

Article

Not peer-reviewed version

A Home for All: Posyandu and Pncasila in Mojoroto Gang 7

Miles Vince *

Posted Date: 8 July 2025

doi: 10.20944/preprints202507.0647.v1

Keywords: Pncasila; Posyandu; Integrated Primary Services; Community Health; Mojoroto



Preprints.org is a free multidisciplinary platform providing preprint service that is dedicated to making early versions of research outputs permanently available and citable. Preprints posted at Preprints.org appear in Web of Science, Crossref, Google Scholar, Scilit, Europe PMC.

Copyright: This open access article is published under a Creative Commons CC BY 4.0 license, which permit the free download, distribution, and reuse, provided that the author and preprint are cited in any reuse.

Disclaimer/Publisher's Note: The statements, opinions, and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions, or products referred to in the content.

Article

A Home for All: Posyandu and Pancasila in Mojoroto Gang 7

Miles Vince

Independent Researcher, Indonesia; milesvince01@gmail.com

Abstract

This qualitative study analyzes the actualization of Pancasila's values within the operations and impact of Posyandu activities, which have transformed into Integrated Primary Services (ILP) in Mojoroto Gang 7, Mojoroto District, Kediri City. Pancasila, as the nation's ideology, should be manifested in community initiatives like Posyandu, which focus on well-being. Data were collected through participant observation and in-depth interviews with key informants. Findings indicate that although the value of Ketuhanan Yang Maha Esa (Belief in One Supreme God) is formally present in prayers, religious awareness has not yet become a driver of active participation. The value of Kemanusiaan yang Adil dan Beradab (Just and Civilized Humanity) is reflected in courteous service, yet the transformation of ILP to a school setting poses accessibility challenges for vulnerable groups. The spirit of Persatuan Indonesia (Unity of Indonesia) through gotong royong (mutual cooperation) is evident, but participation tends to be limited to mothers and the elderly. The value of Kerakyatan yang Dipimpin oleh Hikmat Kebijaksanaan dalam Permusyawaratan/Perwakilan (Democracy Guided by the Inner Wisdom in the Unanimity Arising Out of Deliberations Among Representatives) faces obstacles in explicit participatory deliberation mechanisms and citizen feedback. Lastly, Keadilan Sosial bagi Seluruh Rakyat Indonesia (Social Justice for All Indonesians) has not been fully realized, as basic services at Posyandu/ILP remain limited, and comprehensive access depends on external parties. The discussion links findings to relevant literature, identifies problems, and offers innovative solutions. It is concluded that there is a gap between Pancasila's idealism and on-the-ground practice, necessitating the strengthening of inclusivity and equitable services. Recommendations include integrating spiritual motivation, improving accessibility, expanding gotong royong participation, strengthening deliberation, and cross-sectoral coordination to achieve more optimal and equitable Pancasila-based health services at the community level.

Keywords: Pancasila; Posyandu; integrated primary services; community health; Mojoroto

1. Introduction

1.1. Background

Pancasila, as the state foundation and national ideology of Indonesia, contains fundamental values that should be actualized in every aspect of community, national, and state life. Values such as Ketuhanan Yang Maha Esa (Belief in One Supreme God), Kemanusiaan yang Adil dan Beradab (Just and Civilized Humanity), Persatuan Indonesia (Unity of Indonesia), Kerakyatan yang Dipimpin oleh Hikmat Kebijaksanaan dalam Permusyawaratan/Perwakilan (Democracy Guided by the Inner Wisdom in the Unanimity Arising Out of Deliberations Among Representatives), and Keadilan Sosial bagi Seluruh Rakyat Indonesia (Social Justice for All Indonesians) are not merely abstract concepts, but moral and ethical guidelines for building civilization. At the grassroots level, the implementation of these values often manifests in community initiatives focused on collective well-being. A concrete example is the Integrated Service Post (Pos Pelayanan Terpadu or Posyandu), which has long been at the forefront of basic health services in Indonesia. Posyandu represents a tangible form of gotong

royong (mutual cooperation) and community participation in achieving better health (Iswarawanti, 2010; Sutama et al., 2020).

In its development, Posyandu is currently undergoing a transformation into Integrated Primary Services (ILP). This change aims to enhance the effectiveness and efficiency of health services by integrating various health programs into a single point of service. In Mojoroto Gang 7, Mojoroto Village, Mojoroto District, Kediri City, the Posyandu, which originally operated in residents' homes, has transformed with services now integrated into a school. This area is known for its community that upholds strong family values and local wisdom, as well as a spirit of economic self-reliance. The existence of these health services reflects the community's care and demonstrates the potential for applying Pancasila's values in their daily lives.

However, this transformation also presents challenges. The integration of services in a school, for instance, may affect accessibility for some residents, especially those without school-aged children or who live far from the new location. Additionally, while the spirit of gotong royong and togetherness is still maintained, optimizing participation from all segments of society, as well as inclusive deliberative mechanisms in decision-making, remain areas that require exploration. A deep understanding of how Pancasila's values are truly actualized in the operational dynamics of Posyandu/ILP, along with the emerging problems and solutions, is crucial to ensure that this transformation remains grounded in national principles and provides equitable benefits for the entire community. This study aims to deeply explore this phenomenon, offering critical analysis and creative ideas for strengthening Posyandu/ILP as a reflection of Pancasila's values at the community level.

1.2. Problem Formulation

Based on the background outlined, this study formulates the following research questions:

1.2.1. How are the values of Pancasila (Ketuhanan Yang Maha Esa, Kemanusiaan yang Adil dan Beradab, Persatuan Indonesia, Kerakyatan yang Dipimpin oleh Hikmat Kebijaksanaan dalam Permusyawaratan/Perwakilan, and Keadilan Sosial bagi Seluruh Rakyat Indonesia) actualized in the operations and impact of Posyandu activities that have transformed into Integrated Primary Services (ILP) in Mojoroto Gang 7, Mojoroto District, Kediri City?

1.2.2 What are the potential challenges faced in the actualization of these Pancasila values in the operations of Posyandu/ILP in Mojoroto Gang 7?

1.2.3. How does Posyandu/ILP contribute to realizing welfare and equitable basic health services for the community of Mojoroto Gang 7 through the actualization of Pancasila's values, and what innovative solutions can be offered to address the existing problems?

1.3. Research Objectives

In line with the problem formulation above, this study aims to:

1.3.1. Analyze the actualization of Pancasila's values in the operations and impact of Posyandu activities that have transformed into Integrated Primary Services (ILP) in Mojoroto Gang 7, Mojoroto District, Kediri City.

1.3.2. Identify and describe the potential challenges faced in the actualization of Pancasila's values in the operations of Posyandu/ILP in Mojoroto Gang 7.

1.3.3. Analyze the contribution of Posyandu/ILP in realizing welfare and equitable basic health services for the community of Mojoroto Gang 7 through the actualization of Pancasila's values, and formulate innovative solutions to address the identified problems.

1.4. Research Benefits

This research is expected to provide the following benefits:

1.4.1. Theoretical Benefits

- Provide a more comprehensive understanding of the actualization of Pancasila's values in the context of community-based health programs, particularly Posyandu/ILP.
- Add to the academic discourse in the fields of Pancasila studies, sociology of health, and public administration, with the potential to generate new concepts or theories related to the practical implementation of state ideology.

