

# Evaluation of community empowerment program for elderly care: Lessons learned from PUSAKA Wahyu Teratai

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## KEYWORDS

Community empowerment  
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**ABSTRACT** The current paradigm and health development policy in Indonesia have changed from development to empowerment. The community empowerment program for elderly care "PUSAKA Wahyu Teratai" is a leading community empowerment program in the subdistrict of Bambanglipuro, Bantul Regency. This study was conducted to evaluate The PUSAKA Wahyu Teratai program based on input, process, output, and outcome. This cross-sectional study was conducted in December 2019. Data on the input, process, and output were collected by interviewing three caretakers with a questionnaire and tracking organizational documents and activity reports, and observing activities implementation. The outcome in the form of 63 participants' quality of life was measured by the Short Form-36 Questionnaire. Data were analyzed descriptively. Evaluation of the input showed: most of the caretakers were male (77.33%), entrepreneurs, with senior high school education level (26.67%). Most of the facilities and infrastructure belong to the organization, the principal source of funds from Yayasan Kesejahteraan Sosial Teratai Jakarta, which were sufficient. Evaluation of the process showed: all main activities were well-scheduled and conducted routinely and documented. Evaluation of the output showed: the level of participation in each activity was between 67.61% - 100.00%. The outcome evaluation showed that the mean score of quality of life domains was: Physical Functioning ( $88.17 \pm 20.29$ ), Role-Physical ( $71.03 \pm 27.75$ ), Bodily Pain ( $66.98 \pm 17.47$ ), General Health ( $54.76 \pm 12.65$ ), Vitality ( $64.29 \pm 15.99$ ), Social Functioning ( $71.14 \pm 16.08$ ), Role-Emotional ( $68.05 \pm 34.71$ ), and Mental Health ( $72.44 \pm 14.57$ ). The PUSAKA Wahyu Teratai has sufficient capital input, a fair implementation process of activities, and produced exceptional outputs and outcomes.

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## 1. Introduction

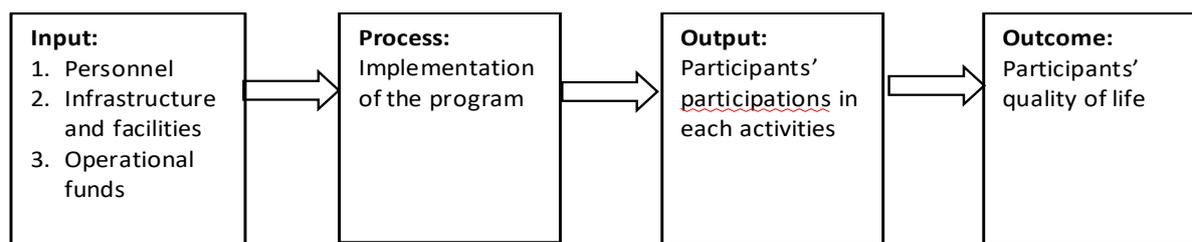
The current paradigm and health development policy in Indonesia have changed from development to empowerment.<sup>1</sup> In the Republic of Indonesia Law Number 36 of 2009 concerning Health Article 174, Paragraphs 1 and 2 state that the community participates, both individually, as well as in an organized manner, in all forms and stages of health development to help accelerate the attainment of the highest public health status. This participation includes active and creative participation.<sup>2</sup>

Empowerment is a process that enables people to increase control over decisions and actions that affect public health, to mobilize vulnerable individuals

and groups by strengthening their basic social and economic life skills.<sup>3</sup> Community empowerment in the health sector is an effort to develop the knowledge, attitudes, and behavior of the community so that they are more capable of dealing with the health problems they face.<sup>4</sup>

Regarding the elderly health policy, Article 140 states that healthcare efforts for the elderly are to be conducted by the government, local government, and/or the community.<sup>2</sup> The Law Number 13 of 1998 concerning Elderly Welfare Article 22, Paragraphs 1 and 2 provide the broadest possible opportunity for the community (individuals, families, groups, communities, social organizations, and or community organizations) to play a role in efforts to improve the welfare of the elderly.<sup>5</sup> Coupled with the limited resources, funds, and personnel from the local

