



REALIZING A POSYANDU (INTEGRATED SERVICE POST) INTEGRATED WITH PAUD (EARLY CHILDHOOD EDUCATION): A NEUROPEDIATRICS REVIEW

Dr. dr. Muhammad Isman Jusuf, Sp.S

Medical Study Program, State University of Gorontalo

Email: ismanjusuf1@gmail.com

Introduction

In a neuropediatric review, the age at which a child is born to entering primary education is a golden age and a critical period in human life stages that will determine their further development. Toddlerhood is a vital stage where half of the total capacity of human intelligence has been formed. If at this age children's brains are not stimulated, their potential will not develop. By the age of 8 years, 80% of the human capacity for intelligence is formed. The children's intelligence capacity will reach 100% when they are around 18 years old. Toddlerhood is the golden age in which the brain grows and develops the fastest. This period is the right time to lay the foundations for developing cognitive, motor, language, socio-emotional, artistic, self-concept, moral, and spiritual abilities. The efforts to develop the potential of toddlers must be started to achieve their optimal growth and development. One of the efforts taken by the government and the community to achieve this goal is through the Posyandu (Integrated Service Post) and PAUD (Early Childhood Education).



Posyandu (Integrated Service Post)

Integrated Service Post (Posyandu) is an activity carried out by, from, and for the community, which aims to improve the community's health status in general and the health of mothers and children in particular. Posyandu is part of an effort to create a small, happy, and prosperous family, carried out by the family and the community with the guidance of health workers from the local Puskesmas (Health Center). Data obtained from Basic Health Research (Riskesdas) shows an increase in the number of Posyandu from 232,112 in 2004 to 267,000 in 2007 or 5.3% per year. Currently, there are 1,233 Posyandu in Gorontalo Province. It also indicates that 78.3% of toddlers are weighed at Posyandu, and 76% of babies are immunized at Posyandu. These data indicate that the higher the coverage of children being weighed, the higher the immunization coverage, the smaller the prevalence of malnutrition, and the higher the children's growth rate.

Growth is the process of increasing the body's size or dimensions due to an increase in the number of cells and the increasing size of these cells. Growth describes the result of a balance between nutritional intake and needs. Children with sufficient growth show that their nutritional intake and needs are balanced. Conversely, children with insufficient growth show that their nutritional intake and needs are not balanced. Currently, Posyandu plays more role in assessing children's growth. It is manifested in the types of minimum services provided to toddlers such as weighing to monitor children's growth, complementary feeding, provision of vitamin A twice a year, supplementary feeding for children with insufficient growth (less than 200 grams/month),

and children whose weight is below the red line of the Card Towards Health (KMS), immunization, monitoring paralysis signs and ARI and diarrhea occurrence, and providing referrals if necessary. However, the developmental aspects of toddlers are still not monitored at Posyandu.

PAUD (Early Childhood Education)

Awareness of the importance of education for toddlers has encouraged the Ministry of Education and Culture of the Republic of Indonesia to facilitate PAUD formation. Law Number 20 of 2003 concerning the National Education System states that Early childhood education means educational efforts from birth to six years of age by giving stimulus for children's physical and emotional growth and development to prepare them for further education. PAUD can be applied through formal education such as Kindergarten and Raudatul Athfal (RA), non-formal such as Playgroup (KB) and Day Care Center (TPA), or informal education such as family education or education organized by the community. The number of PAUD in Indonesia has reached 174,367 units. In Gorontalo Province, currently, there are 642 TK and 136 RA. The concept of PAUD is further clarified by the Regulation of the Minister of National Education of the Republic of Indonesia No. 58 of 2009 concerning early childhood education standards that prioritize developmental aspects.

Development is the increase in the ability of a more complex body structure and function. This knowledge about child development is applied in PAUD. Therefore, it is referred to as education that practices children's development and learning. The curriculum is referred to as a developmentally appropriate Curriculum that educates children in a way that is appropriate to how the child develops and learns. Four areas need to be improved through PAUD, namely 1) physical development, which aims to make children able to control rough movements and subtle movements, 2) socio-emotional development, which aims to know and be responsible for themselves and others and have prosocial behavior, 3) cognitive development which aims to learn, solve problems, and think logically 4) language development which aims to make children able to listen actively, communicate using language, and understand something through writing. However, the growth aspect of children under five is still not monitored in PAUD.