1.4.2. Practical Benefits

- Provide concrete input and recommendations for Posyandu/ILP managers, local governments (village and community health centers), and the community in Mojaroto Gang 7 to optimize the implementation of Pancasila's values in basic health services.
- Serve as a reference for the development of more inclusive, equitable, and sustainable community-based health program policies.
- Encourage community awareness about the importance of active participation and gotong royong in maintaining collective health and well-being, and serve as an inspiration for tangible actions in other communities.

1.4.3. For the Author (Student)

- Enhance the ability to compose high-quality academic proposals and research reports, in accordance with academic standards and suitable for inclusion in scientific forums.
- Develop critical and creative thinking in analyzing social phenomena from a Pancasila perspective.

2. Literature Review

2.1. The Concept of Pancasila and Its Actualization in Community Life

Pancasila is the primary philosophical foundation and ideology for the Unitary State of the Republic of Indonesia. Etymologically, the word "Pancasila" originates from Sanskrit, with "pañca" meaning five and "śīla" referring to principles or foundations (Essla, Musyaffa, & Putri, 2023). As the state foundation, Pancasila asserts that all governmental systems, policies, and regulations in Indonesia must be based on the values it contains. This aims to protect the rights and dignity of every citizen and ensure a decent and just life (Essla, Musyaffa, & Putri, 2023).

Beyond its function as the state foundation, Pancasila also serves as an ideology that promotes respect for Indonesia's diverse cultures, religions, and ethnic groups. This ideology prioritizes the welfare of the people and guarantees the right to self-determination in various aspects of community life, while continuously protecting human dignity and human rights (Essla, Musyaffa, & Putri, 2023). Pancasila was officially established as the state foundation on August 18, 1945, becoming a set of conceptual values and principles guiding life in society, nation, and state. As the source of all sources of law, every regulation and law in Indonesia must align with and not contradict Pancasila, which is also recognized as the *staatsfundamentálnorm* or fundamental norm of the state (Essla, Musyaffa, & Putri, 2023).

The values of Pancasila possess both subjective and objective characteristics. The subjective characteristic indicates that these values originate from the identity and worldview of the Indonesian nation itself, which upholds compassion, justice, truth, and wisdom. They contain spiritual values derived from human awareness of goodness, aesthetic values from the awareness of beauty, and religious values rooted in religious teachings (Essla, Musyaffa, & Putri, 2023). Meanwhile, the

objective characteristic of Pancasila signifies that these values are universal and abstract, and remain relevant throughout time (Essla, Musyaffa, & Putri, 2023).

Pancasila functions as a vessel that accommodates the diversity of society, with each of its five principles (sila) having a specific fundamental function in state and community life. The first principle, Ketuhanan Yang Maha Esa (Belief in One Supreme God), guarantees religious freedom for every citizen and protects their right to practice their respective beliefs. The state acts as a catalyst for religious growth and development, an enhancer of faith, and a mediator of religious conflicts (Essla, Musyaffa, & Putri, 2023). The actualization of this principle includes faith and devotion to God Almighty, carrying out His commands and avoiding His prohibitions, and developing an attitude of tolerance among religious adherents without imposing one's will (Essla, Musyaffa, & Putri, 2023).

The second principle, Kemanusiaan yang Adil dan Beradab (Just and Civilized Humanity), is manifested in attitudes of respecting the rights and interests of others, acting justly without discrimination based on race, ethnicity, nationality, or religion, and daring to admit mistakes and take responsibility for one's actions. The principle of justice here means freedom from discrimination and injustice in treating every individual humanely (Essla, Musyaffa, & Putri, 2023). The third principle, Persatuan Indonesia (Unity of Indonesia), emphasizes patriotism, which is realized through the use of domestic products, prioritizing national and public interests above personal or group interests, and willingness to sacrifice for the common good. The main objective of this principle is to protect the nation from all its people, advance general welfare, enlighten the nation's life, and contribute to world order (Essla, Musyaffa, & Putri, 2023).

Furthermore, the fourth principle, Kerakyatan yang Dipimpin oleh Hikmat Kebijaksanaan dalam Permusyawaratan Perwakilan (Democracy Guided by the Inner Wisdom in the Unanimity Arising Out of Deliberations Among Representatives), focuses on the importance of deliberation for consensus as the best solution for resolving problems. In its implementation, this principle encourages citizens to express opinions, respect the views of others, and take responsibility for collective decisions. Avoiding the imposition of opinions on others is key to maintaining national unity and integrity (Essla, Musyaffa, & Putri, 2023). Finally, the fifth principle, Keadilan Sosial bagi Seluruh Rakyat Indonesia (Social Justice for All Indonesians), is actualized through the spirit of gotong royong (mutual cooperation) and the balance between rights and obligations. Gotong royong is perceived as a national heritage attitude that strengthens communal brotherhood and serves as a form of solidarity. Meanwhile, the understanding that obligations must be fulfilled before demanding rights is essential in achieving social justice (Essla, Musyaffa, & Putri, 2023).

As a paradigm of national development, Pancasila signifies that all aspects of development must be based on the values contained in its five principles (Nabila, Rahma, & Larosa, 2023). The development referred to includes political, economic, social, cultural, defense, and security sectors, with the main goal of enhancing human dignity, both spiritually and physically, individually and socially, and in their relationship with God Almighty (Nabila, Rahma, & Larosa, 2023). Pancasila is used as a guide, reference, method, value, and objective to be achieved in every national development program. This is because Pancasila is the state foundation and worldview of the Indonesian nation, rich in noble values that are suitable for its social and cultural environment (Nabila, Rahma, & Larosa, 2023). National development based on Pancasila inherently emphasizes popular participation, is carried out by the people, and its results are for the welfare of the people (Nabila, Rahma, & Larosa, 2023). The spirit of gotong royong and the principle of kinship, encapsulated in Pancasila, form an important foundation for collective efforts to achieve welfare and social justice for all Indonesians, including in the context of public health development. Therefore, Pancasila not only functions as a guideline but also as a strong foundation that governs all aspects of state life, and a primary guide in society, nation, and state (Essla, Musyaffa, & Putri, 2023).

2.2. Integrated Health Posts (Posyandu) and Primary Care Integration (ILP)

2.2.1. Definition and History of Posyandu

Integrated Health Posts (Pos Pelayanan Terpadu or Posyandu) represent a form of Community-Based Health Effort (Upaya Kesehatan Bersumber Daya Masyarakat or UKBM) that has long served as the backbone of basic health services in Indonesia (Iswarawanti, 2010). Introduced in the 1970s during the New Order era, Posyandu was designed to empower communities and facilitate their access to basic health services (Iswarawanti, 2010). Posyandu functions as an extension of the Community Health Center (Puskesmas), providing various integrated services such as monitoring child growth and development through weighing and recording on the KMS (Kartu Menuju Sehat - Health Towards Card), providing supplementary food, distributing Vitamin A, immunization, and nutrition counseling (Iswarawanti, 2010). The success of this community empowerment model through Posyandu has even been recognized and emulated by several other countries (Iswarawanti, 2010). However, when Indonesia faced the economic crisis in 1997, Posyandu's operations were affected, necessitating revitalization efforts through various ministerial regulations (Iswarawanti, 2010). Although the implementation of this revitalization has not been optimal nationally, a 2007 survey indicated that Posyandu remained an important facility for the community, with most caregivers bringing their children to Posyandu to monitor health and receive basic services (Iswarawanti, 2010).