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**Figure 1.** Evaluation scheme of PUSAKA Wahyu Teratai.

government, community empowerment programs that aim to improve the quality of life and the welfare of the elderly are very important to be developed and increased in quantity and quality.<sup>6</sup>

Forms of community empowerment programs that focus on elderly services which have been developed so far include the following: “Posyandu Lansia” or Community Elderly Care Service (CECS) and “Pusat Santunan Dalam Keluarga” (PUSAKA) or a Family Support Center.<sup>7,8</sup> CECS is a forum for community-based health efforts for serving the elderly. The formation and implementation processes are carried out by the community, non-governmental organizations (NGOs), government and non-government sectors, the private sector, social organizations, and others, emphasizing promotive and preventive efforts.<sup>9</sup> Additionally, PUSAKA is a community empowerment program that focuses on improving the welfare of the elderly through cross-sector service activities and the provision of non-nursing homes based on local families/communities.<sup>8</sup>

PUSAKA Wahyu Teratai is a community empowerment program located at Prenggan hamlet, Sidomulyo Village, Bambanglipuro sub-district, Bantul Regency, Yogyakarta. This program was formed by the Prenggan community in 2008 and coached by Yayasan Kesejahteraan Sosial Teratai (YKST) Jakarta, which is a NGO engaged in social services in Indonesia, especially for the elderly. The purpose of PUSAKA Wahyu Teratai is to help provide services to the elderly in Prenggan, especially those who have less welfare based on the Indonesian Ministry of Social Affairs criteria.<sup>10</sup>

A previous study showed that among the various forms of community empowerment for elderly care in Bantul Regency, the PUSAKA Wahyu Teratai program has very comprehensive activities. These activities

include: health examinations, supplementary food, light exercise, economic empowerment, local art activities, spiritual education, and recreational programs.<sup>11</sup> Another study showed that there are also activities of social solidarity and donations/gifts for elderly participants.<sup>12</sup> It motivated other elderly groups or communities to implement a similar model of activities.<sup>11</sup>

The chairman of YKST Jakarta, as the coach of PUSAKA Wahyu Teratai, stated that PUSAKA Wahyu Teratai is the best PUSAKA program among all other PUSAKA programs coached by YKST Jakarta in Indonesia. The preliminary study showed that this program is a leading village innovation program in the Bambanglipuro sub-district area. This program is currently growing and has also played a role as the object of some research and community service projects. It is a positive contribution to society while many community empowerment programs have stopped or are running stagnant for various reasons.

Until now, the PUSAKA Wahyu Teratai program has never been evaluated. Given that this program can be developed, it is crucial to conduct an evaluation based on input, process, output, and outcome aspects. Its results can be used for recommendations for improvements to the caretakers, YKST Jakarta, and the local government of Sidomulyo. In addition, social organizations and other community groups can adopt activities that are following their conditions. Therefore, the author was interested in evaluating more deeply about the PUSAKA Wahyu Teratai program, based on its input, process, output, and outcome.

## 2. Methods

This observational-descriptive research was conducted with a cross-sectional study design, to



(a)



(b)



(c)



(d)



(e)



(f)



(g)



(h)

**Figures 2.** Documentation of PUSAKA Wahyu Teratai activities. (a) Health examination. (b) Supplementary food. (c) Elderly gym. (d) Morning walking. (e) Economic empowerment. (f) Recreation. (g) Delivery lunch. (h) Eid gifts.

