Proceedings Series of Educational Studies

The 5th International Conference on Educational Management and Technology (ICEMT) 2026

Health Education at Integrated Health Post as a Nonformal Education Strategy to Improve Family Quality of Life

Sakinah Mersa Islamiah Taqlilloh [1], Ama Alfiatul Chusna [2], Irsanti Hana Maresti [3], Sarah Ruby Aliyah [4], Salsabila Maritza Silowardani [5], Umi Dayati [6]

State University of Malang, Jl. Semarang No. 5 Malang, East Java, Indonesia
*Author of correspondence, Email: : sakinah.mersa.2301416@students.um.ac.id. , ama.alfiatul.2301416@students.um.ac.id. , irsanti.hana.2301416@students.um.ac.id. , sarah.ruby.2301416@students.um.ac.id. , salsabila.maritza.2301416@students.um.ac.id. , umi.dayati.fip@um.ac.id

Abstract

This research aims to analyze the implementation of health education at Posyandu as a non-formal education strategy for families in the Batu City area. The method used was community service activities through direct observation during an internship program at the Batu City Office of Women's Empowerment, Child Protection, Population Control, and Family Planning. The results of the study indicate that Posyandu in Batu City has integrated non-formal education functions through a 5-table service system, where "Table 5" serves as a special education space that is flexible and dialogic. The participants of the educational sessions include primary targets (pregnant women, toddlers, the elderly), secondary targets (families), and tertiary targets (community leaders). The educational process is conducted using a critical pedagogy approach that positions participants as active agents, supported by the use of visual media and demonstrations. The conclusion of this study is that Posyandu effectively functions as a community learning space capable of improving family health literacy and the quality of life of the community through participatory non-formal education.

Keywords: Non-Formal Education, Posyandu, Health Education, Family Health, Batu City.

1. Introduction

According to Law Number 20 of 2003 on the National Education System, non-formal education is one of the educational pathways that plays an important role in improving the quality of life of the community through a learning process that can be adjusted to the needs of the community. Non-formal education functions as a substitute, supplement, and complement to formal education to support lifelong learning. In practice, non-formal education is not only carried out through educational or training institutions; it can also be conducted through community empowerment activities, such as health education.

Health education is an educational activity aimed at increasing knowledge, awareness, and the ability of the community to maintain their own health and the health of their families. This activity is not just about conveying information, but also helping people transition to a healthy lifestyle. Health education is one type of community learning in non-formal education. It is conducted in a participatory, communicative manner, and focuses on the needs of the residents so that people can learn directly.

Posyandu, which is a Community Empowerment Health Effort designed to provide basic health services to the community, especially mothers and children, is one of the forms of health education that is closest to the community.In addition to providing health services such as weighing toddlers, immunizations, check-ups, and vitamin distribution, posyandu also has an educational function through health education activities for families. The educational materials provided usually cover maternal and child health, family nutrition, child-rearing practices, clean and healthy living behaviors, and stunting prevention.

This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.

Because posyandu is easily accessible to the community, their existence is very important. The Integrated Health Post (Posyandu) also allows direct interaction between health educators and participants, making it a community learning tool (Kursani et al., 2023). Through health education, people not only learn about health but can also discuss family health issues they face every day. This condition shows that Posyandu not only offers health services to the community but also provides non-formal education for families.

Health care at Posyandu is considered useful for increasing community awareness about family health. Research (Dewi et al., 2023) shows that providing health education to mothers of toddlers can enhance participants' knowledge about child development and family health practices. Because there is active interaction during activities, the direct delivery of material makes it easier for participants to understand information. Health education activities can help people learn more about family health and their surrounding environment.

In addition, research conducted by (Susanti & Mitra, 2011) found a relationship between the level of community knowledge and the utilization of Posyandu services. The broader the community's understanding of the benefits of Posyandu, the more likely their participation in Posyandu activities tends to increase. This indicates that education and health outreach are important factors in encouraging people to participate in maintaining family health.

