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Enhancing Community Health Development through Women's Empowerment and Social Roles in Posyandu Management: A Case Study in Buring, Malang City

Nuriya Kartika Sari[1]*, Harsuko Riniwati[1], Fitri Candra Wardana[1], Ahmad Mulyasir[2]
[1]*Graduate School, Universitas Brawijaya, Malang, Indonesia*
[2]*National Graduate Institute for Policy Studies, Tokyo, Japan*

ABSTRACT

This study aims to analyze the influence of women's empowerment and women's social roles on community health development through the implementation of Posyandu (Pos Pelayanan Terpadu) in Buring Sub-district, Kedungkandang District, Malang City. The research method is quantitative, with a Structural Equation Modeling (SEM) approach using Partial Least Squares (PLS). The research sample consisted of 176 respondents, including pregnant women, mothers of toddlers, toddler companions, and elderly (senior citizens). The results of the study indicate that women's empowerment has a positive and significant effect on the implementation of Posyandu and on community health development. In addition, women's social roles positively contribute to community health development by strengthening the implementation of Posyandu, a community-based primary health care institution. Posyandu serves as a mediating variable, strengthening the influence of women's empowerment and social roles on the community's health status. This finding emphasizes the importance of enhancing women's leadership capacity, active participation in health programs, and their role as agents of social change.

ARTICLE INFORMATION

Keywords:
posyandu; women's empowerment; women's social role

Correspondent Author:
Nuriya Kartika

Email:
nuri.kartika14@gmail.com

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INTRODUCTION

Public health development is a crucial milestone within both global and national frameworks, demonstrating a commitment to fulfilling basic human rights and improving the quality of life. Globally, the Sustainable Development Goals (SDGs) framework establishes health development as a strategic pillar, reflected in Goal 2.2, which targets the elimination of all forms of malnutrition by 2030, and Goal 3.1, which targets a reduction in the maternal mortality ratio to less than 70 per 100,000 live births. In Indonesia, the health development agenda has been established as a national priority through efforts to transform primary health care services by strengthening community-based health service institutions such as Posyandu (Integrated Service Posts). Posyandu plays a crucial role as the vanguard of promotive and preventive services at the village/sub-district level by providing immunizations, monitoring toddler growth and development, and nutrition and health education—thus providing more than just technical services, but also a manifestation of community empowerment (Fitriani et al., 2023; Scott et al., 2018; Rifkin, 2018).

Community empowerment through services such as Posyandu (Integrated Health Post) reflects a more participatory and sustainable public health model. From a theoretical perspective, empowerment is considered a strategic key to strengthening community health systems and

improving communities' ability to manage their own health determinants. However, despite this significant potential, empirically, there is a significant gap between the potential for empowerment and its implementation on the ground. One prominent factor is the suboptimal utilization of women's roles as drivers, implementers, and beneficiaries in public health programs. Within the SDGs framework, this demonstrates that achieving Goal 5 on gender equality and women's empowerment cannot be separated from efforts to improve public health.

Women play a strategic role in community-based health systems. Women's involvement as Posyandu cadres or as family health agents has been shown to increase the effectiveness of health interventions and strengthen community health systems. Women's empowerment includes increasing their autonomy, enhancing their skills, and participating in shared decision-making—collectively strengthening community capacity and driving more sustainable social change. Social role theory asserts that behavioral differences between men and women are not solely driven by biological factors but by the division of social roles institutionalized in society. Despite the potential for women's central role, in practice, these roles are often hampered by structural challenges and social stereotypes (Darbani & Parsakia, 2022; Heise et al., 2019; Ismail & Van Niekerk, 2021). Various studies have shown that barriers such as dual roles—both domestic and social responsibilities—limited access to ongoing training, and social norms that limit women's mobility can all hinder women's active participation and optimal role in public health programs (Ali et al., 2024; Ouahid et al., 2023; Paul et al., 2025). Thus, although discussions about women's empowerment and participation have long been ongoing, a systematic examination of the linkages among women's empowerment, women's social roles, and the effectiveness of Posyandu implementation as key variables in public health development has not been explored in depth.