**Table 1.** The formula for the scoring and transformation subscale of the SF-36 questionnaire.<sup>16</sup>

Subscale (Domain)	The total score of the final item (according to the item code in the table)	Possible lowest and highest row scores	Possible row score ranges
PF	3a, 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3i, 3j	10, 30	20
RP	4a, 4b, 4c, 4d	4, 8	4
BP	7, 8	2, 12	10
GH	1, 11a, 11b, 11c, 11d	5, 25	20
VT	9a, 9e, 9g, 9i	4, 24	20
SF	6, 10	2, 10	8
RE	5a, 5b, 5c	3, 6	3
MH	9b, 9c, 9d, 9f, 9h	5, 30	25

**Table 2.** Respondents' knowledge score before and after implementation of the SMart-Punakawan.

Personnel aspect	n (%)
Number of main caretakers	15
Sex	
Male	11 (77.33)
Female	4 (26.67)
Occupation:	
Sidomulyo government officer	2 (13.33)
Head of hamlet	1 (6.67)
Religious leader	1 (6.67)
Medical worker	2 (13.33)
Lecturer	2 (13.33)
Civil servant	2 (13.33)
Entrepreneur	5 (33.33)
Level of education	
Elementary school	0 (0.00)
Junior high school	3 (20.00)
Senior high school	4 (26.67)
Diploma III	2 (13.33)
Bachelor	3 (20.00)
Magister	3 (20.00)

describe the results of the evaluation of the PUSAKA Wahyu Teratai program based on input, process, output, and outcomes in 2019.<sup>13</sup> This study was conducted at PUSAKA Wahyu Teratai, Prenggan, Sidomulyo, Bambanglipuro, Bantul, Yogyakarta, in December 2019. The evaluation scheme of the study is shown in Figure 1.

The population of the study is 15 caretakers and 71 participants of PUSAKA Wahyu Teratai. Subjects of

the input, process, and output were three caretakers of PUSAKA Wahyu Teratai: the head of Prenggan/ chairman, secretary, and physical exercise manager. Subjects of the outcome were participants of PUSAKA Wahyu Teratai selected through purposive sampling. The inclusion criteria were: community members who were registered as a participant of PUSAKA Wahyu Teratai and agreed to be the research subject. The exclusion criteria were: having any difficulties or inability to communicate with others and or suffering from cognitive impairment (score of the Mini-Mental State Examination Questionnaire <24).<sup>14</sup> Of the 71 participants, only 63 (88.73%) met the inclusion criteria and passed the exclusion criteria.

Data on the input, process, and output were collected by interviewing three caretakers with a questionnaire, tracking organizational documents and activity reports, and observing activities implementation every Sunday morning in December 2019. Evaluation of input aspects conducted on personnel, infrastructure and facilities, and operational funds. Evaluation of process aspects was done on efforts to implement the program. Evaluation of the output was also done on participants' participation in each activity.

Data on the outcome were collected by measuring participants' quality of life with The Short Form (SF)-36 Questionnaire translated into Indonesian. The previous study showed the Indonesian version of this questionnaire was considered valid and reliable.<sup>15</sup> The SF-36 questionnaire consists of 8 subscales (domains): Physical Functioning (PF): 10 items, Role-Physical (RP): 4 items, Bodily Pain (BP): 2 items, General Health (GH): 5 items, Vitality (VT): 4 items, Social Functioning (SF): 2 items, Role-Emotional (RE): 3 items, and Mental Health (MH): 5 items. The method of scoring and the transformation of The SF-36 Questionnaire is shown in Table 1.<sup>16</sup>

Based on the guidelines in Table 1, The SF-36 Questionnaire answer scores were transformed using this formula:<sup>16</sup>

$$\text{Score transformation} = \frac{(\text{actual row score} - \text{possible lowest row score})}{\text{the difference between the highest and lowest scores}} \times 100$$

**Table 3.** Infrastructures, facilities, and funds evaluation of PUSAKA Wahyu Teratai, 2019.

Input aspects	Availability and ownership
Infrastructure and Facilities:	
Organizational secretariat	Available: head of Prenggan house
Medical examination tool	Available: organization and caretakers
Supplementary food cooking ware	Available: organization
Supplementary food serving tools	Available: organization
Delivery of lunch equipment	Available: organization
Gamelan arts instrument	Available: Prenggan community
Sound system equipment	Available: Prenggan community
Documentation and activities report tools	Available: organization and Prenggan community
Funds:	
a. Operational funds	Available
b. Operational funds sources:	
YKST Jakarta	Principal source transferred monthly
PUSAKA Wahyu Teratai	Comes from profit sharing of economic empowerment activities
The Sidomulyo village government	One time
Other donors:	Routinely (drugs donor): medical worker caretaker Incidentally (one time): Medical Faculty of Indonesian Islamic University
c. Operational funds sufficiency	Sufficient