One way to empower the community in the field of health is by becoming a posyandu. The community can gain basic knowledge and skills in family health that can be applied in daily life through routine activities. Health education at the Posyandu helps families understand the importance of providing children with good food, tracking the development of toddlers, and maintaining a clean and healthy family environment. Therefore, the Posyandu not only provides health services but also functions as a source of non-formal education that helps improve the quality of life in the community.

We are doing an internship at the Batu City Office of Women's Empowerment,Child Protection, Population Control, and Family Planning, so we can gain direct experience on how to conduct health education in the Posyandu program. The KB Hall of Batu, the KB Hall of Bumiaji, and the KB Hall of Junrejo are responsible for the implementation of these activities. During the activities, the community seemed very interested in the education about family health, child nutrition, and parenting. Throughout the activities, the interactions that occurred showed that the Posyandu can function as a community learning space that consistently supports the enhancement of knowledge and awareness about family health.

2. Method

This research uses a qualitative descriptive method with a participatory observation approach to describe the role of the integrated health post (posyandu) as a community learning space in the context of non-formal education (Islami et al., 2023). This approach was chosen because the research focuses on understanding social phenomena in depth through the direct involvement of the researcher in posyandu activities. The research was conducted during an internship at the Batu City Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB) with observation locations at several posyandu activities in the working area of the KB Extension Office in Batu District, the KB Extension Office in Bumiaji District, and the KB Extension Office in Junrejo District.

The research subjects consist of participants and implementers of posyandu activities who are directly involved in the service and health outreach process. The research subjects are divided into three categories: primary targets, which include pregnant women, breastfeeding mothers, infants, toddlers, children, and the elderly as recipients of posyandu services; secondary targets, which consist of accompanying family members such as fathers or caregivers; and tertiary targets, which include posyandu cadres, family planning counselors, and health workers from community health centers as facilitators. activities. The sampling technique was conducted through purposive sampling, which involved selecting subjects deemed to have active involvement in family health education activities, specifically in the implementation of the Table V service at the integrated health post (posyandu).

The data collection technique was carried out through participatory observation and documentation.Participatory observation was conducted by directly observing the entire process of implementing the posyandu activities, starting from the flow of the five-table service system, the interaction between cadres and participants, the methods of delivering educational material, to community participation during the activities. In addition, the researcher also observed the use of educational media such as leaflets, posters, and other visual media used as tools for health education. The documentation technique was carried out by collecting supporting data in the form of activity notes, posyandu service books, visual documentation of activities, and regulatory documents related to the implementation of posyandu and family health programs.

The data obtained were analyzed using qualitative descriptive analysis techniques through three stages, namely data reduction, data presentation, and conclusion drawing(Qomaruddin & Sa'diyah, 2024). Data reduction was carried out by selecting and focusing on data relevant to the aspects of non-formal education in posyandu activities. Furthermore, the data were presented in the form of a narrative description of the research location conditions, participant characteristics, and the implementation of health education activities at Table V of the posyandu. The final stage was carried out by drawing conclusions based on the results of the interpretation of the analyzed data. The research analysis focused on how health education practices at the posyandu can function as a process of community learning that is participatory, contextual, and sustainable from the perspective of non-formal education.

3. Results and Discussion

3.1 Result

Overview of Activity Location

This community service activity was carried out at several Integrated Health Posts (Posyandu) scattered throughout Batu City. The Posyandu selected as the service location has been actively conducting activities regularly every month, involving local health cadres who are also assisted by health workers from the nearest Community Health Center (Puskesmas). The existence of Posyandu in Batu City aims to serve as a form of community-based health service to improve the health quality of mothers, infants, and toddlers in the community. This aligns with what is stated in the 2018 Health Profile of the Ministry of Health of the Republic of Indonesia, which states that the Integrated Service Post, commonly referred to as Posyandu,

is one form of community resource-based health service that is managed by, from, and for the community, aimed at providing ease for mothers, infants, and toddlers in accessing health services and monitoring the growth and development of infants and toddlers.