The empirical context of this study is Buring Village, Kedungkandang District, Malang City. Recent data demonstrates a situation that requires serious attention. In 2024, the stunting rate in the region reached 2.5%, which may be low in nominal terms, but compared to the zero stunting target set by the Malang City Government (Bidang Komunikasi dan Informasi Publik, 2024), there is still significant work to be done to eliminate malnutrition. Complete basic immunization coverage in the region was recorded at 79.5%, far below the national target of 95%. Furthermore, maternal health indicators—specifically the percentage of pregnant women with Chronic Energy Deficiency (CED)—were recorded at 12% in the same year, falling short of the national target of 10% (Kementerian Kesehatan Republik Indonesia, 2020). The presence of 82 active female cadres in Buring Village indicates that although women's participation in community health services has been established, the effectiveness of Posyandu implementation still requires further in-depth analysis. This highlights the need to explore the drivers of Posyandu performance in the context of women's empowerment and social roles.

Based on this background, the urgency of this research arises from three perspectives: first, practical urgency, namely the achievement of SDGs targets (especially Goals 2, 3, and 5) which are still not optimal at the local level; second, the urgency of the local context, namely data on public health indicators in Buring Village which show that there are still real challenges; and third, academic urgency in the form of a research gap between the theory of women's empowerment/social roles and their application in the context of Posyandu. This research aims to analyze the influence of women's empowerment and social roles on Posyandu performance in Buring Village, while simultaneously formulating strategies to empower women and optimize their social roles to strengthen public health development in the region. Theoretically, this study integrates three main constructs: 1) women's empowerment—consisting of the dimensions of autonomy, skills, and participation in decision-making and attitudes towards violence against women (Mekonnen et al., 2021); 2) women's social roles—aspects that include social functions, agent of change, role expectations, and women's mobility

within the community, self confidence (Stenius et al., 2005; Tahergholi et al., 2023); and 3) effectiveness of Posyandu implementation—measured through indicators such as the level of community participation, completeness of services (immunization, growth and development monitoring, nutrition education), and achievement of outcomes (e.g., stunting, pregnant women with chronic energy deficiency (CED), immunization (Kementerian Kesehatan Republik Indonesia, 2023). The basic assumption of this study is that the higher the level of women's empowerment and the broader the social roles of women that are activated, the better the performance of Posyandu and the higher its contribution to community health development. In the context of women's empowerment practices in the community health system, it is important to emphasize that empowerment is not merely about providing access or training, but also includes dismantling structural and normative barriers that constrain women's role as change agents. For example, limited access to training, inadequate incentives, minimal social recognition, and gender norms that restrict women from taking on public roles—all of which act as barriers. Research shows that when women are empowered, involved in decision-making, and receive institutional and community support, health intervention outcomes are more likely to be sustainable. Therefore, this study seeks to explore how elements of empowerment and social roles operate within the Posyandu service constellation at the village level.

By using the context of Buring Village as an empirical study, this research is expected to provide two-dimensional contributions: theoretically, enriching the concept of women's empowerment in the context of community-based health by emphasizing the systematic relationship between empowerment, social roles and the effectiveness of health services; practically, presenting local policy recommendations and operational strategies that local governments or Posyandu managers can implement to improve service effectiveness and accelerate the achievement of SDGs targets. The novelty of this research lies in developing a structural model that integrates women's empowerment and their social roles with the performance of Posyandu (Integrated Health Posts) as institutional mediators in community health development. This differs from previous approaches that generally view empowerment as a direct factor in individual health outcomes. In summary, this study aims to quantify the direct and indirect effects of women's empowerment and women's social role on community health, with Posyandu implementation as a mediator, using Partial Least Squares Structural Equation Modeling (PLS-SEM) on data collected from the Buring sub-district, Malang city. Specific objectives are: 1) to establish the measurement model's validity and reliability; 2) to estimate direct effects on health outcomes and Posyandu performance; 3) to test mediation effects of Posyandu; and 4) to interpret findings in light of current gender and health systems theories, informing policy and practice in urban Indonesian health governance.

METHOD

This research is a descriptive quantitative study conducted from August to October 2025. This study uses a quantitative approach. In the quantitative method, multivariate statistical analysis (Hair Jr et al., 2010) will be employed using Partial Least Squares Structural Equation Modeling (PLS-SEM). The independent variables in this study are Women's Empowerment (X1) and Women's Social Role (X2), while the dependent variable is Public Health (Z), and the mediating variable is Posyandu (Y).

