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Empowerment of the Disability Community through the Formation of Disability Cadres

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ABSTRACT
Background: People with disabilities are a vulnerable group in society and often face various obstacles in accessing basic services. Physical barriers, lack of information and lack of comprehensive services are the main obstacles that hinder access to adequate health services. The implementation of Posbindu has not included people with disabilities so far so there is no health data from people with disabilities. This problem shows that there is a significant gap in health services for people with disabilities. **Objective:** To fill the gap in health services for the disabled community. **Method:** Parcipatory Action Research (PAR) with data collection by interview and Focus Group Discussion (FGD). The data was analyzed using a qualitative method using a thematic analysis approach. **Results:** The six main factors faced by people with disabilities in accessing health services in the Kapanewon Kretek area are technical obstacles in accessing health services, limited physical access to health facilities, lack of proactive services, lack of program socialization, limited infrastructure and lack of family motivation. Intervention actions with a participatory approach involving people with disabilities as cadres in the implementation of disability-inclusive Posbindu. **Discussion:** Community empowerment with a participatory community approach is an important step to overcome the gap in access to health services for people with disabilities in the Kapanewon Kretek area. The results of the evaluation of the implementation of cadre training showed a significant increase in cadre knowledge and skills, although practical implementation challenges remained. Recommendations for empowerment development are increasing the duration of training content, continuous assistance, the existence of special modules for cadres with disabilities, periodic evaluation and monitoring, increased family participation, cross-sector collaboration and the development of inclusive policies.

Keywords: *Cadres, community empowerment, disability, focus group discussion, parcipatory action research, posbindu*

INTRODUCTION

Disability according to the World Health Organization (WHO) is defined as a general term that includes impairments, activity limitations, and limited participation[1]. In Indonesia, according to Law No. 8/2016 on Persons with Disabilities, disability is defined as any person who experiences physical, intellectual, mental, and/or sensory limitations for a long period who in their interaction with the environment may experience obstacles and difficulties to participate fully and effectively with other citizens[2]. WHO classifies disability through the International Classification of Functioning, Disability and Health (ICF), including three main dimensions, namely impairment, activity limitations, and participation restrictions[3]. Law No. 8/2016 classifies disabilities as physical, sensory, mental, intellectual, and multiple[4].

WHO emphasizes that people with disabilities have equal rights to access health services without discrimination. This principle is enshrined in the Convention on the Rights of Persons with Disabilities (CRPD) which calls on countries to ensure that health services are available, accessible, acceptable and of good quality for all, including persons with disabilities[5]. People with disabilities in Indonesia also have the same rights to access health services as stipulated in Law No. 8/2016[2]. However, people with disabilities in Indonesia still face various challenges in accessing health services, such as the lack of disability-friendly facilities, social stigma, and the lack of health workers trained in providing inclusive services[6].

One form of effort to overcome the problem of access to health services for people with disabilities is through the Integrated Service Post for Disability, which is often abbreviated as Posbindu Disability [7,8]. Posbindu disability is a development of the existing Posbindu, which specifically addresses the needs of people with disabilities. The purpose of the Posbindu inclusion for disability is to ensure that

people with disabilities have equal access to basic health services provided by Posbindu [7]. In contrast to Posbindu in general which has 5 service desks, Posbindu Disability has 7 service desks namely (1) registration services, (2) measurement services, (3) recording services, (4) Communication, Information and Education services, (5) treatment services, (6) therapy services (7) Empowerment.

The main obstacle to the development of posbindu disability is the lack of cadre skills in dealing with people with disabilities. Another inhibiting factor is the stigma and discrimination against people with disabilities which reduces their participation in the posbindu program[7,9,10]. In Kapanewon Kretek, Bantul, access to health services for people with disabilities is also limited. Based on BPS Bantul data in 2022, this area has no hospital and only one puskesmas without inpatient care, four auxiliary puskesmas and three pharmacies. The average distance to the main Puskesmas is 2 km, except for Donotirto village which has a Puskesmas in its area. These limitations exacerbate the condition of people with disabilities who require specialized services. Solutions to overcome these barriers include training cadres on communication and the needs of people with disabilities, improving infrastructure, and strengthening collaboration between the government and private sector to support the sustainability of inclusive Posbindu[7,11].

The number of people with disabilities in Kretek sub-district is significant, with 25 people with physical disabilities, 13 people with visual impairments, 23 people with hearing impairments, 132 people with mental disabilities, 10 people with a combination of physical and mental disabilities, and 27 people with other disabilities. With a total of 230 people with disabilities, the need for disability-friendly health services is becoming increasingly urgent. The Primary Care Integration Program (ILP) at Puskesmas does not fully cover the needs of people with disabilities. This gap highlights the need for inclusive services, such as the disability Posbindu in Kapanewon Kretek. Community-based Posbindu can bridge the limited access to formal services for people with disabilities by providing basic health services as well as community empowerment. This participatory and inclusive approach is expected to improve the quality of life of persons with disabilities. The support of the government, community, and social organizations is key to realizing equal and equitable health services for them.