Based on the observation results, each Posyandu in Batu City has been grouped to serve residents from various Villages/Sub-districts with an average visit scheduled regularly every month. This is also in line with the Minister of Home Affairs Regulation No. 18 of 2018, which is also stated in the 2022 Health Profile of the Ministry of Health of the Republic of Indonesia regarding the duties of Posyandu to assist the Village Head/Sub-district Head in improving public health services in the scope of villages/sub-districts.

The facilities available at each posyandu include weighing service tables, recording tables, height measuring tools, counseling areas, and waiting areas for participants attending the posyandu. The posyandu activities in Batu City generally take place in village halls or in the homes of residents with an atmosphere that can be considered open and participatory. This refers to one of the characteristics of non-formal education, which is flexible or education that is not bound to formal classroom settings, yet still has clear and structured learning objectives (Elmia Kursani et al., 2021).

Overview of Participants in Counseling at Posyandu

Posyandu, as a community-based health institution, has targets divided into three categories: primary targets, secondary targets, and tertiary targets.The primary targets are those who directly benefit from the services available at the Posyandu, which in this case include pregnant women, infants, toddlers, children, and the elderly. The secondary targets are those expected to provide encouragement and support to the primary targets, such as heads of families, parents of children, and parents of pregnant women. Meanwhile, the tertiary targets are those who have influence in decision-making, counseling, and providing moral/policy support, such as community leaders, village heads, or others (Sofianis & Febrina, 2021). Grouping strategies for these targets need to be implemented to ensure full support for maternal and child health.

Based on observations made during the posyandu activities, the participants who attended the posyandu, especially during the health education activities, were mostly mothers bringing toddlers for routine weighing, pregnant women under pregnancy monitoring, and the elderly who also participated in regular check-ups. In addition, there were also several other family members such as fathers or caregivers accompanying the children. Generally speaking, the background of the participants attending the Posyandu can be said to be quite diverse, both in terms of age, education level, and even experience in participating in posyandu activities. Based on the observations made, the attendance of Posyandu participants in the Batu City area corresponds with the target description written in the Health Profile of the Ministry of Health of the Republic of Indonesia for the year 2022, which explains that posyandu provides services for all life cycle targets starting from pregnant women, childbirth and postpartum, infants, toddlers, preschool children, school-age children, adolescents, adults, and the elderly.

Overview of the Implementation of Health Education Activities

The health education activities are carried out every time a posyandu is held, where in the Batu City area, posyandu is held once a month and is often conducted at the beginning of the month. Based on the observation results, the implementation of each posyandu in the Batu City area uses a 5-table service system. It starts with Table I, which serves as the registration area, where participants register according to their age group/life cycle and fill out their health history. Next, Table II serves as the weighing and measurement area. At this table, weight, height, head circumference for toddlers, waist circumference, and blood pressure for pregnant women and the elderly are measured. This is followed by Table III, which serves as the recording area. The results of the examinations are entered into medical records/service books. Moving on to Table IV, which is the health service area. At this step, screening will be conducted. disease, health checks by the medical team, and the provision of vitamins as well as counseling related to health. The final step or step V in the series of posyandu is the session of outreach and education. In this outreach step, participants will be provided with information related to health according to the issues found. The outreach session is always conducted at the end after all the routine checks carried out at the posyandu to avoid disrupting the flow of service. This approach is also strategically chosen so that the outreach session can reach all participants present and so that the participants can follow the outreach session more calmly and focus on the material presented without having to divide their attention with other administrative needs.