This study was conducted in Buring District, Malang City, East Java, involving pregnant women, mothers with toddlers, toddler companions, and older people as the study population. Random sampling was applied because Posyandu services in Buring are universally accessible to all eligible residents and do not operate based on segmented or stratified participation criteria. Therefore, every member of the target population had an equal opportunity to participate in the study. Therefore, random sampling was intended to reduce selection bias and ensure the sample adequately represented the diversity of Posyandu beneficiaries in the sub-district. As a result, 176 respondents

were obtained, consisting of 9 pregnant women, 130 mothers with toddlers, 26 toddler companions, and 11 older people. The respondents' ages ranged from 21 to 73 years. The respondents' education levels were distributed as follows: 26 with elementary school/Islamic elementary school, 30 with junior high school/Islamic junior high school, 91 with senior high school/vocational school/Islamic senior high school, 5 with a diploma, 20 with a bachelor's degree, and 4 with a master's degree, as presented in Table 1.

Table 1. Respondent Characteristics

A.	**AGE LEVEL**	**Frequency**	**Percentage (%)**
1	< 20 years old	0	0
2	21 – 30 years old	81	46
3	31 – 40 years old	69	39
4	41 – 50 years old	15	9
5	> 50 years old	11	6
B.	**EDUCATION LEVEL**		
1	Elementary school	26	15
2	Junior high school	30	17
3	High school	91	52
4	Diploma 1	1	1
5	Diploma 3	4	2
6	Bachelor’s Degree	20	11
7	Master’s Degree (Postgraduate)	4	2
C.	**TYPE OF TARGET**		
1	Pregnant woman	9	5
2	Mother of a toddler	130	74
3	Child caregiver	26	15
4	Elderly	11	6
	Total	176	

Data collection involved compiling secondary and primary data. Secondary data were obtained from previous research, legislation, and data produced by relevant agencies to ensure that the questionnaire items or indicators were valid and relevant. Primary data collection in this study was carried out by distributing questionnaires. The questionnaires were distributed directly and via Google Forms. The weighting of respondents' answers used a Likert scale from 1 to 4, with a weighting of 1 (strongly disagree), 2 (disagree), 3 (agree), and 4 (strongly agree). There are 35 indicators or statements serving as measurement tools for 4 constructs or variables. These variables are Women's Empowerment, Women's Social Role, Public Health, and Posyandu (Integrated Health Service Post). The Women's Empowerment variable is measured with 7 indicators; the Women's Social Role variable, with 9; the Public Health variable, with 8; and the Posyandu variable, with 10.

Table 2. Indicator

Variable	Indicator
Women's Empowerment	Participation in posyandu activities
	Actively giving suggestions
	Education improves knowledge and skills
	Support in accessing resources
	Rejection of violence against women
	Courage to act when violence occurs
	Freedom of expression for women
	Equal opportunity for decision-making between women and men
Women's Social Role	Actively participating in social activities
	Leadership in communities
	Carrying out tasks/activities within the community
	Encouraging community members for positive change
	Having innovation/renewal to promote healthy lifestyles
	Confidence when speaking in forums/communities
	Capability to perform domestic and traditional roles
	Successfully resolving traditional problems
Posyandu Implementation	Clear and regular posyandu schedule
	Fast posyandu waiting time
	Complete and good health equipment
	Complete and good posyandu facilities
	Complete and good health services
	Cadres and health workers have good knowledge and skills
	Friendly cadre and health workers in service
	Routine immunization implementation
	Routine health examinations
	Regular Vitamin A distribution
Community Health	Complete basic immunization
	Family/husband support for immunization
	Health check services for pregnant women
	Information about the child's nutritional status
	Stunting prevention for toddlers
	Easily accessible health service locations
	Implementation of healthy and clean living behavior (PHBS)
	Fulfillment of family nutritional needs

Data processing in this study used SmartPLS 4, an application for statistical data analysis based on Partial Least Squares Structural Equation Modeling (PLS-SEM). PLS is a technique used to analyze relationships among variables in complex models (Musyaffi et al., 2022), while SEM is used to test causal relationships among variables. Figure 1 is the conceptual framework for this research. Based on the conceptual framework, the relationship between variables can be expressed as a hypothesis to be examined for its truth, as stated in Table 3.

