication from the healthcare personnel at the posyandu. However, under the new ILP structure, elderly individuals found to have high blood pressure are instead referred to the community health center (puskesmas) to obtain the necessary medication.

This change has made Mrs. Emiliya feel more comfortable visiting the puskesmas directly, where she can receive both examination and treatment at once. She now attends the ILP Posyandu at Simaung Indah primarily as a social opportunity to meet with fellow elderly individuals.

Mrs. Emiliya further noted that the merging of posyandu activities for the elderly and for children has created a less conducive and overly crowded environment. She explained that, prior to the merger, elderly participants used to receive targeted guidance from posyandu and health personnel regarding appropriate dietary practices to prevent hypertension and strategies to manage blood pressure. Currently, such guidance is no longer provided.

In addition to Mrs. Emiliya, the author also interviewed other elderly individuals who rarely participate in the ILP Posyandu Simaung Indah activities, namely Mrs. Rosmaniar and Mr. Sapri. During the interview, Mrs. Rosmaniar expressed:

“Amak dak ado maleh poi do, tapi amak dek ka sawah, undangan dak ado, di musojik ajo di imbauan. Kecuali malom e di imbauan e tu bisa awak poi. Kalau untuk bagabuong jo balita amak lai dak tagaduoh. Kok dapek iyo di agie ubek.kok kini ado pereso gulo, tensi,tapi amak baru mencubo pereso gulo”

(I’m actually not unwilling to go, but because I work in the rice fields, I often miss the announcements—there’s no formal invitation, only an announcement at the mosque. Unless I’m informed about the schedule the night before, then I can make time to go. As for being combined with the toddler posyandu, I don’t feel disturbed by it. My hope is that if possible, we could receive medication. Now there are blood sugar and blood pressure checks, but so far, I’ve only tried the blood sugar check.)

Mr. Sapri also added that:

“Apak dak pernah poi posyandu do. Subuoh apak lah poi manjalo, kadang ka sawah dek mancari”

(I never go to the posyandu because early in the morning I go fishing, and sometimes I go to the rice fields to earn a living.)

From the statements provided by Mrs. Rosmaniar and Mr. Sapri, the author identified additional factors contributing to the absence of elderly participants at the ILP Posyandu

Simaung Indah. These include a lack of information regarding the posyandu schedule, the absence of formal invitations, and the reliance solely on announcements made via the mosque loudspeakers on the day of the posyandu activities. This limited and last-minute dissemination of information often results in elderly individuals not attending.

Another factor influencing absenteeism among the elderly is the necessity for some to leave early in the morning to earn a livelihood, which prevents them from participating in the ILP Posyandu Simaung Indah activities.

Finally, the author conducted an interview with an elderly individual who regularly attends the ILP Posyandu Simaung Indah, Mr. Usman. During the interview, Mr. Usman stated:

“Alat e dak cukuik, kadang-kadang asam urat ajo yang ado, kolesterol dak ado. Karno harusnyo fasilitas tu diutamoon, tapi lai cukup puas karno lai bisa cek-cek kondisi awak”

(The equipment is incomplete—sometimes only uric acid tests are available, while cholesterol tests are not. Ideally, those facilities should be prioritized, but for now, I’m fairly satisfied because at least I can still check on my health condition.)

According to the interview with Mr. Usman, it was revealed that, although there are occasional shortcomings in the availability of equipment, he generally feels satisfied with the posyandu services, while expressing hope that facilities will be prioritized for improvement in the future.

Based on the results of the interviews conducted with several informants, it can be concluded that the implementation of the ILP Posyandu (Integrated Primary Service) Program in the community, particularly at the ILP Posyandu Simaung Indah, Talawi Mudiak Village, Talawi District, still faces challenges due to the low participation rate, especially among the elderly. Several factors contribute to this low participation.

First, there is a lack of clear information regarding the schedule of the ILP Posyandu Simaung Indah. Invitations for the posyandu activities are not distributed evenly to all registered elderly members. Instead, announcements are made via mosque loudspeakers on the day of the event, which is considered ineffective and leaves many elderly individuals unprepared to attend.