Posyandu Integrated with PAUD

It is time for Posyandu and PAUD services to be integrated. There are three reasons for this, namely: 1) the target of Posyandu activities is toddlers who are also targets of the PAUD program; 2) the development and growth of toddlers do not run independently but simultaneously, 3) management of the growth and development aspects of toddlers is essentially holistic, not merely from the medical aspect, but also the psychological, pedagogical and sociocultural aspects. Based on these reasons, the detection and stimulation of toddlers' growth and development must be carried out in an integrated manner.

PAUD-based Posyandu, commonly abbreviated as Pos PAUD, is an early childhood education service integrated with Toddler Family Development (BKB) and Posyandu services. Pos PAUD was formed based on the community's agreement and managed based on the principles of cooperation, willingness, and togetherness. In its implementation, Pos PAUD always applies simplicity, cheapness, convenience, and quality. The Pos PAUD management is the responsibility of PKK (Family Empowerment and Welfare) cadres, especially the working group II, which deals with education, and the working group IV, which deals with children's health.

One of the consequences that will arise from the implementation of Pos PAUD is that KMS will be integrated with the children's development notes in the motor, socio-emotional, cognitive, and language aspects. Generally, KMS is only a regular growth graph of children according to their age, showing the risk of growth disorders or excess nutrition. This integration allows the

evaluation of the concomitant level of growth and development of children with their age. On the other hand, PAUD teachers will also become Posyandu cadres. In addition to preparing children's activity plans, welcoming children and parents, and guiding children in opening activities, the cadres also prepared tasks at five tables: registering toddlers, pregnant women, and nursing mothers at table 1, weighing toddlers at table 2, recording of weighing results at table 3, counseling and nutrition services for mothers with toddlers, pregnant women, and breastfeeding mothers at table 4, and health services, family planning, immunization, and ORS corner at table 5. Several learning methods applied at Pos PAUD are playing, telling stories, singing, working on tours, and centering.

According to the function of the Posyandu, the target of Pos PAUD is not only toddlers but also pregnant women and nursing mothers. Services for pregnant women include antenatal care, supplementary feeding for pregnant women who experience Chronic Lack of Energy (KEK), provision of blood-boosting vitamins, and fetal stimulation. Parents carry out stimulation with guidance by cadres. This activity is called "parenting together." Also, breastfeeding mothers' services include the provision of Vitamin A, supplementary feeding, counseling on nutritional fulfillment during breastfeeding, exclusive breastfeeding, postpartum care, care for newborns, family planning services, and stimulation for breastfed children. The stimulation was carried out by cadres and witnessed by parents. They are grouped according to the age where a cadre guides each group. This activity is called "Playing with children."

The effectiveness of Posyandu Integrated with PAUD

Dewi et al. (2013) find that the holistic design of PAUD integrated with Posyandu and BKB is very useful compared to PAUD services by Posyandu or BKB individually. Diana et al. (2011) state that the proportion of children aged 2-5 years whose development is not suitable for their age is higher in Posyandu that are not integrated with PAUD. The prevalence of children with malnutrition and underweight is higher in Posyandu that is not integrated with PAUD. Meanwhile, there is a high prevalence of stunting in Posyandu integrated with PAUD. Therefore, it can be concluded that there are differences in children's development at Posyandu integrated with PAUD and not integrated with PAUD. This difference lies in the nutritional status based on weight/height.

Yunda et al. (2019) found a relationship between visits to integrated Posyandu with PAUD and the nutritional status of children under five. The percentage of good nutrition is more obtained during active visits to Posyandu integrated with PAUD. There is also a relationship between the active visits of toddlers to integrated health posts with PAUD and toddlers' language skills aged 4-5 years. Febrianti (2018) states that complete facilities and infrastructure will significantly support the sustainability and optimal performance of Posyandu. In Posyandu integrated with PAUD, each child's development speed can be directed according to the developmental needs that must be achieved. Besides, each child is also provided with comprehensive educational stimuli to optimize all aspects of child development.

Conclusion

From the previous description, it can be concluded that the management of Pos PAUD in an organized manner will make toddlers grow healthy, develop, creative, and independent, and can reduce the Maternal Mortality Rate (MMR) and the Infant Mortality Rate (IMR). For this reason, it is expected that the government can pay attention to the availability of facilities and development of Pos PAUD cadres and encourage the community to care more about Pos PAUD. Cross-sectoral coordination needs to be carried out continuously to make the efforts to increase the growth and development of toddlers run optimally. Hopefully, Posyandu integrated with PAUD can soon be realized in Gorontalo Province. One village, one Pos PAUD.

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