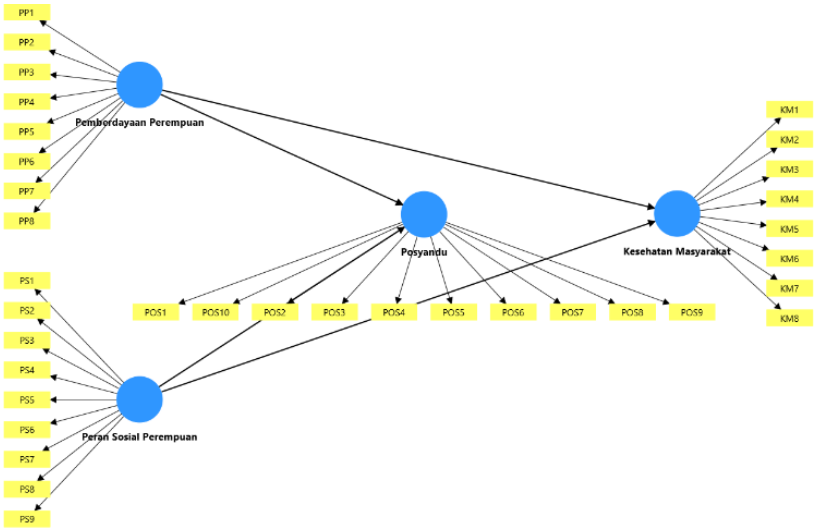

Figure 1. Conceptual Framework

Table 3. Hypothesis

Hypothesis Code	Hypothesis Statement	Variable Linkage Flow
H1	Women's Empowerment (X1) has a direct and significant effect on Posyandu performance (Y)	PP → Posyandu
H2	Women's Empowerment (X2) has a direct and significant effect on Community Health (Z)	PP → KM
H3	Women's Social Role (X2) has a direct and significant effect on Posyandu performance (Y)	PS → Posyandu
H4	Women's Social Role (X2) has a direct and significant effect on Community Health (Z)	PS → KM
H5	Posyandu performance (Y) has a direct and significant effect on Community Health (Z)	Posyandu → KM
H6	Women's Empowerment (X1) has an indirect effect on Community Health through Posyandu performance (Y)	PP → Posyandu → KM
H7	Women's Social Role (X2) has an indirect effect on Community Health (Z) through Posyandu performance (Y)	PS → Posyandu → KM

RESULTS AND DISCUSSION

The study examined the relationships among Women's Empowerment (PP), Women's Social Role (PS), Posyandu Implementation (Posyandu), and Public Health (KM) using Structural Equation Modeling-Partial Least Squares (SEM-PLS) among 176 respondents from Kelurahan Buring, Malang City. The measurement model revealed valid and reliable constructs, and the structural model indicated positive, significant path relationships, supported by robust statistical indicators. Convergent validity was confirmed, as all outer loadings exceeded the 0.70 threshold (ranging from 0.703 to 0.845), indicating strong correlations between the indicators and their latent constructs (Table 3). Average Variance Extracted (AVE) values surpassed the 0.50 criterion for all variables—KM (0.595), PP (0.563), PS (0.594), and Posyandu (0.574)—confirming construct validity. Discriminant validity was established through cross-loadings and the Fornell-Larcker criterion, demonstrating that indicators correlated more strongly with their constructs than with others, thereby ensuring distinctiveness between constructs. Furthermore, construct reliability was demonstrated with

Cronbach's Alpha values above 0.88 and Composite Reliability exceeding 0.91 for all variables, confirming internal consistency (Table 4).

Table 4. Outer Loadings for Measurement Items

Variable	Min Loading	Max Loading
KM	0.709	0.833
PP	0.703	0.792
PS	0.743	0.845
Posyandu	0.711	0.816