2.2.2. Role and Significance of Posyandu

Posyandu plays a crucial role in the national health system, especially in achieving comprehensive health coverage at the village or community level. Its primary function is to accelerate the reduction of maternal and infant mortality rates, and significantly contribute to improving the nutritional status and health of children (Iswarawanti, 2010). Posyandu cadres, who work voluntarily and are appointed based on the trust of the local community, are key actors in Posyandu's operations. The technical tasks of cadres include child data collection, weighing, nutrition counseling, home visits, and supplement distribution (Iswarawanti, 2010). Cadres are expected to be community mobilizers, motivators, and educators, bridging information between professional health workers and the community. They also play a role in helping communities identify and meet their own health needs, mobilize local resources, and advocate for community needs to the authorities (Iswarawanti, 2010). However, challenges such as insufficient knowledge and skills, as well as limited incentives and support, often hinder the optimal performance of cadres (Iswarawanti, 2010).

2.2.3. The Concept of Primary Care Integration (ILP) and Posyandu Transformation

The Ministry of Health of the Republic of Indonesia is currently integrating and revitalizing primary healthcare services through the concept of Integrasi Layanan Primer (ILP) or Primary Care Integration (Yuliandari, 2023). This initiative aims to strengthen primary healthcare by promoting increased preventive and promotive efforts, and bringing health services closer to the village/sub-district level with the entire life cycle as its platform (Yuliandari, 2023). Within the ILP framework, Posyandu plays an important role as the frontline in providing basic services to the community. The current transformation of health services at Posyandu focuses on five main steps: registration, weighing and measurement, recording and examination, health services and counseling, and validation and synchronization of service data (Yuliandari, 2023). This transformation also includes additional activities such as home visits, classes for pregnant women, and classes for mothers with toddlers at Posyandu, as well as strengthening local area monitoring (PWS - Pemantauan Wilayah Setempat) through village/sub-district health situation dashboards (Yuliandari, 2023). To support this transformation, the Directorate of Health Promotion and Community Empowerment of the Ministry of Health facilitates reading materials and basic competency technical training for cadres, covering 25 competencies according to the life cycle (pregnant, postpartum, breastfeeding mothers; infants and toddlers; school-aged children and adolescents; productive age and elderly) as well as Posyandu management competencies (Yuliandari, 2023).

2.2.4. Comparison of Traditional Posyandu and ILP Model

Although Posyandu has long been a pillar of community health, the ILP model introduces a significant expansion and strengthening of services. Traditional Posyandu primarily focuses on maternal and child health, nutrition, and immunization (Iswarawanti, 2010). Meanwhile, within the ILP framework, Posyandu transforms to provide more comprehensive health services, covering the entire life cycle of individuals, from pregnant mothers to the elderly (Yuliandari, 2023). The fundamental difference lies in the expanded scope of services, a stronger emphasis on promotive and preventive efforts, and more systematic data integration through PWS (Yuliandari, 2023). This transformation is expected to improve service efficiency, bring a wider range of health services closer to the community, and ultimately enhance the overall health status of the Indonesian population (Yuliandari, 2023).

2.3. *Gotong Royong as a Spirit in Community Health*

2.3.1. Definition and Meaning of Gotong Royong

Gotong royong is an Indonesian ancestral culture or tradition rich in noble and fundamental values (Putri, Salsabila, & Prabayunita, 2023). Etymologically, gotong royong is interpreted as "lifting together" or "sharing" (Marhayati, 2021). This concept is not merely a form of physical cooperation; rather, it reflects a strong spirit of unity, kinship, and mutual assistance deeply embedded within Indonesian society (Putri, Salsabila, & Prabayunita, 2023). As one of the nation's key characteristics, gotong royong possesses an extraordinary ability to transform difficult tasks into easier ones, and it has the potential to create a supportive and collaborative social environment for overcoming shared problems (Putri, Salsabila, & Prabayunita, 2023). Gotong royong is recognized as a fundamental value contained in Indonesia's state law, particularly in Pancasila's third principle, namely Persatuan Indonesia (Unity of Indonesia) (Putri, Salsabila, & Prabayunita, 2023). Soekarno even proposed gotong royong as "Ekasila," which combines all Pancasila principles into a single value (Putri, Salsabila, & Prabayunita, 2023). The value of gotong royong is underpinned by sincerity, willingness, togetherness, tolerance, and trust, interacting intrinsically without prioritizing personal gain, but rather for the common good (Marhayati, 2021). In a sociological context, gotong royong reflects a conscious drive to work and collectively bear the consequences of a task, which is a characteristic feature of the Indonesian nation that prioritizes unity and teamwork (Putri, Salsabila, & Prabayunita, 2023). Gotong royong is also considered a sacred value originating from Pancasila, serving as a reference for social interaction and enhancing solidarity among communities, and embodying the value of tolerance (Marhayati, 2021).

2.3.2. Gotong Royong in the Context of Public Health

In the context of community health, the spirit of gotong royong is a crucial factor in the sustainability and effectiveness of various programs, including Posyandu. Gotong royong as a form of social capital prioritizes collective interests, with a voluntary drive that generates cumulative energy for collective performance (Marhayati, 2021). The active and voluntary involvement of the community in the planning, implementation, and monitoring of health programs demonstrates a tangible manifestation of this noble value. Nevertheless, in the era of globalization, the culture of gotong royong in Indonesia faces challenges and tends to fade, especially in urban environments, due to the influence of individualism and Western culture (Putri, Salsabila, & Prabayunita, 2023). However, in rural areas, the practice of gotong royong can still be found and provides significant benefits, particularly in facing disease outbreaks or natural disasters (Putri, Salsabila, & Prabayunita, 2023). Gotong royong as a local wisdom (local knowledge/tradition) needs to be continually developed to foster social solidarity, enabling the Indonesian nation to face contemporary challenges and create essential social cohesion in community life (Marhayati, 2021). The application of gotong royong values, which include divine values, deliberation and consensus, kinship, justice, and tolerance, is highly relevant for supporting health programs that require community participation and self-reliance.

2.3.3. Previous Studies on Gotong Royong and Community-Based Health Efforts (UKBM)

Studies on the implementation of gotong royong values, though not always specific to public health contexts, provide relevant insights into the challenges and potential applications in community-based efforts. Research by Pamungkas, Isawati, and Yuniyanto (2017), which focused on the implementation of gotong royong local wisdom values in history learning at MAN 1 Surakarta, found that teachers' and students' understanding of gotong royong remained general and lacked a deep grasp of its essence. Although the planning for implementing gotong royong values was included in the lesson plans and carried out through classroom activities and daily life within the school and dormitory environment, several obstacles were identified. These obstacles included limited class hours, low student interest in history subjects, and the emergence of ego and individualism among intelligent students who were less willing to collaborate with less intelligent students (Pamungkas, Isawati, & Yuniyanto, 2017).

Furthermore, a study by Utama, Suchati, Kadewi Sumbawati, Haryadi, and Ismawati (2020) on gotong royong in COVID-19 prevention and control through health protocol socialization in Brang Biji Village, Sumbawa District, demonstrated how the spirit of gotong royong was actualized in community health efforts. This research, which involved lecturers and students in community service activities, focused on educating and socializing the 5M health protocols (wearing masks, maintaining distance, washing hands, reducing mobility, avoiding crowds) door-to-door and through brochures/posters. The results showed an increase in the implementation of the 5M movement and public knowledge, although awareness regarding maintaining distance and mobility still needed improvement (Utama et al., 2020). This study indicates that health promotion actively involving the community, based on the spirit of togetherness, is effective in increasing health awareness and practices.

