

<http://heanoti.com/index.php/hn>

RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn20316>

The Effects of Social Capital on the Self Reliance of *Posyandu*

Dian Arie Sushanty^{1(CA)}, Mochammad Bagus Qomarrudin², Ira Nurmala³^{1(CA)}Faculty of Public Health, Airlangga University, Indonesia; dianariesushanty@yahoo.com (Corresponding Author)²Faculty of Public Health, Airlangga University, Indonesia; bagusqomaruddin@yahoo.com³Faculty of Public Health, Airlangga University, Indonesia; iranurmala@fkm.unair.ac.id**ABSTRACT**

Posyandu (integrated health service post) refers to the activities of empowering the community in healthcare. The problem that appears recently is the low functions and the performance of *Posyandu* seen from the low achievements made by *Posyandu* Mandiri (self-reliant *Posyandu*). This observational study done by using cross sectional design. 45 *Posyandu* were taken as the samples in Bontang, East Kalimantan. The community taken as the respondents was the cadres, the public figures, and the mothers/families having babies and children under five. The statistic tests used in this study were linear regression test and logistic regression test. The results of this study showed that social capital have brought effects to the community participation, not only to the cadres, the public figures, but also the mothers/families having babies and children under five. The community participation in healthcare has affected the achievement of *Posyandu* to reach self reliance. The social capital has been proven to bring effects to self reliance of *Posyandu* through the community participation. The revitalization of *Posyandu* must consistently involve the community participation by reinforcing the available social capital.

Keywords: Community participation, Self reliance of *Posyandu*, Social capital**INTRODUCTION**

One of the causes of mortality in children under five in Indonesia is malnutrition. Children with low nutrition have a higher risk of death compared to those without low nutrition⁽¹⁾. WHO states that each year more than 11 million children under five in the world die of infectious diseases, such as upper respiratory tract infections (ISPA), diarrhea, malaria, measles, and so on. The death totaling 54% is related to low nutrition⁽²⁾. The incidence of malnutrition appears in all regions of Indonesia is caused by the low monitoring of growth in *Posyandu* (integrated health service post). Children under five experiencing no weight gain are left unmonitored and receive no intervention immediately; thus this condition results in malnutrition⁽³⁾. The low use of *Posyandu* as the facility to monitor the growth and development of children under five by the mothers results in health problems which are undetected early⁽³⁾.

Posyandu is the community-based health efforts (UKBM). Its activities in the health sector emerge from the community, committed by the community, and purposed for the community. *Posyandu* is expected to be self reliant in giving services, not only in providing the human resources but also the budgets⁽³⁾. The performance progress of *Posyandu* can be identified by analyzing its self reliance. The Ministry of Health has set up 8 indicators of self reliance for *Posyandu*. The government has also issued a set of policies as the efforts to increase the functions and the performance of *Posyandu* through revitalization⁽⁴⁾. The various efforts done by the government and the private parties are still unable to increase the expected level yet. The revitalizing efforts are mostly still dealing with increasing human resources, improving physical facilities, increasing budgets, and providing medical instruments and equipment⁽⁵⁾. To develop the society, one thing is missing to overcome the shared problems - that is collective energy called social capital⁽⁶⁾. The community assets to develop the community comprise of 5 capitals: physical, financial, environmental, human resources, social^{(7),(8)}.

Social capital is defined as the ability of the community to work together to achieve shared goals in various groups and organizations^{(9),(10)}. The elements of social capital become the power possessed by the community to overcome the problems and achieve the goals^{(6),(11),(12)}. The attention to the roles of social capital in development has been increasing for the last two decades. The World Bank is an important factor which supports the increase of community welfare. Social capital is a vital element which will determine both the success and the failure of development⁽⁶⁾.

A study conducted by Sulaeman, et.al., (2013) concludes that the internal factors of the community which play the roles in human resources in health sector are leadership and social capital⁽¹³⁾. The studies in some

developing countries also show that social capital is the supporting factor to continue the community-based programs⁽¹⁴⁾. A study conducted by Setyawati (2010) which took Indonesia Family Life Survey (IFLS) as the secondary data states that social capital in the community shown by the existence of the social groups and the community participation can increase the self reliance of *Posyandu* in Indonesia⁽¹⁵⁾.