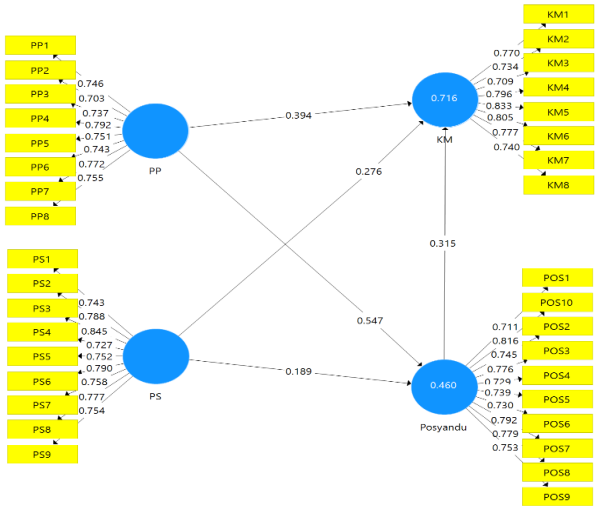

Figure 2. Outer Model

Table 5. Construct Reliability and Validity Metrics

Variable	Cronbach's Alpha	Composite Reliability	AVE
KM	0.902	0.921	0.595
PP	0.889	0.911	0.563
PS	0.914	0.929	0.594
Posyandu	0.917	0.931	0.574

The inner model demonstrated substantial predictive power with R^2 values of 0.716 for KM (Public Health) and 0.460 for Posyandu, indicating that 71.6% and 46% of the Variance in these constructs are explained by the predictors, respectively. Path coefficients were significant at $p < 0.05$, with t-statistics well above the 1.96 threshold (Table 6). Women's Empowerment positively influences Public Health ($\beta = 0.394; t = 5.210$), and it has the strongest direct effect on Posyandu implementation ($\beta = 0.547; t = 6.936$). Women's Social Role also significantly affects Public Health ($\beta = 0.276; t = 4.286$) and Posyandu ($\beta = 0.189; t = 2.407$). Posyandu implementation significantly impacts Public Health ($\beta = 0.315; t = 4.240$), serving as a partial mediator between women's empowerment/social role and public health outcomes. Indirect effects confirm this mediation: Women's Empowerment affects Public Health via Posyandu ($\beta = 0.172; t = 3.627$) and Women's Social Role also indirectly affects Public Health through Posyandu ($\beta = 0.060; t = 2.088$).

Table 6. Structural Path Coefficients and Significance

Path	Coefficient (β)	T-statistic	P-value	Interpretation
PP → KM	0.394	5.210	0.000	Positive, significant
PP → Posyandu	0.547	6.936	0.000	Strongest positive effect
PS → KM	0.276	4.286	0.000	Positive, significant
PS → Posyandu	0.189	2.407	0.016	Positive, significant
Posyandu → KM	0.315	4.240	0.000	Positive, significant

Effect size f^2 Analysis indicated medium effects of Women's Empowerment ($f^2 = 0.257$) and Women's Social Role ($f^2 = 0.163$) on Public Health, and a large effect ($f^2 = 0.353$) of Women's Empowerment on Posyandu functioning. The results of the study reveal significant direct and indirect effects of Women's Empowerment (X1) and Women's Social Role (X2) on Community Health Development (Z), mediated by the implementation of Posyandu (Y). The structural model showed robust explanatory power, with R2 values of 0.716 for Community Health and 0.460 for Posyandu, indicating that the respective predictors explain 71.6% and 46% of the Variance in these constructs. This highlights the model's strong predictive power. Women's Empowerment (β = 0.394, t = 5.210, p < .001) exhibited a significant positive impact on Community Health, and the strongest direct effect on Posyandu Implementation (β = 0.547, t = 6.936, p < .001). This finding underscores the critical role of empowering women in improving both community health outcomes and the effectiveness of primary health service delivery through Posyandu. These results are consistent with prior studies that link women's empowerment to better maternal and child health (Pratley, 2016) and support the notion that enhanced autonomy and participation empower women as agents of change within community health systems. The mediation role of Posyandu highlights the pivotal function of community-based health efforts in translating empowerment into tangible health benefits (Faristasari et al., 2025).

Similarly, Women's Social Role demonstrated significant positive effects on Community Health (β = 0.276, t = 4.286, p < .001) and Posyandu Implementation (β = 0.189, t = 2.407, p = .016). The activation of social roles beyond empowerment, including leadership and active community engagement, facilitates improved health behaviors and access to services (Bang & Park, 2026). This draws attention to the multifaceted nature of women's contributions beyond formal empowerment, highlighting the importance of social participation frameworks. Posyandu Implementation itself positively influences Community Health (β = 0.315, t = 4.240, p < .001), serving as a mediating variable that partially explains how empowerment and social roles translate into tangible health improvements. The indirect effects via Posyandu were also statistically significant for both Women's Empowerment (β = 0.172, t = 3.627, p < .001) and Women's Social Role (β = 0.060, t = 2.088, p = .037), confirming the mediating role of Posyandu. The mediation implies that strengthening community-based health institutions is pivotal in converting social capital and empowerment into effective health outcomes. Effect size analysis indicated medium effects of Women's Empowerment (f2 = 0.257) and Women's Social Role (f2 = 0.163) on Community Health, and a large effect of Women's Empowerment on Posyandu functioning (f2 = 0.353), further supporting the practical importance of these constructs.