Problem Formulation

Persons with disabilities are a vulnerable group in society and often face various obstacles in accessing basic services, including health services. In the Kapanewon Kretek area, people with disabilities are still unable to get basic health services. Although basic health services are available at Puskesmas and Posbindu, people with disabilities still have difficulty accessing these services. Physical barriers, lack of information and lack of comprehensive services are the main obstacles that prevent access to adequate health services. The implementation of Posbindu has not included people with disabilities. This is evidenced by the absence of specific health data recording the health status of people with disabilities in the Kapanewon Kretek area. This lack of data indicates that people with disabilities are not systematically reached by the health services provided by the Posbindu program, so their special needs are not well addressed. This problem indicates a significant gap in health services, especially for people with disabilities.

Empowerment Questions

1. What factors do people with disabilities face in accessing health services?
2. How can community empowerment improve accessibility to health services for people with disabilities?
3. What are the benefits of establishing an inclusive Posbindu for people with disabilities?

METHOD

This empowerment was carried out using the Participatory Action Research (PAR) method which was carried out from September 2024 to November 2024. PAR is an empowerment method that involves collaboration between researchers and participants to understand problems and take action oriented toward real social change. In this empowerment, people with disabilities, Posbindu leaders and health workers will be involved as active participants in identifying problems, formulating solutions and implementing corrective actions. The stages of this empowerment are carried out through several cycles, which consist of four main stages: planning, action, observation, and reflection[12,13].

Location and Subject of Empowerment

This disability community empowerment was carried out in the Kapanewon Kretek area. The Kapanewon Kretek administrative area is located south of the capital of Bantul Regency. The area of Kapanewon Kretek is 26.77 km2. The administrative area of Kapanewon Kretek includes 5 sub-districts namely: Tirtomulyo sub-district, Parangtritis sub-district, Donotirto sub-district, Tirtosari sub-district and Tirtohargo sub-district [15].

Kapanewon Kretek has a significant population of people with disabilities, including individuals with physical, sensory and intellectual disabilities. Based on data from Kapanewon Kretek, the total number of people with disabilities is 212 with a specific profile based on disability type, gender, age category, education level and employment status. Of the types of disabilities, the majority are mentally impaired (57%), male (88%), adult age category (60%), the last education is elementary/equivalent (38%), and 60% of people with disabilities are not working.

Table 1. Detailed profile of the disability community of Kapanewon Kretek

Category	Sub categories	Number (%)	Number (People)
Types of Disabilities	Disabled	11%	23
	Visually impaired	6%	13
	Deaf	10%	21
	Mentally impaired	57%	121
	Combination of physically and mentally disabled	4%	9
	Others	12%	25
Gender	Man	88%	187
	Woman	12%	25
Age	Child	9%	19
	Adult	60%	127
	Elderly	31%	66
Last Level of Education	No School	26%	55
	Elementary school equivalent	38%	81
	Junior high school equivalent	10%	21
	High school equivalent	14%	30
	Diploma	5%	11
	Bachelor	5%	11
	Unknown	2%	3
Employment Status	Not Working	60%	127
	Laborer	25%	53
	Self employed	8%	17
	Employee	5%	11
	Farmer	2%	4

Data Collection

Phase 1: Planning

Data collection was conducted through semi-structured interviews and Focus Group Discussions (FGDs). Semistructured interviews were used to explore the experiences of people with disabilities regarding access to health services. FGDs were conducted with participants from groups of people with disabilities, health workers and cross-sectoral organizations to identify problems and solutions. Primary data on the factors faced by persons with disabilities in the Kretek kapanewon area in accessing health services were collected through Focus Group Discussions (FGDs) (Table 2). FGD participants from across sectors were invited to attend meetings with researchers at the Main Hall of Kretek Health Center. The first meeting was held on September 18, 2024, attended by representatives from TKSK Kapanewon Kretek, representatives from the Kalurahan represented by Mr. Kamituo kalurahan, Head of Puskesmas Kretek, Puskesmas doctor and family doctor. The second meeting was held on September 25, 2024 at the same place, attended by a cross-sector consisting of TKSK Kapanewon Kretek, kamituo from 5 kalurahan in kapanewon Kretek, head of Puskesmas, and 10 persons with disabilities representatives from 5 kalurahan. All FGDs were led by a resident specialist in family medicine as a facilitator using semi-structured discussion guidelines and were audio recorded and transcribed with Verbatim.

FGD participants were people with disabilities and cross-sectoral representatives from Puskesmas, Kapanewon, and kelurahan. The FGD was conducted 2 times, then the results of the discussion will be analyzed and formulated into concrete recommendations for empowering the disability community in Kapanewon Kretek. The implementation of this FGD, it is hoped that the empowerment of the disability community can be realized to improve access to health services for people with disabilities in Kapanewon Kretek.