A policy review conducted by Sopacua and Dwilaksono (2009) on indicators for Desa Siaga (Alert Village) development in East Java Province highlighted the complexity and obstacles in measuring the success of this program. Although the Minister of Health Decree (Kepmenkes) No. 564/2006 had established four groups of indicators (input, process, output, and impact) to measure Desa Siaga success, on-the-ground implementation faced challenges. Sopacua and Dwilaksono (2009) found fundamental problems in meeting indicators during the Desa Siaga development stages, particularly when villages had specific characteristics, such as being disaster-prone, but relevant indicators were not yet measured at the initial development stage. They emphasized that community empowerment is at the core of Desa Siaga development, where socio-cultural potential, including the spirit of gotong royong, must be recognized and developed. However, existing indicators at that time tended not to explicitly bring forth this potential. This study also revealed that the implementation of community empowerment activities, such as advocacy and socialization through Forum Masyarakat Desa (FMD - Village Community Forum), Survei Mawas Diri (SMD - Self-Awareness Survey), and Musyawarah Masyarakat Desa (MMD - Village Community Deliberation), showed a decrease in implementation percentage as the level of difficulty increased. This indicates the need for soft skills among health workers to facilitate persuasive and non-directive efforts essential in fostering participation and the spirit of gotong royong in the community (Sopacua & Dwilaksono, 2009).

While gotong royong values are often associated with social and cultural contexts, a study by Lukiyanto and Wijayaningtyas (2020) demonstrated their relevance as social capital for overcoming practical problems, such as capital difficulties for micro and small enterprises (MSMEs). This qualitative research found that MSME owners built their businesses with a family culture that upholds the gotong royong character. Manifestations of gotong royong included learning from predecessors to reduce risks and training costs, mutual borrowing of business needs (such as feed or equipment) based on mutual trust, and mutual labor assistance without wages, all of which significantly reduced capital requirements. These findings confirm that the gotong royong culture, rooted in togetherness and mutual aid, can function as an adaptive mechanism for economic sustainability at the community level. This is relevant to the UKBM context as it shows how social

networks and trust can be used to overcome resource limitations and enhance collective capacity in achieving shared goals.

The findings from these various studies collectively imply that although the value of gotong royong is conceptually recognized, challenges in actualizing it in practice, especially in environments affected by individualism or changing habits, require more attention. This is relevant to the context of UKBMs like Posyandu, where program success highly depends on active participation and the collective spirit of the community (Iswarawanti, 2010), which can be hindered by the fading of gotong royong values as indicated by Putri, Salsabila, & Prabayunita (2023) and Marhayati (2021). Therefore, strengthening the understanding and application of gotong royong in society is key to supporting the effectiveness of community-based health programs.

2.4. Accessibility and Equitable Health Services in Rural/Community Settings

Accessibility to health services is a fundamental prerequisite for achieving optimal public health status. Generally, access to health services is defined as the community's ability to reach and utilize various types of services needed (Megatsari et al., 2018; Ananda, 2022). This concept encompasses several important aspects. Geographic access refers to the ease of reaching health facilities, measured by distance, travel time, type of transportation, and road infrastructure conditions. These geographic challenges often pose significant barriers, especially in rural or remote areas (Megatsari et al., 2018; Ananda, 2022). Meanwhile, economic or financial access relates to the community's ability to allocate funds to pay for health services. Ananda (2022) refers to this as 'affordability,' which is the capacity of every person to seek health services according to their needs. Additionally, social access includes communication, staff friendliness, culture, and service satisfaction, as well as 'acceptability' and 'appropriateness' which emphasize adapting services to local cultural characteristics and norms (Megatsari et al., 2018; Ananda, 2022). Another crucial dimension is the availability and accommodation of services, which include the presence of facilities, personnel resources, and adequate operating hours (Megatsari et al., 2018; Ananda, 2022). The information aspect is equally important, as evidenced by the community's need for complete information from staff (Megatsari et al., 2018).

In Indonesia, equitable access to healthcare remains a crucial issue facing various challenges (Ananda, 2022). Highly varied geographical conditions create unresolved access problems, leading to disparities in health service utilization (Megatsari et al., 2018; Permatasari & Thinni, 2013, in Ananda, 2022). Research by Megatsari et al. (2018) in Malang Regency showed that communities still feel shortcomings, particularly in physical access due to poor road infrastructure and expensive transportation. Those living in difficult topographical areas are even forced to seek services outside their administrative region. Furthermore, social access is also perceived as inadequate due to a lack of friendliness and interaction from health personnel, leading to psychological barriers and prompting residents to seek services outside the area (Megatsari et al., 2018). Similar problems are also faced by indigenous or marginalized communities, where differences in accessing healthcare remain significant (Ananda, 2022). Although the government has implemented the National Health Insurance (JKN-KIS) program, data show a decrease in visits to first-level health facilities in recent years, indicating that access remains a constraint (Dewan Jaminan Sosial Nasional, 2021, in Ananda, 2022).

In addressing these disparities, Posyandu and the concept of Integrasi Layanan Primer (ILP) (Primary Care Integration) emerge as concrete efforts to increase access to health services at the grassroots level. Although the study by Megatsari et al. (2018) does not specifically discuss Posyandu/ILP, their findings underscore the urgency of the role of Community-Based Health Units (Unit Kesehatan Berbasis Masyarakat or UKBM). As facilities closer to the community, Posyandu has the potential to reduce geographical barriers and facilitate social access through personal interaction between local cadres and residents, thus eliminating the need for people to travel long distances or incur expensive transportation costs (Megatsari et al., 2018).

This inequitable access has significant negative impacts on public health status. Megatsari et al. (2018) affirm that access problems are one of the contributing factors to the unresolved health issues in Indonesia, such as the high Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) (Laksono & Hidayati, 2008; Zahtamal et al., 2011; Laksono & Pranata, 2013; Astuti & Laksono, 2014; Suraya et al., 2016, in Megatsari et al., 2018). Lack of access also contributes to nutritional problems like stunting, as growth monitoring and basic health education become difficult to reach. When communities face difficulties in physical and social access, service quality is affected, which can lead to delays in health treatment and worsen conditions, ultimately depressing the health status of individuals and communities as a whole.

2.5. Previous Studies Related to Pancasila, Posyandu, and Public Health

Various studies have examined the role of Posyandu, Integrated Primary Services (ILP), and local values such as gotong royong in the context of public health and social development. These studies provide an important foundation for understanding the existing research landscape. In the context of implementing Pancasila values in development or social community programs, several studies highlight their relevance. For instance, Butar Butar (2021) showed that Pancasila values, including gotong royong, have been implemented in various community activities in the TNI-AD Gunung Teknik Complex, Balikpapan City, such as complex meetings, Posyandu, Dasawisma (ten-household groups), and communal clean-up (gotong royong membersihkan lingkungan). The study specifically underlined how Posyandu is based on Pancasila values, implemented without discrimination, and supported by active community participation.

Furthermore, Putri and Adam (2022) discussed the implementation of Pancasila values in building the character of the Indonesian nation. They emphasized that Pancasila is the basic ideology and crystallization of the nation's noble values that must be applied daily, outlining three levels of Pancasila values (basic, instrumental, and practical) that can be developed to shape people with character. This study also highlighted the important role of Pancasila in character education to counteract the negative impacts of globalization, although they identified that some communities still do not fully understand the importance of Pancasila values and exhibit behaviors inconsistent with Pancasila's principles.