Many studies conducted to analyze *Posyandu* related to predisposing and reinforcing factors of visiting *Posyandu*. Yet, only few studies try to expose the social facts which backbone the willingness of the community to work together in maintaining the continuity of health services through *Posyandu*. Based on the explanation, this study was purposed to analyze the positive effects of social capital on the self reliance of *Posyandu* through the community participation. Unlike the previous studies, the effects of social capital on the self reliance of *Posyandu* were observed in the community directly.

This study was purposed to analyze the effects of social capital on the self reliance of *Posyandu* through the community participation.

METHODS

The type of this study was observational done by using cross sectional design. All *Posyandu* in Bontang, East Kalimantan, totaling 117 were involved as the population of this study. 45 *Posyandu* were taken as the samples by using proportional random sampling technique in which 17 *Posyandu* were grouped into self reliant *Posyandu*, whereas 28 *Posyandu* were grouped into reliant *Posyandu*. The community involved in this study were those who directly got involved in the activities done in *Posyandu*, namely the cadres, the public figures, and the mothers/families having babies and children under five. The primary data were collected through interviews using questionnaires, whereas the secondary data were obtained from the Public Health Office, *Puskesmas* (Community Health Center), and all village offices in Bontang. The collected data were analyzed using linear regression test and logistic regression test.

RESULTS

This study identified the elements of social capital found in the community in both self reliant and reliant *Posyandu*. The elements of social capital comprise of trust, reciprocity, social network, shared norms and behaviors, as well as sense of commitment and belonging. Table 1 shows the effects of the elements of social capital on the community participation in both self reliant and reliant *Posyandu*.

Table 1 The effects of social capital on the community in health sector in Bontang

| Variable | F | p | Comment |
|--|-------|-------|-------------|
| Social capital in cadres | 5.821 | 0.002 | significant |
| Social capital in public figures | 5.330 | 0.002 | significant |
| Social capital in mothers/ families having children under five | 6.107 | 0.002 | significant |
| n observation = 45, $\alpha = 0,05$ | | | |

All elements of social capital are proven to bring effects to the community participation not only to the cadres, the public figures, but also the mothers/families having babies and children under five ($p < 0.005$, $\alpha = 0.05$). The power of effects brought by social capital was different. In sequence of order, it mostly affected the mothers/families having babies and children under five, the health cadres, and the public figures. Hence, the higher the social capital is, the higher the community participation in health sector will be.

The self reliance of *Posyandu* is analyzed based on 8 indicators of self reliance for *Posyandu* issued by The Ministry of Health - Republic of Indonesia in 2011. The eight indicators comprise of the frequency of weighing the body weight in 1 year, the average duty of cadres, the average coverage of D/S, the cumulative coverage of KIA (mother and child health), the cumulative coverage of KB (family planning), the cumulative coverage of immunization, additional programs, and the coverage of health funds. Table 2 shows the effects of the community participation on the self reliance of *Posyandu* in health sector.

Table 2. The effects of the community participation on the self reliance of *Posyandu* in health sector in Bontang

| Variable | p | OR | Comment |
|--|---------------|-------|-------------|
| High participation in cadres | 0.004 | 1.570 | significant |
| Low participation in cadres | c o n t r o l | | |
| High participation in public figures | 0.002 | 1.407 | significant |
| Low participation in public figures | c o n t r o l | | |
| High participation in mothers/ families having children under five | 0.001 | 1.425 | significant |
| Low participation in mothers/ families having children under five | c o n t r o l | | |
| n observation = 45, $\alpha = 0.05$ | | | |

The community participation in health sector affected the achievement of *Posyandu* to be self reliant, not only affecting the cadres, the public figures, and the mothers/families having babies and children under five ($p = < 0.005$, $\alpha = 0.005$). There was a tendency that the community participation affected the cadres (OR=1.570), the mothers/families having babies and children under five (OR=1.425), and the public figures (OR=1.407). Therefore, the higher the community participation in health sector is, the higher the tendency to achieve the independence of *Posyandu* will be. The difference in the amount of effects can be used to consider the priority of interventions. The findings of this study showed that social capital affected the self reliance of *Posyandu* through the community participation.