The validation of measurement scales corroborates the robust methodological frameworks recommended in contemporary SEM-PLS research (Savitri et al., 2021). All constructs demonstrated high reliability and validity, supporting the credibility of these findings. Women's empowerment produces measurable health improvements when embedded in supportive governance structures and a functioning primary health care system (Marston et al., 2016; Sacks et al., 2017; Ballard et al., 2020). In Buring District, empowerment operates within a dense socio-cultural infrastructure, including neighborhood associations, the PKK women's organization, and the culturally embedded principle of

cooperation (*gotong royong*). This collective arrangement generates trust, legitimacy, and participatory channels that enable women's roles to expand beyond household decision-making to community-level health governance. This institutional linkage helps explain why women's empowerment demonstrated the strongest effect on Posyandu (Integrated Health Post) performance.

From a gendered governance perspective, empowerment in Malang appears to function through adaptive negotiation within socially recognized roles. Maternal and child health responsibilities are culturally associated with women's social identity, allowing women's public participation in Posyandu activities to be socially legitimized rather than contested. Contemporary studies suggest that empowerment pathways are strengthened when gender norms accommodate women's leadership in specific domains (Morgan et al., 2016; Li & Guo, 2022). In this context, empowerment does not necessarily disrupt prevailing norms but expands women's influence within accepted spheres of care and community service. This socio-cultural compatibility likely amplifies the positive relationship between empowerment and institutional performance observed in this study.

The significant mediation effect of Posyandu confirms its role as a meso-level governance mechanism translating micro-level agency into macro-level public health outcomes. Evidence from community health systems research indicates that primary care platforms are critical in converting social capital and community participation into sustained service delivery improvements (Lassi et al., 2016; Mupara et al., 2023). In Buring, Posyandu functions not merely as a technical health service point but as a socio-institutional arena where women's autonomy, skills, and social roles are aggregated into coordinated preventive interventions. This aggregation strengthens immunization coverage, growth monitoring, and maternal health detection, thereby linking empowerment to measurable community health gains.

The moderate yet significant influence of Women's Social Role further highlights the importance of social participation frameworks. Studies in Southeast Asia show that empowerment effects are stronger when women are institutionally integrated into community governance rather than acting solely at the household level (Shrestha et al., 2024). In Malang, women cadres are embedded in structured civic networks, reinforcing accountability and continuity in service delivery. Thus, empowerment and social role activation operate synergistically within an established institutional ecosystem. These findings have several implications for policy and practice. Strategies to increase women's leadership capacity and social participation should be prioritized to enhance the performance of Posyandu services. Integrating economic empowerment with health initiatives and fostering multisectoral collaboration are recommended as approaches to sustain health improvements. Local governments and health agencies should consider standardized monitoring and diversification of Posyandu services to optimize impact. Limitations of this study include the cross-sectional design, which limits causal inference, and its focus on a single subdistrict, which may affect generalizability. Future research could explore longitudinal designs and replicate findings in different socio-cultural contexts to validate and expand on these results. In conclusion, the study confirms the critical role of women's empowerment and social roles in community health development, mediated by Posyandu implementation, highlighting pathways to accelerate progress toward Sustainable Development Goals related to health and gender equality. Strategies might include capacity-building for women cadres, integrating economic empowerment with health initiatives, and fostering multisectoral collaborations for sustainable community health improvements (Sacks et al., 2019).