Based on observations, it was found that some participants present at the posyandu are not solely driven by the obligation to attend every month, but many among them take advantage of the moment to gain new knowledge and insights. This outreach activity also reaches out to the elderly group by providing relevant material according to their needs, ranging from maintaining health in old age to efforts to sustain productivity and quality of life in old age (Yuliani et al., 2023). In addition, this counseling session is utilized for mothers of toddlers to seek information and practical tips on various everyday issues faced in caring for children, such as handling children who are picky eaters and other related problems. The implementation process of the counseling session takes place informally and dialogically. The counselors convey information orally using visual media such as leaflets distributed to the counseling participants, posters displayed in the integrated health post, and often the counselors also use demonstration methods for some materials that require direct examples. The use of visual media is based on observations that most participants find it easier to understand information accompanied by images and simple illustrations. The atmosphere created in this counseling session is also designed to be relaxed, allowing participants to share experiences more freely and feel more comfortable asking questions. The communication pattern established in the counseling session aligns with the principles of non-formal education as written by Paulo Freire (1970) in his work on the concept of critical pedagogy, where in his work Freire positions learners as active subjects rather than mere recipients of information (Datunsolang, 2018).

3.2 Discussion

Health education at the integrated health post (Posyandu) is one form of implementing non-formal education that occurs in the community. As a place for community service, the

Posyandu not only functions as a health service location and a place for weighing and measuring children's growth but also as an educational medium aimed at providing health information and ongoing family education. The outreach activities at the Posyandu become a flexible, participatory learning medium that is tailored to the needs of the local community (Usman, 2026).

Non-formal education has characteristics that differ from formal education; non-formal education occurs outside the school system, is flexible, and is community-oriented (Wahdatan Nisa, 2025). With the presence of outreach activities at the Posyandu, the community gains knowledge about maternal and child health, family nutrition, stunting prevention, reproductive health, child psychology, and elderly health. The information conveyed by family planning counselors is delivered using simple and easily understood methods so that it can be directly applied within the family.

In addition to being a center for community health services and examinations, the integrated health post (posyandu) also functions as a community learning tool that reflects the process of family empowerment. The outreach conducted at the posyandu does not only focus on the roles of family planning counselors and posyandu cadres, but also encourages active community participation in discussion sessions and sharing experiences. This shows that the community is not only a recipient of information but also a source of learning in the learning process (Amaliyah et al., 2024). Thus, the posyandu plays a role in enhancing the capacity and independence of the community in maintaining health and family welfare.

In addition to being a center for community health services and examinations, the integrated health post (posyandu) also functions as a community learning tool that reflects the process of family empowerment. The outreach conducted at the posyandu does not only focus on the roles of family planning counselors and posyandu cadres, but also encourages active community participation in discussion sessions and sharing experiences. This shows that the community is not only a recipient of information but also a source of learning in the learning process (Zeng et al., 2024).

In addition, family planning counselors at the integrated health post contribute to building preventive awareness among the community. Many people who previously only focused on treatment when sick are beginning to understand the importance of disease prevention through a healthy lifestyle. Education related to exclusive breastfeeding, monitoring the growth and development of toddlers, light exercise for the elderly, consumption of nutritious food, and the importance of environmental sanitation become real forms of learning that support the improvement of family quality of life. In this regard, it can be said that the integrated health post not only performs health service functions but also becomes a sustainable community learning space (Maulani & Yulianingsih, 2025).

There are still various challenges in the implementation of counseling at the integrated health post. The low level of community attendance, limited educational facilities, and differences in the education levels of the community can also affect the success of the counseling. In addition, some community members still consider the integrated health post only as a place for weighing toddlers, so its educational function has not been optimally utilized. From these issues, there is a need for innovation in the implementation of counseling to make it more engaging and aligned with community needs, such as the use of digital media, educational

videos, and interactive learning methods that can enhance community participation and understanding of the material presented.

The collaboration between health workers, posyandu cadres, village government, and local family health educators is an important element in strengthening the function of posyandu as a community learning center. The synergy among various parties can support the implementation of health education that is more systematic, sustainable, and in line with the needs of the community. Such support can be realized through capacity building of cadres via training, provision of innovative and easily understandable educational media, and the implementation of family assistance programs in a sustainable manner. With integrated collaboration, health education at the Integrated Health Post (Posyandu) not only serves as a means of delivering information but also as an effort to empower the community in improving family health literacy.