DISCUSSION

The community participation in health sector means that the members of a community participate in thinking about, planning, carrying out, and evaluating health programs, whereas the medical institutions have a duty to motivate and guide them⁽¹⁶⁾. The community participation can be shown by the equal redistribution of power between the activity providers and the group of community receiving the activities. The community participation has grades according to the level of authorities and responsibilities which can be observed in decision making process⁽¹⁷⁾. *Posyandu* is one of the examples of the community participation in health sector. The community participation in *Posyandu* means that the community is involved in planning, carrying out, and evaluating *Posyandu* programs. The active community participation is the key to the success of *Posyandu*⁽¹⁸⁾. A successful *Posyandu* must achieve its self reliance to carry out its duties and functions as to provide health services for the community⁽³⁾.

The social capital theory assumes that social network and cohesion result in active participation in local community services⁽¹⁹⁾. Trust can facilitate the cadres, the public figures, and the mothers/families having babies and children under five to cooperate and help each other in doing activities in *Posyandu*. A sense of security makes people feel comfortable to leave homes and their babies under neighbors' monitoring so that they can participate in the activities held in *Posyandu*. Trust maintains the continuity of *Posyandu* in the community. It is an important element of social capital in the community which may function as a lubricant that enables an organization to run more effectively⁽²⁰⁾. It is a belief held by the members of the community that can be counted on because they should act honestly to one another⁽²¹⁾.

Posyandu becomes an institution for sharing information and skills from the health workers to the health cadres, among health cadres, and from the health cadres to the community. Reciprocity becomes the motivation for the cadres, the public figures, and the mothers/families having babies and children under five to concern for each other and help to one another with sincerity, such as being sincere in taking and giving the benefits and helps to one another. Social capital is always accompanied with the tendency to exchange good deeds among individuals in a group or among groups themselves. Reciprocity is a short and long-term combination in altruism (a spirit to help and prioritize others' needs)⁽⁶⁾.

Social network is characterized by the activeness of a social organization in the community. The high social network facilitates the community to meet each other, share information about health, have access and use the available human resources inside and outside the community⁽²²⁾. Access to information and the increase of human resources mostly make use of the available social network existing in the community⁽⁵⁾.

Norms may become the motivation for someone to participate or vice versa. Shared norms and behaviors may also become the motivation to look for opportunities and get involved in participating in activities held in *Posyandu*, such as healthy life norms, willingness to become a cadre and cooperate in diversities⁽⁵⁾. Norms become the elements of social capital which will stimulate the continuity of lively and strong social cohesiveness⁽⁶⁾.

Sense of belonging is a form of feeling which becomes a part of group in the neighborhood-a feeling of owning the neighborhood⁽²³⁾. Sense of commitment and belonging becomes the power that binds the community together to totally use the benefits of *Posyandu*, as well as taking care of and maintaining the continuity of *Posyandu*⁽⁵⁾.

Posyandu indicators of self reliance contain the community participation playing roles as both the cadres and the community which becomes the target of *Posyandu*. This study proves that social capital affects the self reliance of *Posyandu* through the community participation. When social capital in the community is higher, the possibility to achieve self reliant *Posyandu* tends to be greater. Moreover, the different power of effects from social capital on the self reliance of *Posyandu* to the cadres, the public figures, and the mothers/families having babies and children under five becomes the considerations to prioritize the interventions⁽⁵⁾. The findings of this study are the same with what has been resulted by the study conducted by Setyawai (2010) stating that social capital in the community is able to increase the self reliance of *Posyandu* in Indonesia⁽¹⁵⁾.

CONCLUSION

Social capital has effects on the self reliance of *Posyandu* through the community participation in Bontang. The community participation in activities held in *Posyandu* involves the community starting from the stage of

identifying problems and potencies, choosing and making solutions, doing efforts, and evaluating the performance of *Posyandu*. The community participation in health sector does not prove the inability of the government in development, but it must be realized that the community has a right to identify problems and possess power and potencies to solve problems they are facing. To be successful in revitalizing *Posyandu*, we must involve all capitals in the community, namely human resources, physical, financial, and social capital. The reinforcement of social capital in the community can be done by giving social supports, increasing trust, and making use of social network in the community.