**Table 4.** Program implementation evaluation of PUSAKA Wahyu Teratai, 2019.

Schedule activities				
1st week	2nd week	3rd week	4th week	5th week
1.Opening	1.Opening	1.Opening	1.Opening	1.Opening
2.Walking	2.Walking	2.Walking	2.Walking	2.Walking
3.Supplementary food and social welfare contribution	3.Supplementary food and social welfare contribution	3.Supplementary food and social welfare	3.Supplementary food and social welfare	3.Supplementary food and social welfare
Health examination	4.Delivery lunch	4.Spiritual education	4.Elderly gym 5.Delivery lunch	4.Local art activities

The evaluation data on the input, process, output, and outcome aspects are then analyzed descriptively and shown in tabular form. Documentation of activities is shown through pictures of community members participating in the regularly scheduled PUSAKA Wahyu Teratai activities. The analysis of the participant's quality of life scores was conducted on the mean and standard deviation (SD) of each subscale of The SF-36 Questionnaire.<sup>17</sup>

### 3. Results

PUSAKA Wahyu Teratai is a social organization located at Prenggan, Sidomulyo, Bambanglipuro, District of

Bantul, Yogyakarta. This organization was formed by the Prenggan community on April 8th, 2008, through the Decree of the Chairman of YKST Sidomulyo Number: 05/YKST/IV/2008. As the initiator and coach of the organization YKST Jakarta. This organization aimed to provide elderly care services in Prenggan. Based on the coordination meeting between the caretakers, YKST Jakarta, the local government of Sidomulyo, and community leaders, a total of 74 elderly residents in Prenggan were assessed as assisted elderly.<sup>10</sup>

PUSAKA Wahyu Teratai activities are conducted based on community support assisted by local

**Table 5.** Output evaluation of PUSAKA Wahyu Teratai, 2019.

Type of activities	Participation (%)
Implementation of the main activities:	
Health examination	88.73
Supplementary food	100
Light exercises:	
Walking	100.00
Elderly gym	67.61
Economic empowerment	67.61
Local art activities	100.00
Spiritual education	78.87
Recreation	78.87
Delivery lunch	67.61
Implementation of additional activities:	
Eid gift	100.00
Social service	100.00
Implementation of activities managed by assisted elderly: social welfare contribution	100.00

social volunteers. To oversee the implementation of the activity, YKST Jakarta and YKST Sidomulyo appointed four program assistants who came from retirees of the Indonesian Ministry of Social Affairs. In the beginning, the activities done in this program included: health examinations, light exercise (walking and elderly gym), spiritual education, supplementary food, and lunch delivery. The first activity was held on April 13th, 2008, and then the activity was held every Sunday morning from 06.30 until finished.<sup>10</sup>

Currently, the number and types of these activities are growing. It follows the development of the organizational capacity of PUSAKA Wahyu Teratai under the coach of YKST Jakarta. The number of participants also increased from the beginning of its formation in 2008, amounting to 74 elderlies to 84 in 2014. However, in 2019 the number decreased to 71 elderly because several elderly passed away in the last five years.<sup>18</sup>

The input evaluation aspect was conducted on the personnel element, infrastructure, facilities, and operational funds. Evaluation of the personnel element of the PUSAKA Wahyu Teratai program is shown in Table 2.

Based on Table 2, most of the PUSAKA Wahyu

Teratai caretakers are male, work as entrepreneurs, and have senior high school education. Based on the observation the caretakers served according to their respective fields of expertise, while community leaders were tasked with unifying and generating participants and communicating existing activities.

Results of the evaluation of the input aspects of infrastructure, facilities, and operational funds for the PUSAKA Wahyu Teratai program are shown in Table 3.