The research by Sianturi and Dewi (2021) further strengthens the importance of applying Pancasila values in daily life as character education. Although initially focusing on the implementation of Pancasila in the formation of laws and regulations, this study also elucidated the meaning and noble values contained in each Pancasila principle, as well as how these values should be applied in daily behavior, including maintaining environmental cleanliness (principles of Divinity and Humanity) and the spirit of unity (gotong royong). Sianturi and Dewi (2021) concluded that a lack of awareness and appreciation for Pancasila leads to various behavioral deviations, making character education that instills these values crucial for forming individuals who are religious, humane, just, and beneficial to the nation.

A recent study by Diniah, Hanifah, Fauzi, and Maulana (2024) specifically examined the implementation of Pancasila values in building tolerance and peace in Indonesia. They affirmed that Pancasila's principles (Divinity, Humanity, Unity, Democracy, and Social Justice) are vital in fostering tolerance and peace. The implementation of these values involves individuals and the government in applying them daily, including respecting religious diversity, protecting human rights, strengthening unity, encouraging democratic participation, and ensuring social justice. This study explicitly linked how each Pancasila principle contributes to tolerance and peace, which indirectly supports the success of community-based programs that require cooperation and acceptance of differences. However, Pamungkas, Isawati, and Yuniyanto (2017) reinforced that although the value of gotong royong is recognized, its in-depth implementation remains a challenge.

Regarding the effectiveness of Posyandu or ILP in improving public health, Iswarawanti (2010) comprehensively reviewed the role and challenges of Posyandu as the spearhead of basic health services, asserting its significance in reducing maternal and infant mortality rates and improving

nutrition, despite still facing revitalization obstacles. More recently, Yuliandari (2023) from the Ministry of Health presented the concept of Primary Care Integration (ILP) and the transformation of Posyandu as the frontline health service covering the entire life cycle, demonstrating policy evolution and efforts to increase Posyandu's service coverage.

Concerning challenges in accessibility or participation in community-based health services, the study by Sopacua and Dwilaksono (2009), through a policy review of Desa Siaga development indicators, implicitly demonstrated challenges in community empowerment and participation. They identified that the implementation of community empowerment activities tends to decrease as the level of difficulty increases, and that health workers need soft skills to facilitate community participation. This underscores that active participation, essential for Community-Based Health Efforts (UKBM), is not an automatic occurrence.

Furthermore, various studies link local values or local wisdom (such as gotong royong) to the success of health programs. Sutama et al. (2020) provided a concrete example of how the spirit of gotong royong was actualized in community health efforts, specifically in COVID-19 protocol socialization, demonstrating the effectiveness of health promotion that actively involves the community. Moreover, Lukiyanto and Wijayaningtyas (2020) showed how gotong royong functions as social capital to overcome capital problems in MSMEs, a principle highly relevant in addressing resource limitations at the community level for UKBM.

While the various studies above have provided a strong understanding of Posyandu, ILP, and gotong royong separately or in specific contexts, there remains a significant research gap that this study aims to fill. Most studies on gotong royong tend to focus on its cultural manifestations or its application in broader social or economic contexts. Not many studies have explicitly and deeply analyzed how gotong royong values, as an inherent part of Pancasila values, directly influence the effectiveness and sustainability of Posyandu operations, particularly within the framework of its transformation into Primary Care Integration in general communities (non-military). Existing research tends to discuss Posyandu from the perspective of service coverage or cadre challenges, or gotong royong as a general concept. Although Butar Butar (2021) touched upon the implementation of Pancasila values in Posyandu, its focus was on a military complex environment with community characteristics that might differ from general rural society, and it did not deeply elaborate on how gotong royong specifically affects the sustainability and effectiveness of ILP. The studies by Putri and Adam (2022), Sianturi and Dewi (2021), and Diniah et al. (2024) also highlighted the importance of Pancasila implementation in general in shaping character, tolerance, and peace. However, they did not specifically link these values to the success of community-based health programs like ILP, especially in the context of how gotong royong practically facilitates the operation and sustainability of these services on the ground. This study aims to fill this gap by delving into how this spirit of gotong royong is truly internalized and actualized by the community in supporting Posyandu-ILP at a broader rural community level. This is not just as an ideal concept, but as a real practice that influences participation, self-reliance, and the sustainability of basic health services. This research will investigate the specific mechanisms through which gotong royong contributes to the success of ILP and addresses accessibility challenges in rural areas, and how it can be strengthened.

3. Research Methods

3.1. Type and Approach of Research

This study employs a qualitative approach with a descriptive research type. A qualitative approach was chosen to deeply explore the social phenomena related to the actualization of Pancasila values in the operations of Posyandu, which has transformed into Integrated Primary Services (ILP), in Mojojoto Gang 7, Mojojoto District, Kediri City. This approach allows the researcher to understand how the community perceives and internalizes these values, and how their attitudes and behaviors are shaped and influenced by the social environment. The focus of the qualitative research in this study is on the experiences, rationale, and observed phenomena in the field, which are then linked to

relevant literature to produce a comprehensive understanding, with the potential to generate new concepts or theories related to the implementation of Pancasila values in community-based health programs. A descriptive type of research is used to systematically and thoroughly describe the conditions, situations, events, or phenomena observed at the research location.

3.2. Method and Data Collection Techniques

The research setting is the Posyandu in Mojoroto Gang 7, Mojoroto Village, Mojoroto District, Kediri City, East Java Province. The specific locus is one resident's home that was previously used as the venue for Posyandu activities and has now transformed, with services integrated into a school. The Mojoroto Gang 7 area is inhabited by a predominantly Muslim and Javanese community known for upholding strong family values and local wisdom, including a spirit of economic self-reliance through independent small businesses as traders. The community in this area is active in social activities, particularly in basic health, with a habit of warm greetings and the use of the village hall (balai desa) as a center for informal interaction that supports a strong community bond. The existence of these health services is a tangible reflection of the residents' concern and the application of Pancasila values in their daily lives. Although Posyandu has transformed, the spirit of gotong royong (mutual cooperation) and togetherness remains, providing a rich context for exploring Pancasila values in real practice.

3.3. Data Collection Procedures

The data collection methods in this qualitative study are participant observation and in-depth interviews.

- Participant observation was conducted to directly observe the dynamics of Posyandu/ILP activities, interactions among residents, and the manifestation of Pancasila values in daily practices in Mojoroto Gang 7. The researcher aimed to be involved in the natural environment of the research subjects to gain a holistic and contextual understanding.
- In-depth interviews were conducted to gather information, perspectives, and experiences from key individuals in the community. These interviews were semi-structured, allowing flexibility in exploring answers and discovering new, unpredicted information. Interview questions were designed to explore how Pancasila values (Divinity, Humanity, Unity, Democracy, and Social Justice) are actualized, as well as problems and solutions related to Posyandu/ILP operations.

3.4. Data Analysis and Conclusion Drawing Techniques

The data collection procedure was carried out in stages and flexibly, adapting to the dynamic nature of qualitative research:

3.4.1. Pre-Observation and Initial Exploration

This stage involved identifying the research location and conducting an initial exploration to obtain permission and a general understanding of the context. The researcher contacted an initial contact (an old friend in Mojoroto Gang 7) who previously lived in the house that became the Posyandu location, to obtain preliminary information and be directed to neighbors directly involved. This step was crucial for building trust and gaining access to the community.

3.4.2. Initial Observation and Informant Selection

The researcher made direct visits to the location (before May 30, 2025). This initial observation aimed to get a feel for the atmosphere, observe resident interactions, and identify potential key informants. Based on observations and guidance from the initial contact, the primary informant (a neighbor involved in Posyandu) was selected. Informant selection was based on their knowledge,

experience, and direct involvement in Posyandu/ILP activities. The researcher worked independently with the support of a friend for documentation.