In general, health education conducted at the integrated health post (posyandu) is understood as an effective non-formal education strategy in shaping healthy, independent families who are aware of the importance of healthy living behaviors (Wahyuni et al., 2023). Through an educational approach based on community needs and aligned with the realities of daily life, posyandu serves as a lifelong learning facility for families. The increase in community knowledge is not only measured by health but also through changes in attitudes and behaviors in daily life. Currently, the existence of posyandu as one of the centers of non-formal education has a significant contribution to improving the quality of life in the community.

4. Conclusion

Based on the results of observations and analyses of the outreach activities at the Integrated Health Post (Posyandu) in Batu City, it can be concluded that Posyandu not only serves as a center for basic health services but also represents a form of non-formal education for families. The success of this strategy is supported by three main factors. First, the application of non-formal education principles in the implementation of outreach at Posyandu meets the characteristics of non-formal education that is flexible, not rigid, and oriented towards the real needs of the community. The use of the 5-table service system, particularly at Table 5, provides a special space for a systematic yet informal knowledge transfer process. Second, the participatory learning methods conducted through a dialogic approach and the use of visual media (leaflets, posters, and demonstrations) position the community as active subjects. This has proven effective in increasing participant engagement, from mothers of toddlers to the elderly, in discussions about daily health issues.Third, community-based empowerment through the involvement of health cadres and medical personnel in providing easily accessible education at the village/sub-district level has successfully improved family health literacy. This has a direct impact on the community's awareness to monitor child development and maintain quality of life independently. Overall, the integration of health services and education at Posyandu in Batu City (Batu KB Center, Bumiaji, and Junrejo) has created a consistent community learning space. As a suggestion, strengthening digital-based educational media and continuous training for improving competencies for cadres needs to be enhanced so that the educational function of Posyandu remains relevant to the evolving needs of families in the future.

References (*It must be 15 references*)

Amaliyah, N., Fauziah, S. N., Kusuma, S. A., & Hamka. (2024). PENERAPAN SUMBER BELAJAR BERBASIS LINGKUNGAN MASYARAKAT DALAM PEMBELAJARAN IPS DI SEKOLAH DASAR. *PEDAGOGIA: JURNAL ILMIAH PENDIDIKAN*, *16*(01), 26–31. Sekolah dasar; Model pembelajaran berbasis lingkungan; Pendidikan IPS; Penerapan sumber belajar

Datunsolang, R. (2018). Konsep Pendidikan Pembebasan dalam Perspektif Islam (Studi Pemikiran Paulo Freire). *Jurnal Ilmiah Al-Jauhari*, *3*(1), 49–77. https://doi.org/https://doi.org/10.30603/jiaj.v3i1.686

Dewi, I. R., Centis, M. C. L., Senudin, P. K., Padeng, E. P., Saputri, E. D., Saul, K. M. H., Panggur, M. K., & Jina, L. H. (2023). EDUKASI TUMBUH KEMBANG DAN PELATIHAN PIJAT BAYI PADA IBU BALITA DI DESA DALO KECAMATAN RUTENG. *JURNAL KREATIVITAS PENGABDIAN KEPADA MASYARAKAT (PKM)*, *6*(11), 4547–4565. https://doi.org/https://doi.org/10.33024/jkpm.v6i11.12296

Elmia Kursani, Warlenda, S. V., & Purwanti, Y. (2021). Analisis Pelaksanaan Program Pendidikan Nonformal Bagi Anak Jalanan. *INTERNATIONAL JOURNAL OF COMMUNITY SERVICE LEARNING*, *5*(3), 234–241. https://doi.org/http://dx.doi.org/10.23887/ijcsl.v5i3

Islami, A., H.Rahayu, S., Rukhiyah, Y., Fauzia, W., Umayah, & Rahmalia, T. D. (2023). POSYANDU SEBAGAI SENTRA PENDIDIKAN MASYARAKAT BAGI ANAK USIA DINI. *Aṣ-ṢibyānJurnal Pendidikan Anak Usia Dini*, *8*(1), 13–22. https://doi.org/https://doi.org/10.32678/assibyan.v8i1.9304

Kursani, E., Warlenda, S. V., & Purwanti, Y. (2023). *PENYULUHAN PENGETAHUAN TENTANG KELUARGA BERENCANA (KB) DAN METODE KONTRASEPSI*. *4*(2), 3326–3330.