Second, changes in the system—specifically the merging of services for toddlers, Posbindu participants, and the elderly into one time and location—have diminished the enthusiasm of elderly participants. After the merger, services that were previously available exclusively to the elderly, such as the direct distribution of antihypertensive medication and guidance on healthy eating patterns, have been reduced. The absence of these services has contributed to decreased participation.

Third, occupational demands also play a role. Many elderly individuals remain actively engaged in farming and fishing activities, often leaving home before dawn, thus preventing their attendance at the posyandu sessions.

DISCUSSION

To address these challenges, the author proposes using Wilcox's theory of participation. Wilcox (Sari, Latip, Suryani, & Wahyuni, 2024) outlines five stages of participation: (1) providing information, (2) consultation, (3) joint decision-making, (4) acting together, and (5) supporting. This framework can be applied to enhance community participation in the ILP Posyandu Program at the Simaung Indah Posyandu post.

First, in terms of providing information, the interview findings indicate that the dissemination of information regarding the posyandu schedule remains inadequate. Some registered elderly participants do not receive invitations and only learn about the event through mosque loudspeakers on the day of implementation. To improve this, the posyandu cadres could divide the invitation delivery team to ensure comprehensive coverage of all registered elderly individuals in both Dusun Sago and Dusun Binasi. Furthermore, leveraging technology such as messaging applications to send invitations directly to the elderly participants or their family members could enhance communication.

Second, the posyandu cadres and health personnel could conduct consultations with the elderly participants of ILP Posyandu Simaung Indah to identify perceived service gaps and gather suggestions for improvement. Elderly individuals could express their needs, such as the desire for more complete health examination facilities or a larger venue to ensure comfort despite the combined activities with toddlers and Posbindu participants. According to (Emmywati, 2016) comfort in obtaining services is closely related to location, space, and information availability.

Following consultation, participation tends to increase when the community is involved in decision-making related to program implementation (Wahyuni & Manaf, 2016). This is in line with Isbandi's view as cited in (Hermansyah, 2019) which states that participation is the involvement of the community in the process of identifying problems and potentials within the community, selecting and making decisions on alternative solutions to address the problems, implementing efforts to overcome them, and engaging in the process of evaluating the changes that occur. Once collective decisions are made, the next step is to act together through collaboration, ensuring the optimal functioning of the ILP Posyandu Simaung Indah. For example, elderly participants could help encourage their peers to attend scheduled posyandu

activities, while cadres could assist by explaining the results of health examinations and providing advice on maintaining good health practices.

Finally, continuous support should be provided. Posyandu cadres and health personnel should motivate and encourage registered elderly participants to remain enthusiastic about attending posyandu activities. This could include offering motivational messages and awarding recognition to elderly individuals who consistently participate. Recognition or rewards are appropriate expressions of appreciation and gratitude (Mardiana & Saleh, 2021). Moreover, other research findings indicate that reward systems have a positive and significant influence on motivation (Araujo, 2022).

CONCLUSION

Based on the research findings, it can be concluded that the participation of elderly community members in the ILP Posyandu program remains suboptimal. Several factors contribute to this issue, including the lack of information regarding the posyandu schedule, the changes in the system that merged services for toddlers, Posbindu participants, and the elderly into a single time and location, as well as occupational commitments.

These three obstacles, if addressed promptly, are expected to lead to increased community participation in the ILP Posyandu program. The issue of insufficient information dissemination can be resolved by dividing the invitation delivery cadres into two teams to ensure that elderly residents in both Dusun Sago and Dusun Binasi receive invitations and information evenly. Another alternative is to utilize technology by sending electronic invitations through messaging applications to elderly participants or their family members.

Regarding the system change that has combined posyandu services, which some participants find uncomfortable, it is suggested that this issue be discussed with the posyandu cadres to find appropriate solutions that address the concerns of the elderly participants. Finally, concerning the occupational factor, although it is challenging for individuals to choose between work obligations and other activities, this issue could be addressed by engaging in dialogue with posyandu staff and participants to arrange a more flexible schedule that accommodates the diverse occupational backgrounds of the participants.

These findings provide valuable input for Posyandu cadres and organizers to better understand the needs of the elderly—not only in terms of physical health but also regarding comfort, timing, and communication methods. Involving the elderly in the planning of

activities can foster a sense of ownership and increase their participation. Furthermore, local governments and related stakeholders can use these research results as considerations in designing more elderly-friendly health service policies, such as supporting the digitization of invitations or creating more flexible posyandu schedules.