3.4.3. In-depth Interviews

After gaining access, the researcher conducted in-depth interviews with key informants. The interview questions (16 questions), which had been prepared based on guidance from artificial intelligence, were asked systematically yet flexibly. These questions were designed to explore informants' perspectives regarding the actualization of Pancasila values in Posyandu/ILP activities, including spiritual/religious aspects, service fairness, the spirit of togetherness/gotong royong, deliberative participation, and equitable health services. The researcher ensured that answers were recorded verbatim and in detail.

3.4.4. Data Recording and Documentation

During and after interviews and observations, the researcher meticulously recorded data. Responses from informants were noted exactly as spoken (verbatim). Visual documentation (if any, conducted by a friend) was also recorded to support observation descriptions. All collected data were then transcribed and organized for further analysis.

3.4.5. Reflection and Verification

After primary data collection, the researcher reflected on the initial findings and compared them with the information obtained. If there were ambiguities or information needing further depth, the researcher could conduct cross-verification (e.g., by reviewing notes or potentially brief confirmation if possible). This stage also included an internal review to ensure that the collected data were relevant and rich enough to answer the research objectives.

3.5. Data Analysis and Conclusion Drawing Techniques

The data analysis technique in this qualitative research uses a descriptive-qualitative analysis approach. The analysis process is conducted simultaneously with data collection, is iterative, and aims to find patterns, themes, and meanings behind the phenomena studied.

3.5.1. Data Reduction

After the data are collected (from interviews and observations), the researcher will perform data reduction. This involves the process of selecting, focusing attention on simplification, abstracting, and transforming raw data. Data irrelevant to the research focus will be filtered out, while important data related to Pancasila value implementation in Posyandu/ILP will be retained. This is done by repeatedly reading interview and observation notes, marking key points, and creating initial summaries.

3.5.2. Data Display

The reduced data are then presented in the form of descriptive narratives, tables, or systematic matrices. This data display aims to organize information to facilitate the researcher in drawing conclusions. In this context, data will be presented as descriptions of how each Pancasila principle is actualized in Posyandu/ILP activities in Mojoroto Gang 7, including the problems faced and the solutions identified.

3.5.3. Initial Conclusion Drawing

Based on the data display, the researcher begins to draw initial conclusions. These conclusions are tentative and will be continuously verified and developed throughout the analysis process. This involves identifying main themes, patterns emerging from the data, and relationships between

discovered concepts. These initial conclusions will partially answer the research questions regarding the actualization of Pancasila values and the challenges and contributions of Posyandu/ILP.

3.5.4. Verification and Confirmation of Findings

Initial conclusions will be verified and confirmed by referring back to the original data (interview and observation notes) and relevant literature reviews. This process involves searching for evidence that supports or refutes the conclusions drawn. Verification may also involve member checking (informally) if possible, where findings are presented back to informants to ensure the researcher's interpretations align with their perspectives. The researcher will also compare findings with theories discussed in Chapter II to enrich the analysis.

3.5.5. Formulation of Final Conclusions and Recommendations

In the final stage, after the data have been verified and analyzed in depth, the researcher will formulate final conclusions consistent with the research objectives. These conclusions will answer the research questions. Concurrently, the researcher will also formulate relevant recommendations or suggestions, both for practical application in the field (e.g., Posyandu/ILP development), for policymakers, and for future research. These recommendations will be concrete and based on the research findings.

4. Results and Discussion

This section presents the main findings from the qualitative research conducted in Mojoroto Gang 7, Mojoroto District, Kediri City, followed by an in-depth discussion. These research results are based on data collected through participant observation and in-depth interviews with key informants in the community, as described in Chapter III. The discussion will analyze how Pancasila values are actualized in the operations and impact of Posyandu activities that have transformed into Integrated Primary Services (ILP), identify the challenges faced, and the institution's contribution to realizing welfare and equitable basic health services for the community. This analysis will also link the findings with relevant literature to enrich understanding and the potential for developing new concepts.

4.1. Research Findings

4.1.1. Actualization of the Value of Ketuhanan Yang Maha Esa (Belief in One Supreme God)

In the context of Posyandu/ILP in Mojoroto Gang 7, the value of Ketuhanan Yang Maha Esa has not been fully actualized explicitly in the form of participation driven by religious awareness. Based on interviews, routine Posyandu activities indeed begin and end with collective prayer, and informants stated good acceptance from residents regarding this religious element. However, informants also admitted that there was no strong indication that the community's religious awareness directly influenced their active participation in Posyandu/ILP, beyond attendance for routine activities. There have been no specific initiatives for cooperation with religious institutions (mosques/prayer rooms) or religious leaders to socialize the importance of health from a religious perspective, which could encourage citizen participation based on faith. This indicates that the spiritual dimension in supporting community health programs remains a formality and has not been deeply integrated as a stronger motivation for participation.

4.1.2. Actualization of the Value of Kemanusiaan yang Adil dan Beradab (Just and Civilized Humanity)

The value of Kemanusiaan yang Adil dan Beradab is reflected in the Posyandu/ILP's efforts to serve every resident kindly and courteously, regardless of social status, economic background, or other factors. Informants affirmed that every resident who comes is served fairly. The motivation of the homeowner who provided the space for Posyandu was driven by a strong sense of humanity and

social concern. However, the transformation of Posyandu to ILP in the school setting poses challenges related to accessibility and reach for residents who do not have school-aged children or who do not live near the school. This indicates that the potential for equitable service is hindered for some segments of the community, such as the elderly or individuals without school-aged children. Education about basic health rights or the importance of maintaining dignity through healthy living has not been a primary focus, with services more concentrated on weighing, check-ups, and general health insights.

4.1.3. Actualization of the Value of Persatuan Indonesia (Unity of Indonesia)

The spirit of unity and togetherness, particularly in the form of gotong royong (mutual cooperation), is clearly visible in the operations of Posyandu/ILP, albeit with some limitations. Informants stated that Posyandu activities successfully strengthened relationships and a sense of togetherness among residents. Gotong royong and resident participation are indeed evident in supporting and running Posyandu. However, this participation tends to be limited to mothers with young children or the elderly. This indicates that the involvement of all segments of society, including young people and fathers, in the spirit of gotong royong and unification is not yet optimal. Posyandu/ILP has not fully become a means to unite residents in positive activities beyond health matters, such as communal work (kerja bakti) or other village events, especially after services were no longer centralized at residents' homes.

4.1.4. Actualization of the Value of Kerakyatan yang Dipimpin oleh Hikmat Kebijaksanaan dalam Permusyawaratan/Perwakilan (Democracy Guided by the Inner Wisdom in the Unanimity Arising Out of Deliberations Among Representatives)

The actualization of the value of Kerakyatan (Democracy/Populism) in Posyandu/ILP in Mojoroto Gang 7 shows information dissemination, but explicit participatory deliberation mechanisms and direct feedback from all residents are still lacking. The decision-making process related to Posyandu/ILP programs tends to be conveyed through announcements in RT/RW groups (neighborhood association groups) or village hall meetings, which is a form of one-way communication. Informants stated that problem-solving tends to "flow naturally" without clear formal mechanisms for handling complaints or disagreements. This indicates that the democratic participation of residents in designing or adjusting Posyandu/ILP programs, as well as in collectively and wisely resolving problems, still needs improvement. Input or aspirations from residents, especially those actively attending Posyandu, are not routinely considered in formal mechanisms.