Maulani, M. N., & Yulianingsih, W. (2025). Peran Edukasi Posyandu dalam Meningkatkan Kesadaran Masyarakat Bagi Kesehatan Ibu dan Anak di Desa Sumedangan Kabupaten Pamekasan. *JurnalMahasiswa Pendidikan Luar Sekolah*, *14*(1), 216–225. https://ejournal.unesa.ac.id/index.php/jurnal-pendidikan-luar-sekolah

Qomaruddin, & Sa'diyah, H. (2024). Kajian Teoritis tentang Teknik Analisis Data dalam Penelitian Kualitatif: Perspektif Spradley, Miles dan Huberman. *Journal of Management, Accounting and Administration*, *1*(2), 77–84. https://doi.org/https://doi.org/10.52620/jomaa.v1i2.93

Sofianis, N., & Febrina, R. (2021). IMPLEMENTASI PROGRAM PEMBERDAYAAN MASYARAKAT MELALUI KEGIATAN POSYANDU TERKAIT KESADARAN HIDUP SEHAT PADA MASA PANDEMI DIDESA BUATAN II KECAMATAN KOTO GASIB. *Jurnal Trias Politika, 5*(1), 74–81.

Susanti, N., & Mitra. (2011). Faktor-Faktor yang Posyandu Lansia Berhubungan dengan Pemanfaatan Pelayanan The Associated Factors With Utilization Of Elderly Integrated Health Post. *Jurnal Kesehatan Komunitas, 1*(3), 155–162. https://doi.org/https://doi.org/10.25311/keskom.Vol1.Iss3.20

Usman, R. A. (2026). Posyandu Sebagai Kegiatan Unggulan Upaya Kesehatan Bersumberdaya Masyarakat (Implementasi di Wilayah Kerja Puskesmas Ngesrep Semarang). *Jurnal Inovasi Dan Pengabdian MasyarakatIndonesia*, *5*(1), 26–29. https://doi.org/https://doi.org/10.26714/jipmi.v5i1.835

Wahdatan Nisa, et all. (2025). Peran Pendidikan Nonformal Sebagai Penguatan Pendidikan Karakter dan Minat Literasi di Era Masyarakat 5.0. *JURNAL BASICEDU*, *9*(2), 504–514. https://doi.org/https://doi.org/10.31004/basicedu.v9i2.9877

Wahyuni, S., Anzila, A., & Febrianty, A. (2023). PENYULUHAN TENTANG PERILAKU HIDUP BERSIH DAN SEHAT (PHBS) DI RUMAH TANGGA DI DESA SUNGAI PAUH TANJUNG KECAMATAN LANGSA BARO,KOTA LANGSA, ACEH. *Jurnal Pengabdian Masyarakat Medika*, *1*(3), 52–55. https://doi.org/10.23917/jpmmedika.v3i1.1624

Yuliani, Rusmana, A., & Khadijah, U. L. S. (2023). Penggunaan buklet dalam meningkatkan literasi perilaku hidup bersih dan sehat kader posyandu. *Journal of Library and Information Science*, *3*(3), 177–190. https://jurnal.unpad.ac.id/informatio/article/view/46724/21193

Zeng, S. A., Wing, P., Chan, K., & Burke, G. (2024). Comparative analysis of planning with community resources across learning areas in the Australian Curriculum: Impacts, strategies and challenges. *The International Education Journal: Comparative Perspectives*, *23*(2). https://doi.org/https://doi.org/10.70830/iejcp.2302.20347