This study also opens opportunities for future researchers to explore more deeply the elderly's perceptions of comfort and the quality of services at ILP Posyandu. Additionally, the role of technology and family involvement in encouraging elderly participation can be further investigated.

REFERENCES

- Agung,A.P.(2025). Juknis ILP [PowerPoint slide]. Scribd
- Akbar, F., Nur, H., & Humaerah, U. I. (2020). karakteristik hipertensi pada lanjut usia di desa buku. *JWK*, 2548-4702.
- Anggraini, D., Zulpahiyana, & Mulyanti. (2015). Faktor Dominan Lansia Aktif Mengikuti Kegiatan Posyandu di Dusun Ngentak. *JNKI*, 150-155.
- Araujo, E. B. (2022). Faktor-Faktor Yang Mempengaruhi Kepuasan Pasien Di Pelayanan Pendaftaran Rawat Jalan Rumah Sakit Regional Eduardo Ximenes Baucau Timor Leste Tahun 2022. *JURMIK (Jurnal Rekam Medis dan Manajemen Informasi Kesehatan)*, 29-39.
- Deviyanti, D. (2013). studi tentang partisipasi masyarakat dalam pembangunan di kelurahan karang jati kecamatan balikpapan tengah. *Jurnal Administrasi Negara*, 380-394.
- Emmywati. (2016). pengaruh kualitas layanan yang terdiri dari kenyamanan, keamanan, kemudahan dan fasilitas terhadap kepuasan konsumen pada galeri seni dan pusat meditation ponorogo jawa timur. *Jurnal Penelitian Ilmu Manajemen*, 184-191.
- Hermansyah. (2019). partisipasi sosial dalam pembangunan daerah (sebuah tinjauan konsep). *Al-Qishti jurnal sosial dan politiK*, 1-9.
- HK.01.07/MENKES/2015/2023. (2023, Agustus 29). petunjuk teknis integrasi pelayanan kesehatan primer. 2015/2023, pp. 1-231.
- Isa, F. M., & Noor, S. (2020). Exploring the facet of elderly care centre in multiethnic Malaysia. *Emerald*, 17-38.

- Islam, M. H., Hafifah, V. N., & Handoko, Y. T. (2022). analisis faktor-faktor yang mempengaruhi kunjungan posyandu lansia. *Jurnal Penelitian Perawat Profesional*, 1115 – 1128.
- Kusumo, M. P. (2020). *BUKU LANSIA*. Yogyakarta: LP3M UMY.
- Mardiana, A., & Saleh, A. (2021). Pemberian Reward Terhadap Peningkatan Motivasi Kerja Karyawan Dalam Perspektif Islam. *Mutawazin (Jurnal Ekonomi Syariah IAIN Sultan Amai Gorontalo)*, 1-13.
- Monica, O. T., Putri, E. A., Riya, R., Hariyanti, R., & Maries, V. R. (2024). Faktor-faktor yang mempengaruhi keaktifan lansia mengikuti posyandu lansia. *Midwifery Health Journal*, 71-81.
- Mustika, I. W. (2019). *model asuhan keperawatan lansia*. denpasar: Poltekkes Denpasar.
- Rahmawati, Mone, A., & Mustari, N. (2021). pengaruh partisipasi masyarakat terhadap efektivitas program inovasi desa budi daya jamur tiram di desa jenetaesa kecamatan simbang. *KIMAP*, 590-604.
- Saleh, S. (2017). *ANALISIS DATA KUALITATIF*. Bandung: Pustaka Ramadhan.
- Sari, N., Latip, Suryani, L., & Wahyuni, L. (2024). Partisipasi Masyarakat Lansia Dalam Program Posyandu ILP Kelurahan Laksamana Kecamatan Dumai Kota. *SIMBOL*, 112-118.
- Wahyuni, Y. T., & Manaf, A. (2016). Partisipasi Masyarakat Dan Keberlanjutan Program Gerak Bersemi Di Griya Prima Lestari Munthe Kabupaten Kutai Timur. *Jurnal Pembangunan Wilayah dan Kota*, 472 - 482.