Table 3 shows that most of the infrastructure and facilities used by PUSAKA Wahyu Teratai belong to the organization. The rest belong to the Prenggan community. The principal source of operational funds for activities comes from YKST Jakarta. These funds were sufficient for the budget of the activities conducted. Based on the organizational documents, in the previous year funds came from several other sources, such as the Indonesian Ministry of Social Affairs, the Yogyakarta Special Region Provincial Social Service, and the Bantul Regency Social Service.<sup>10,12</sup>

Results of the evaluation of process aspects conducted in efforts to implement the program in 2019 are shown in Table 4.

Table 4 shows the program activities have been arranged in a weekly schedule. Observations showed the participants are accompanied by a person in charge of each activity. Walking and supplementary food are routine weekly activities. Health examinations, spiritual education, and local arts are routine monthly activities, while the delivery lunch activity is held every two weeks. Field observations indicated that documentation of activities has been done, although there are still many aspects that need to be completed. Activity reporting has been conducted in an annual report submitted to YKST Jakarta and other related parties.

The documentation of some of the activities conducted by PUSAKA Wahyu Teratai can be seen in Figure 2. Based on Figure 2, it appears that there are also incidental activities in the form of giving Eid gifts and social services.

Results of the evaluation of the output aspect in the form of participation in the activities held at PUSAKA Wahyu Teratai are shown in Table 5.

**Table 6.** Outcome evaluation of PUSAKA Wahyu Teratai, 2019.

Type of activities	Participation (%)
Implementation of the main activities:	
Health examination	88.73
Supplementary food	100
Light exercises:	
Walking	100.00
Elderly gym	67.61
Economic empowerment	67.61
Local art activities	100.00
Spiritual education	78.87
Recreation	78.87
Delivery lunch	67.61
Implementation of additional activities:	
Eid gift	100.00
Social service	100.00
Implementation of activities managed by assisted elderly: social welfare contribution	100.00

Based on Table 5, it appears that, in general, the level of participation is very good. The highest participation of 100% was achieved in supplementary food, delivery lunch, giving Eid gifts, social services, and social welfare contributions. Observations showed 12 participants (16.90%) suffered from chronic pain and physical limitations in their daily living activities. As a result, these participants were not always able to attend every activity. Usually, the participants can attend if their conditions were better and/or accompanied by families or other participants.

Concerning the physical limitations of the elderly, in the current economic empowerment activities, planting of Kepok banana, Raja banana, Ambon banana, and California papaya trees are chosen, which do not require much maintenance but have high economic value.<sup>10,12</sup> Economic empowerment is an activity that aims to increase the economic capacity of the community, either directly (for example, providing venture capital, and economic skills education) or indirectly (for example: protecting the economically weak).<sup>19</sup> Based on the organizational documents, the economic empowerment was initially done by raising Etawa

Crossbred (EC) goats. However, due to the physical limitation of the elderly and the lack of skills in raising EC goats, this activity was not successful. Finally, the caretakers, participants, and YKST Jakarta agreed to replace this form of economic empowerment with a more appropriate forum and form of livelihood.

Furthermore, the evaluation of the outcome aspect is the quality of life of participants. The results of this evaluation are presented in Table 6. The highest mean score of the quality of life subscale (domain) is Physical Function ( $88.17 \pm 20.29$ ), and the lowest is General Health ( $54.76 \pm 12.65$ ).

#### 4. Discussion

Based on the evaluation results, the PUSAKA Wahyu Teratai has a reasonably good input capital and a fair process of implementing activities. It is resulting in a reasonably high level of participation among the participants in each activity. Also, the outcome is a good quality of life for the participants.