4.1.5. Actualization of the Value of Keadilan Sosial bagi Seluruh Rakyat Indonesia (Social Justice for All Indonesians)

Although there are efforts to realize social justice, Posyandu/ILP services in Mojoroto Gang 7 still show limitations. The basic services available are limited to weighing, check-ups, and general health insights. The handling of stunting, as well as the provision of medicine and immunization, are largely still managed by the sub-district office (kelurahan) or other parties, indicating a lack of equitable access to comprehensive medical facilities directly at Posyandu/ILP. Efforts to reach underprivileged residents are also limited to Supplementary Feeding Programs (PMT) or visits by village representatives if the elderly are unable to attend. This suggests that while there is an intention to reach all residents, equal access and opportunities to obtain a wider range of healthcare services have not been fully realized. The community still needs further coordination with higher-level health services for more complex needs.

4.2. Discussion

This discussion analyzes the research findings by linking them to the conceptual framework of Pancasila values and relevant literature outlined in Chapter II, as well as the problems and solutions identified from the field data.

4.2.1. Synchronization of Religious Awareness and Health Participation in the Perspective of Ketuhanan Yang Maha Esa

Findings indicate that although Posyandu/ILP activities begin and end with prayer, religious awareness has not strongly driven active participation. This suggests a gap between the formality of religious practice and intrinsic motivation. Sianturi and Dewi (2021) emphasize that Pancasila must be lived out in daily behavior, including maintaining environmental cleanliness as a form of worship (the Divinity principle). To bridge this gap, the proposed solution is to integrate health as a form of gratitude and divine mandate, and to involve religious leaders in health socialization. This aligns with the efforts of Putri and Adam (2022) who call for instilling Pancasila values up to the practical level to build national character. Increased spiritual awareness can strengthen the foundation of participation, transforming attendance from a routine into a form of devotion and religious responsibility toward one's own and family's health. Without this initiative, the value of divinity risks becoming merely symbolic without a significant impact on participatory motivation.

4.2.2. Accessibility Challenges in Realizing Kemanusiaan yang Adil dan Beradab

The transformation of Posyandu into ILP in a school, while well-intentioned to increase service coverage (Yuliandari, 2023), paradoxically creates accessibility challenges for vulnerable groups or those without direct affiliation with the school. This becomes a problem in ensuring fair and equitable service, as mandated by the Kemanusiaan yang Adil dan Beradab principle. Identifying this gap shows that the concept of "just and civilized" is not limited to staff behavior but also includes infrastructure and policies that ensure equal accessibility for all citizens, as indicated by Sopacua and Dwilaksono (2009) regarding community empowerment challenges. Solutions such as developing more easily accessible service points or periodic home visits for vulnerable groups are concrete steps to overcome these barriers, ensuring that the dignity of every individual is respected through equal access to health services.

4.2.3. Optimizing Gotong Royong to Strengthen Persatuan Indonesia in the ILP Context

The spirit of gotong royong remains strong social capital in Mojoroto Gang 7, consistent with Utama et al.'s (2020) finding that gotong royong can actualize community health efforts. However, findings show that gotong royong participation tends to be limited to mothers and the elderly, not yet optimizing all segments of society. This reinforces Pamungkas, Isawati, and Yuniyanto's (2017) observation that the in-depth implementation of gotong royong values remains a challenge. Butar Butar (2021) showed that gotong royong in Posyandu can involve active participation, but the context in a military environment might differ. Proposed solutions, such as engaging young people and fathers through more appealing programs, and facilitating inclusive meetings, are crucial for strengthening Persatuan Indonesia within the ILP context. Gotong royong is not just about helping; it's also about building social cohesion and a shared sense of ownership over community health facilities. Increased cross-generational and gender participation will enrich the social capital of Posyandu/ILP, making it a true reflection of unity in diversity.

4.2.4. Encouraging Deliberative Participation as a Reflection of Kerakyatan yang Dipimpin oleh Hikmat Kebijaksanaan

The decision-making process, which tends to be one-way through announcements in groups or the village hall, indicates a potential lack of active participation and inclusive deliberation, despite this being the core of the Kerakyatan principle. Diniyah et al. (2024) emphasize the importance of encouraging democratic participation in building peace and tolerance, which is also relevant for

community programs. The absence of direct feedback mechanisms or regular deliberative forums can hinder the identification of real community needs and the collective, wise resolution of problems. Holding regular deliberative forums and implementing a clear complaint handling system will empower citizens to be more active in formulating and overseeing Posyandu/ILP programs. This will strengthen the principle of popular sovereignty at a micro-scale, allowing for more responsive decisions that are relevant to community needs.

4.2.5. Expanding Service Reach for Keadilan Sosial bagi Seluruh Rakyat Indonesia

Posyandu/ILP services, which are still limited to weighing, check-ups, and general health insights, and their dependence on the sub-district office (kelurahan) / community health center (puskesmas) for more comprehensive services (such as immunization and essential medicines), indicate that social justice in equitable basic health service access has not been fully realized. Although there are efforts to reach underprivileged residents through Supplementary Feeding Programs (PMT) or visits by village representatives, these are still incidental. Iswarawanti (2010) also highlighted the challenges of revitalizing Posyandu to improve nutrition and health. The proposed solutions, namely closer coordination with puskesmas to bring basic medical services regularly to ILP and structured home visit programs, are crucial. This will ensure that all residents, without exception, have equal access and opportunities to obtain more comprehensive health services, in accordance with the mandate of social justice for all Indonesians.

5. Conclusions

5.1. Conclusion

This research has deeply analyzed the actualization of Pancasila values in the operations of Posyandu, which has transformed into Integrated Primary Services (ILP), in Mojoroto Gang 7, Mojoroto District, Kediri City. Findings indicate that while Pancasila values have become part of daily practice, they still require reinforcement to be internalized more deeply and to have an optimal impact.

The actualization of Belief in One Supreme God remains a formality, with prayer as a routine without strong indication of religious awareness driving active participation. The challenge is to integrate spiritual motivation into health consciousness. The value of Just and Civilized Humanity is evident in the courteous and fair service provided, driven by social concern; however, the transformation to ILP in schools presents challenges in accessibility and reach, hindering equitable services for vulnerable groups. The spirit of Unity of Indonesia through gotong royong (mutual cooperation) is indeed present, but participation tends to be limited to mothers and the elderly, indicating suboptimal involvement of all societal layers. In Democracy Guided by the Inner Wisdom in the Unanimity Arising Out of Deliberations Among Representatives, the decision-making process tends to be one-way, with minimal participatory deliberation mechanisms and direct feedback from residents. Finally, the value of Social Justice for All Indonesians shows that basic services at Posyandu/ILP are still limited, and equitable access to comprehensive medical facilities directly is not yet fully realized, especially for underprivileged residents or vulnerable groups requiring special outreach.

Overall, Posyandu/ILP in Mojoroto Gang 7 contributes to realizing welfare and basic health services, but there is a gap between the idealism of Pancasila and its practical application. The main challenge is ensuring that Pancasila values are not merely slogans, but actual guidelines for inclusive and equitable actions for the entire community, particularly in adapting to changes in service format.