CONCLUSION

The results of this study indicate that the independent variables, Women's Empowerment (X1) and Women's Social Role (X2), simultaneously affect the dependent variable, Public Health (Z),

through the mediating variable, Posyandu (Y). Overall, the results of this study confirm that Women's Empowerment and Women's Social Role both have a positive and significant impact on Public Health, both directly and through the mediating role of Posyandu. These findings underscore the importance of strengthening women's capacity and participation as agents of change in community-based public health development. Therefore, the author recommends several steps, including: Maximizing Women's Empowerment through Enhancing Women's Leadership Capacity, Optimizing Women's Social Role by Encouraging Men's Participation in Family Health and Maximizing Women's Potential, Improving the Quality of Posyandu Implementation through Standardization and Monitoring of Posyandu Services and Diversification of Posyandu Services, Increasing Public Health Status through the provision of integrated data related to health programs/activities managed by several agencies, and Strengthening Women's Empowerment Programs.

DECLARATION OF GENERATIVE AI

The authors declare that no generative AI or AI-assisted technologies were used in the writing process of this manuscript.

CONFLICTING INTEREST STATEMENT

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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REFERENCES

Ali, A., Li, C., Hussain, A., & Bakhtawar. (2024). Hedonic Shopping Motivations and Obsessive–Compulsive Buying on the Internet. *Global Business Review, 25*(1), 198–215.

Ballard, M., Bancroft, E., Nesbit, J., Johnson, A., Holeman, I., Foth, J., Rogers, D., Yang, J., Nardella, J., & Olsen, H. (2020). Prioritising the Role of Community Health Workers in the COVID-19 Response. *BMJ Global Health, 5*(6).

Bang, M., & Park, J. H. (2026). Strategies to Increase Patients' Adherence to Digital Therapeutics for Musculoskeletal Diseases: A Narrative Review. *Yonsei Medical Journal, 67*(3), 175–183.

Bidang Komunikasi dan Informasi Publik. (2024). *Berselaras Bersama Wujudkan Kota Malang Zero Stunting*. Malangkota.go.id.

Darbani, S. A., & Parsakia, K. (2022). The Effectiveness of Strength-Based Counseling on the Self-Esteem of Marital Conflicted Women. *Psychology of Woman Journal, 3*(1), 46–55.

Faristasari, A. S., Dealova, R. Z. I., Tamam, A. A., & Mawaddah, A. (2025). The Role of Posyandu Activities Program in Improving Mother and Child Health in Mulung Village, Driyorejo District, Gresik Regency. *Jurnal Paradigma, 17*(1), 30–43.

Fitriani, Y., Setioko, S., Mirnawati, M., Yusuf, M., Putri, H. W., Setiani, A., Delvina, E., & Catrina, L. (2023). Peran Posyandu sebagai Pelayanan Dasar Kesehatan dan Pemberdayaan Masyarakat di Desa Jaya Asri. *Jurnal Pengembangan dan Pengabdian Masyarakat Multikultural, 1*(3), 138–144.

Hair Jr., J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). *Multivariate Data Analysis* (7th ed.). Pearson.

Heise, L., Greene, M. E., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., Zewdie, D., Darmstadt, G. L., Greene, M. E., & Hawkes, S. (2019). Gender Inequality and Restrictive Gender Norms: Framing the Challenges to Health. *The Lancet, 393*(10189), 2440–2454.

Ismail, G., & Van Niekerk, A. (2021). Validation of an Assessment Tool to Measure Psycho-Social Factors Associated with Willingness to Participate in Child-Centered Initiatives. *SAGE Open, 11*(3), 1–10.

Kementerian Dalam Negeri Republik Indonesia. (2024). *Peraturan Menteri Dalam Negeri Nomor 13 Tahun 2024 tentang Pos Pelayanan Terpadu*.

Kementerian Kesehatan Republik Indonesia. (2020). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 21 Tahun 2020 tentang Rencana Strategis Kementerian Kesehatan Tahun 2020-2024*.

Kementerian Kesehatan Republik Indonesia. (2023). *Transformasi Kesehatan Mewujudkan Masyarakat Indonesia Sehat dan Unggul*, 1–186.

Lassi, Z. S., Kumar, R., & Bhutta, Z. A. (2016). Community-Based Care to Improve Maternal, Newborn, and Child Health. *Reproductive, Maternal, Newborn, and Child Health*, 263.

Li, Y., & Guo, M. (2022). Filial Piety Matters: A Study of Intergenerational Supports and Parental Health. *SSM-Population Health, 18*, 1–15.