Community empowerment is one of the seven health management components mentioned in Presidential Regulation Number 72 of 2012 concerning the National Health System Articles 2 and 3. In Article 7 paragraph 3, health development's basic principles consist of humanity, empowerment and independence, justice, equitable distribution, prioritization, and benefits.<sup>20</sup> This shows the importance of developing community empowerment in the health sector.<sup>6</sup>

In the Guidelines for Implementing and Fostering Community Empowerment in the Health Sector, community empowerment in the health sector is defined as the process of providing information to individuals, families, or groups continuously and continuously following developments, as well as the process of helping them change from not knowing to knowing or being aware (knowledge aspect), from knowing to willing (attitude aspect), and from being willing to being able to carry out the introduced behavior (action aspect).<sup>21</sup> Based on this definition, the evaluation showed that PUSAKA Wahyu Teratai has been running according to the existing definition. Under the guidance of YKST Jakarta, the Prenggan community, the caretakers, as well as the elderly participants of PUSAKA Wahyu Teratai have become

aware, willing, and finally able to carry out their guided community health behavior in activities organized by the organization since 2008.

Until now, there is no specific instrument to measure/evaluate how far a community group has reached in their level of empowerment. Darmawan *et al.* in 2012 developed an initial instrument to assess the level of community empowerment at the community level. This instrument consists of 7 components/ indicators of community potential, which are then translated into several sub-indicators, totaling 35 sub-indicators.<sup>22</sup> However, this instrument can only be applied at the community or community level in a health center working area, and has not been used in this study. Instead, the instrument used in this study refers to the health program evaluation instrument that focuses on input, process, output, and outcome.

Evaluation of the personnel input aspect (Table 2) showed that most caretakers have a senior high school education and they have different professional/ experience backgrounds. This program also involved community leaders according to local cultural wisdom in Prenggan. The involvement and cohesiveness of community leaders and health cadres are essential in the community empowerment process.<sup>23</sup> A study of the community empowerment model in the health sector shows that social capital and community participation were found to significantly influence the ability to solve local health problems in the Desa Siaga Program.<sup>3</sup>

Evaluation of the infrastructure and facilities input aspects (Table 3) showed that PUSAKA Wahyu Teratai has a very complete infrastructure. Not all of the existing infrastructure and facilities belong to the organization, but the caretakers and head of the Prenggan community lend their inventory for the continuity of activities, which should be appreciated. It showed the implementation of the principles of volunteerism, participation, and togetherness. Volunteering involves activities based on self-awareness and motivation to fix and solve existing problems, not coercion. Participatory means participation from decision making, planning and implementing activities, monitoring, and evaluation, to utilizing the results of activities. Togetherness

means the attitude to share feelings, work hand in hand in helping, and develop synergy.<sup>21</sup>

The operational fund evaluation (Table 3) showed there were efforts not to rely solely on operational funding sources from YKST Jakarta. Apart from raising internal funds by profit-sharing from economic empowerment activities, the caretakers also tried to raise funds from outside parties. Concerning funding to date, it has become a challenge to manage how to make the program run sustainably in the future without dependence on outside parties. It follows the autonomy principle, namely the ability to empower people to be independent or break away from dependence owned by each individual, group, or other institutions.<sup>21</sup>

Evaluation of the process aspects (Table 4 and Figure 2) showed that the implementation of PUSAKA Wahyu Teratai activities has been going well. It is especially because of the exceptional personnel, adequate infrastructure, good socialization of activities, high spirit of kinship and cooperation in the community for the activities' implementation, and high awareness of caretakers and participants to make the activity a success. A case study of the family empowerment program (Posdaya) showed that these factors and the length of stay and having vacant land, are supporting factors for program implementation and success.<sup>24</sup>

Evaluation of the output aspect (Table 5) showed that, in general, participants' participation in the activities held at PUSAKA Wahyu Teratai is relatively high. Compared to the results of previous studies, this participation rate is higher than the participation of the elderly in each activity at CECS in Bambanglipuro District in 2012.<sup>11</sup> This level of participation is also higher than the utilization rate of the CECS in the work area of Primary Health Care of Bambanglipuro by the elderly in 2011, namely 73.30%.<sup>25</sup>

Based on Table 5, participation in activities that require participants' attendance or involve physical activities (health examinations, light sports, local arts activities, spiritual education, and recreation) are not as high as other activities, because of the participants' physical limitations. Concerning physical limitations, the current economic empowerment activities are chosen with a more appropriate forum and form of

livelihood. It follows the principle of empowerment in the elderly who still pay attention to their function, wisdom, knowledge, expertise, skills, experience, age, and physical condition.<sup>7</sup>