5.2. Recommendations

Based on the conclusions above, several recommendations can be made:

5.2.1. For Posyandu/ILP and the Mojoroto Gang 7 Community

- Strengthening the Spiritual Dimension: Organize short sessions that link health as a form of gratitude and divine trust. Encourage collaboration with religious leaders and religious institutions (mosques/prayer rooms) to socialize the importance of health from a religious perspective, to increase faith-based participation.
- Improving Accessibility and Equitable Services: Develop service schedules at multiple points that are more easily accessible to all community members, including the elderly or those without school-aged children. Consider mobile service units or structured periodic home visits and incentives (e.g., free transportation) for vulnerable groups.
- Expanding Gotong Royong Participation: Organize Posyandu/ILP programs that are appealing to young people (e.g., adolescent health counseling) and involve the active role of fathers in family health-related activities. Facilitate more inclusive meetings for all segments of society beyond routine service provision.
- Strengthening Participatory Deliberation: Conduct regular deliberation forums or surveys for all residents regarding Posyandu/ILP needs and programs. Implement a clear system for handling complaints or disagreements so that every input can be resolved collectively and wisely.
- Cross-Sectoral Coordination: Coordinate more closely with the sub-district office (kelurahan) and community health center (puskesmas) to regularly bring more comprehensive basic medical services (immunization, blood pressure checks, essential medicines) directly to ILP, ensuring broader equitable health access.

5.2.2. For Policymakers (Local Government)

- Formulate policies that support the adaptation of Posyandu/ILP, focusing on accessibility and inclusivity for all segments of society, not just those directly interacting with educational facilities.
- Allocate sufficient resources for programs that strengthen gotong royong and broader community participation, as well as for increasing the coverage of basic medical services at the primary level.

5.2.3. For Future Authors and Researchers

- Conduct further research involving more informants from diverse backgrounds (e.g., young people, fathers, people with disabilities) to gain more varied perspectives.
- Explore the effectiveness of the solutions proposed in this research through intervention studies or longitudinal case studies.
- Develop a more detailed model or framework for integrating Pancasila values into community-based health programs in the era of primary service transformation.

References

1. Ananda, F. (2022). *AKSESIBILITAS LAYANAN KESEHATAN PADA MASYARAKAT SUKU BAJO KELURAHAN BAJOE KECAMATAN TANETE RIATTANG TIMUR KABUPATEN BONE* (Skripsi). Universitas Hasanuddin. https://repository.unhas.ac.id/17109/2/K011181015_skripsi_10-06-2022%201-2.pdf
2. Butar, B. A. B. (2024). Implementasi Nilai-Nilai Pancasila dalam Berbagai Kegiatan di Lingkungan Komplek Tentara Gunung Teknik Kota Balikpapan. *Konstruksi Sosial : Jurnal Penelitian Ilmu Sosial*, 1(4), 130–136. <https://doi.org/10.56393/konstruksisocial.v1i4.131>
3. Diniah, A., Hanifah, I. N., Fauzi, A., & Maulana, R. (2024). Implementasi Nilai-Nilai Pancasila dalam Membangun Toleransi dan Perdamaian di Indonesia. *Jurnal Pendidikan Universitas Garut*, 18(02), 131–142. <https://journal.uniga.ac.id/index.php/JP/article/view/131/2072>
4. Essla, B. C. P., Musyaffa, D. L., & Putri, N. D. (2023). Kedudukan Pancasila sebagai Dasar dan Ideologi Negara. *Indigenous Knowledge*, 2(5). <https://jurnal.uns.ac.id/indigenous/article/download/79957/pdf>

5. Iswarawanti, D. N. (2010). Kader Posyandu: PERANAN DAN TANTANGAN PEMBERDAYAANNYA DALAU USAHA PENINGKATAN GIZI ANAK DI INDONESIA. *Jurnal Manajemen Pelayanan Kesehatan*, 13(04), 169–173. <https://jurnal.ugm.ac.id/jmpk/article/view/2636>
6. Lukiyanto, K., & Wijayaningtyas, M. (2020). Gotong Royong as social capital to overcome micro and small enterprises' capital difficulties. *Heliyon*, 6(9), e04879. <https://doi.org/10.1016/j.heliyon.2020.e04879>
7. Marhayati, N. (2021). Internalisasi Budaya Gotong Royong Sebagai Identitas Nasional. *Volume 8 Nomor 1 Tahun 2021*, 8(1), 21–22. <https://jurnal.ugm.ac.id/jps/article/view/68407/0>
8. Megatsari, H., Laksono, A. D., Ridlo, I. A., Yoto, M., & Azizah, A. N. (2018). PERSPEKTIF MASYARAKAT TENTANG AKSES PELAYANAN KESEHATAN. *Buletin Penelitian Sistem Kesehatan*, 21(4), 247–253. <http://download.garuda.kemdikbud.go.id/article.php?article=1699149&val=4892&title=PERSPEKTIF%20MASYARAKAT%20TENTANG%20AKSES%20PELAYANAN%20KESEHATAN>
9. Nabila, S., Rahma, S., & Larosa, S. Z. (2023). Pancasila Sebagai Paradigma Pembangunan Nasional. *Jurnal Kewarganegaraan*, 7(2), 2230–2231. <https://journal.upy.ac.id/index.php/pkn/article/download/5652/3321/15761>
10. Pamungkas, S. K., Isawati, & Yuniyanto, T. (2017). IMPLEMENTASI NILAI-NILAI KEARIFAN LOKAL GOTONG ROYONG DALAM PEMBELAJARAN SEJARAH. *Jurnal Ilmiah Pendidikan Sejarah*, 2(1), 83–93. <https://jurnal.uns.ac.id/candi/article/view/42750>
11. Putri, A. K., Salsabila, A., & Prabayunita, A. (2023). MEMUDARNYA NILAI-NILAI GOTONG ROYONG PADA ERA GLOBALISASI. *INDIGENOUS KNOWLEDGE*, 2(5), 97–98. <https://jurnal.uns.ac.id/indigenous/article/view/79576/pdf>
12. Putri, F. I. S., & Adam, K. M. T. (2022). Implementasi Nilai-Nilai Pancasila Dalam Membangun Karakter Bangsa Indonesia. *Jurnal Penelitian Ilmu Sosial*, 1(2), 6–15. <https://jurnal.uns.ac.id/indigenous/article/download/73627/pdf>
13. Sianturi, Y. R. U., & Dewi, D. A. (2021). Penerapan Nilai Nilai Pancasila Dalam Kehidupan Sehari Hari Dan Sebagai Pendidikan Karakter. *Jurnal Kewarganegaraan*, 5(1), 222–230. <https://journal.upy.ac.id/index.php/pkn/article/view/1452>
14. Sopacua, E., & Dwilaksono, A. (2009). REVIEW KEBIJAKAN PADA INDIKATOR PENGEMBANGAN DESA SIAGA DI PROVINSI JAWA TIMUR. *Jurnal Manajemen Pelayanan Kesehatan*, 12(4), 176–182. <https://media.neliti.com/media/publications/22457-ID-review-kebijakan-pada-indikator-pengembangan-desi-siaga-di-provinsi-jawa-timur.pdf>
15. Utama, I. N., Suchati, R. N., Kadewi Sumbawati, N., Haryadi, W., & Ismawati. (2020). GOTONG ROYONG PENCEGAHAN DAN PENANGGULANGAN COVID-19 MELALUI SOSIALISASI PROTOKOL KESEHATAN. *Jurnal Pengabdian Masyarakat Loyalitas*, 3(2), 213–219. <https://e-journalppmunsa.ac.id/index.php/jpml/article/view/844>
16. Yuliandari, I. (2023, May 11). *Integrasi Layanan Primer Melalui Posyandu*. Ayo Sehat, Kementerian Kesehatan Republik Indonesia. <https://ayosehat.kemkes.go.id/integrasi-layanan-primer-melalui-posyandu>

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.