Marston, C., Hinton, R., Kean, S., Baral, S., Ahuja, A., Costello, A., & Portela, A. (2016). Community Participation for Transformative Action on Women's, Children's and Adolescents' Health. *Bulletin of the World Health Organization, 94*(5), 376.

Mekonnen, A. G., Odo, D. B., Nigatu, D., Sav, A., & Abagero, K. K. (2021). Women's Empowerment and Child Growth Faltering in Ethiopia: Evidence from the Demographic and Health Survey. *BMC Women's Health, 21*(1), 1–9.

Morgan, R., George, A., Ssali, S., Hawkins, K., Molyneux, S., & Theobald, S. (2016). How to Do (or Not to Do)… Gender Analysis in Health Systems Research. *Health Policy and Planning, 31*(8).

Mupara, L. M., Mogaka, J. J. O., Brieger, W. R., & Tsoka-Gwegweni, J. M. (2023). Community Health Worker Programmes' Integration into National Health Systems: Scoping Review. *African Journal of Primary Health Care & Family Medicine, 15*(1), 3204.

Musyaffi, A. M., Khairunnisa, H., & Respati, D. K. (2022). *Konsep Dasar Structural Equation Model-Partial Least Square (SEM-PLS) Menggunakan SmartPLS*. Pascal Books.

Ouahid, H., Mansouri, A., Sebbani, M., Nouari, N., Khachay, F. E., Cherkaoui, M., Amine, M., & Adarmouch, L. (2023). Gender Norms and Access to Sexual and Reproductive Health Services Among Women in the Marrakech-Safi Region of Morocco: A Qualitative Study. *BMC Pregnancy and Childbirth, 23*.

Paul, L., Kotian, S. S., Ameenul Abdullah, K. S., & Shekhar, B. (2025). Understanding the Impact of Patriarchal Norms and Socio-Cultural Factors on Women's Access to Public Health Care Services in Rural Kerala. *International Journal of Management, Technology, and Social Sciences (IJMTS), 10*(1).

Pratley, P. (2016). *Measuring Women's Empowerment and Its Associations with Maternal and Child Health Outcomes*. The George Washington University.

Rifkin, S. B. (2018). Alma Ata After 40 Years: Primary Health Care and Health for All—From Consensus to Complexity. *BMJ Global Health, 3*(Suppl 3), 1–7.

Sacks, E., Morrow, M., Story, W. T., Shelley, K. D., Shanklin, D., Rahimtoola, M., Rosales, A., Ibe, O., & Sarriot, E. (2019). Beyond the Building Blocks: Integrating Community Roles into Health Systems Frameworks to Achieve Health for All. *BMJ Global Health, 4*(Suppl 8), 1–12.

Sacks, E., Swanson, R. C., Schensul, J. J., Gleave, A., Shelley, K. D., Were, M. K., Chowdhury, A. M., LeBan, K., & Perry, H. B. (2017). Community Involvement in Health Systems Strengthening to Improve Global Health Outcomes: A Review of Guidelines and Potential Roles. *International Quarterly of Community Health Education, 37*(3–4), 139–149.

Savitri, C., Faddila, S. P., Irmawartini, I., Iswari, H. R., Anam, C., Syah, S., ... & Siregar, M. T. (2021). *Statistik Multivariat dalam Riset*. CV Widina Media Utama.

Scott, K., Beckham, S. W., Gross, M., Pariyo, G., Rao, K. D., Cometto, G., & Perry, H. B. (2018). What Do We Know About Community-Based Health Worker Programs? A Systematic Review of Existing Reviews on Community Health Workers. *Human Resources for Health, 16*(1), 39–47.

Shrestha, P., Afsana, K., Weerasinghe, M. C., Perry, H. B., Joshi, H., Rana, N., Memon, Z. A., Khaled, N., Malhotra, S., & Bhardwaj, S. (2024). Strengthening Primary Health Care Through Community Health Workers in South Asia. *The Lancet Regional Health-Southeast Asia, 28*, 1–14.

Stenius, V., Veysey, B., Hamilton, Z., & Andersen, R. (2005). Social Roles in Women's Lives. *The Journal of Behavioral Health Services & Research, 32*, 182–198.

Tahergholi, M., Salimi, L., & Rasoli, E. (2023). Identification, Development, and Validation of Indicators and Components of Women's Role from a Feminist and Islamic Perspective. *The Psychology of Woman Journal*.