REFERENCES

1. Azmi N. Malnutrition and Toddlers in Indonesia (Gizi Buruk dan Balita di Indonesia) [Internet]. Kompasiana. 2016 [cited 2016 Jan 19]. Available from: <https://www.kompasiana.com/nurulasmi/gizi-buruk-dan-balita-indonesia>
2. Hadi HM. Double Burden on Nutrition Issues and their Implications for National Health Development Policies (Beban Ganda Masalah Gizi dan Implikasinya Terhadap Kebijakan Pembangunan Kesehatan Nasional). Yogyakarta: Fakultas Kedokteran Universitas Gajah Mada; 2005.
3. Kementerian.Kesehatan RI. General Guidelines for Posyandu Management (Pedoman Umum Pengelolaan Posyandu). Jakarta: Kementerian Kesehatan Republik Indonesia; 2011.
4. Mukhtar D. Posyandu Revitalization Strategy in Order to Improve Health Development in Pekanbaru Sub-district, Pekanbaru City (Strategi Revitalisasi Posyandu Dalam Rangka Meningkatkan Pembangunan Kesehatan Di Kecamatan Pekanbaru Kota Pekanbaru). Graduate Thesis. Bogor: Institut Pertanian Bogor; 2008.
5. Sushanty DA. Effect of Social Capital on the Independence of Posyandu in Bontang City (Pengaruh Modal Sosial Terhadap Kemandirian Posyandu di Kota Bontang). Graduate Thesis. Surabaya: Program Studi Ilmu Kesehatan Masyarakat. Fakultas Kesehatan Masyarakat, Universitas Airlangga; 2018..
6. Hasbullah J. Social Capital (Towards the Excellence of Indonesian Human Culture) (Social Capital (Menuju Keunggulan Budaya Manusia Indonesia)). Jakarta: MR United Press; 2006.
7. Green, Gary P, Haines A. Asset Building and Community Development. Thousand Oaks, Sage Publication, Inc.; 2002.
8. Isbandi RA. . Community Intervention and Community Development as Community Empowerment Efforts (Intervensi Komunitas dan Pengembangan Masyarakat Sebagai Upaya Pemberdayaan Masyarakat). Jakarta: PT Raja Grafindo Persada; 2013.
9. Bourdieu P, Nacquant L. An Invitation to Reflexive Sociology. University of Chicago Press; 1992.
10. Coleman JS. Social Capital in The Creation of Human Capital. American Journal of Sociology. 1988;94:95-120.
11. Supriono A, Dance JF, Sasli R. Social Capital, Definition, Dimension, and Typology (Modal Sosial, Definisi, Dimensi, dan Tipologi) [Internet]. 2015. [cited 2015 Dec 15]. Available from: <https://id.scribd.com/doc/62161204/Modal-Sosial-Definisi-Dimensi-Dan-Tipologi>
12. Cohen S, Prusak L. In Good Company: How Social Capital Makes Organization Work. London: Harvard Business Pres; 2001.
13. Sulaeman ES, Karsid R, Murti B, Kartono DT, Waryana, Hartanto R. Leadership, Social Capital, Access to Information and Community Empowerment to Address Health Issues. International Journal of Scientific Research and Education (IJSRE). 2013;1(5):90-107.
14. Bhuiyan AH, Evers HD. Social Capital And Sustainable Development: Theory And Concepts. ZEF Working Papers Series; 2004.
15. Setyawati G. Openness of the Puskesmas System, Social Capital and Independence of Posyandu (Keterbukaan Sistem Puskesmas, Modal Sosial dan Kemandirian Posyandu). Graduate Thesis. Yogyakarta: KMPK Universitas Gajah Mada; 2010.
16. Notoatmojo S. Health Promotion, Theory and Application (Promosi Kesehatan Teori dan Aplikasi). Jakarta: Reka Cipta; 2010.
17. Arnstein SR. A Ladder of Citizen Participation. AIP Journal. 1969.
18. Muninjaya GAA. Health Management (Manajemen Kesehatan). Jakarta: Penerbit Buku Kedokteran EGC; 2004.
19. Putnam RD. The Prosperous Community: Social Capital and Public Life. The American Prospect No. 13; 1993.
20. Fukuyama F. Trust: The Social Virtunes and Creation of Prosperity. New York: Free Press; 1995.
21. Paldam M. Social Capital: One or Many? Definition and Measurement. Journal of Economic Surveys. 2000;14(5):629-653.
22. Bolin K, Lindgren B, Lindstrom M, Nystedt P. Investments in Social Capital – Implications of Social Interactions for The Production of Health. Social Science and Medicine. 2003;56:2379-90.
23. MacMillan DW, Chavis DM. Sense of Community: A Definition and Theory. Journal of Community Psychology. 1986;14:6-23.