Evaluation of the outcome aspect was conducted on the PUSAKA Wahyu Teratai participants' quality of life. Currently, quality of life is an important concept used as one of the criteria for evaluating health service interventions.<sup>26</sup> One previous study has shown that active participation in CECS is associated with a good quality of life.<sup>11</sup> The quality of life of the elderly is also influenced by the level of physical activity, sociodemographic factors, and health problem factors, such as hypertension, arthritis, chronic disease, and obesity.<sup>11,26-32</sup>

Table 6 shows that all of the quality of life domains' mean scores are more than 50.00. A study on hypertensive patients in Kalasan, Sleman, Yogyakarta, aged 40-75 years showed the following mean score of quality of life: PF (91.1 ± 14.6), RP (52.5 ± 42.9), BP (58.7 ± 17.8), GH (62.6 ± 9.4), VT (73.1 ± 14.7), SF (75.3 ± 20.7), RE (52.8 ± 42.5), and MH (81.5 ± 14.3).<sup>15</sup> Comparing these results, it appears that the quality of life mean scores of PUSAKA Wahyu Teratai participants are higher in the RP, BP, and RE domains.

The evaluation of these aspects can be used to measure the success of the community empowerment program of PUSAKA Wahyu Teratai. For community empowerment in the health sector to be achieved, synergy and collaboration are needed from four elements: empowerment, empowerment goals, healthy living activities, and community resources.<sup>1</sup> Reviewing the process of establishing and organizing PUSAKA Wahyu Teratai, it appears that good synergy and collaboration have been achieved between the following four elements:

- a. The driving force for empowerment, namely YKST Jakarta, is the initiator, coach, motivator, and facilitator who has sufficient competence and can build commitment with community leaders' support, both formal and informal.
- b. The target of empowerment is the Prenggan community, Sidomulyo, Bambanglipuro, Bantul, which acts as an agent of change for implementing healthy living behaviors (as the subject of health development).

c. Healthy living activities, which are conducted daily by the community to form habits and patterns of life, grow and develop, institutionalize, and culture in social life. In this case, the healthy living activities taught include the seven main activities and some additional activities.

d. Resources, which are Prenggan community potential, YKST Jakarta, and the Sidomulyo Village government, which include: funds, facilities, infrastructure, culture, methods, guidelines, and media that support the implementation of the community empowerment process.

Achieving synergy and collaboration between the four elements is not easy. It requires application of the principles of volunteerism, autonomy, self-reliance, participatory, egalitarian, democratic, openness, togetherness, accountability, and decentralization in their implementation.<sup>21</sup> Therefore, based on this evaluation, YKST Jakarta as a driving force of empowerment can be an example of properly carrying out this role.

The results of this study are expected to serve as an example for public health practitioners on how to conduct community empowerment programs in the health sector. Other social organizations and other community groups also can adopt activities that are following their conditions. A cross-sector policy is needed to support the continuity and sustainability of community empowerment programs.

This study has some limitations in exploring in more detail the initial process of community empowerment carried out by YKST Jakarta in the Prenggan community. Apart from the limited documents, in-depth interviews were also not conducted. Therefore, further research with a more appropriate design is needed.

## 5. Conclusions

PUSAKA Wahyu Teratai has a reasonably good input capital, and a fair process of implementing activities, resulting in output in the form of a reasonably high level of participation and outcomes of good quality of life from the participants. It shows that YKST Jakarta, as the driving force of community empowerment in Prenggan, has succeeded in empowering the community. The challenge faced by the PUSAKA

Wahyu Teratai caretakers at the present is how this program will continue to develop and be sustainable in the future without depending on funds from other parties. For this reason, more intensive coaching is needed from both YKST Jakarta, the local government of Sidomulyo, and related parties, to significantly optimize economic empowerment activities as an independent source of funding.

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### Conflict of interests

The author declared no potential conflict of interest concerning the research, authorship, and or publication of this article.

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