Table 2.Participatory Action Research (PAR) and objectives

Meeting	n	Participants	Objective
1	7	- Kamituo Kalurahan - Head of Puskesmas - Puskesmas doctor - Family Doctor	FGD 1: Identify barriers in providing health services for people with disabilities and the role of cross-sectors in improving accessibility of health services.
2	25	- Persons with disabilities - TKSK Kapanewon Kretek - Head of puskesmas Kretek - Kamituo Kalurahan - Health Promotion Officer Puskesmas	FGD 2: - identify experiences, challenges and barriers faced by persons with disabilities in accessing health services - formulate concrete solutions and action plans to improve accessibility of health services for persons with disabilities.
3	25	- Disability cadres - Puskesmas Health Promotion Officer - Health Center Nutrition Officer	Intervention Action: - Establishment and Training of disability cadres - Evaluation of the implementation of the Disability Cadre Training
4	40	- Disability cadres - Health Center Officer - Persons with Disabilities	Observation: - Observe the implementation of Posbindu disability - Data collection - Monitoring.

Stage 2: action aims to be the implementation of the action plan that has been prepared

Stage 3: observation aims to observe the implementation of the action plan, data collection and monitoring).

RESULTS

Stage 1

The data analysis presented in Table 3 answers the empowerment question, showing that there are six main factors faced by persons with disabilities in accessing health services in the Kapanewon Kretek: technical obstacles in accessing health services, limited physical access to health facilities, lack of proactive services, lack of program socialization, limited infrastructure and lack of family motivation. Empowerment is carried out by implementing inclusive Posbindu and involving people with disabilities as disability cadres. Disability cadres are given special training for 1 day consisting of 2 sessions, namely material sessions and simulations or practices. With the implementation of inclusive Posbindu, it is hoped that it can fill the gaps faced by the disability community in accessing health services, especially in the Kapanewon Kretek.

Table 3. Results of thematic analysis based on themes, subthemes and main themes

Interview Sentences	Themes	Subthemes	Main themes
"Communication, the use of the link may not be possible, quota limitations..."	Technical Obstacles	Hambatan akses layanan melalui teknologi	Kendala teknis dalam akses layanan kesehatan
"It's difficult for friends to queue at the Health Center. Please handle it immediately..."	Queue difficulties	Physical barriers to accessing services	Limited physical access to health facilities
"They need different treatment... pick up the ball or better communication..."	Health outreach	Proactive health service needs	lack of proactive services
"Many don't know about jamkesus..."	Lack of information	Unequal information	Lack of program socialization
"The main problem is access... facilities and infrastructure are inadequate"	Inadequate facilities and infrastructure	Limited access to infrastructure	Limited infrastructure for people with disabilities
"Families lack motivation causing them not to come to the Posyandu"	Lack of family motivation	Family role in service access	Lack of family motivation in supporting people with disabilities
"We offer an inclusion posbindu solution, this is specifically for friends with disabilities"	Inclusive posbindu program	Solutions through special health programs	Implementation of inclusive health programs
"There needs to be cadres from the disabled community to motivate others."	Disability cadres	Disability involvement in empowerment	Disability community empowerment

Table 4. Results of Evaluation of Cadre Training with Observation

Participant	Attendance (1-5)	Active Participation (1-5)	Teamwork among participants (1-5)	Skill in Performing Tasks (1-5)	Compliance with Procedures(1-5)
Participants 1	5	5	3	1	3
Participants 2	5	5	3	3	3
Participants 3	5	5	4	3	3
Participants 4	5	5	4	3	3
Participants 5	5	5	4	1	3
Participants 6	5	5	3	1	3
Participants 7	5	5	2	1	1
Participants 8	5	5	3	1	3
Participants 9	5	5	3	1	3
Participants 10	5	5	3	2	3
Participants 11	5	5	3	2	3
Participants 12	5	5	4	3	3
Participants 13	5	5	4	3	3
Participants 14	5	5	4	3	3
Participants 15	5	5	4	3	3

Stage 2

Table 5. Average score participant

Participant	Score	Average score	Achievement categories
Participants 1	17	3.4	enough
Participants 2	19	3,8	good
Participants 3	20	4	good
Participants 4	20	4	good
Participants 5	18	3.6	good
Participants 6	17	3.4	enough
Participants 7	14	2.8	enough
Participants 8	17	3.4	enough
Participants 9	17	3.4	enough
Participants 10	18	3.6	good
Participants 11	18	3.6	good
Participants 12	20	4	good
Participants 13	20	4	good
Participants 14	20	4	good
Participants 15	20	4	good

Table 6. Average score per indicator

No.	Indicator	Total Score	Average Score
1	Attendance	25	5
2	Active Participation	25	5
3	Teamwork among participants	39	2.6
4	Skill in Performing Tasks	30	2.07
5	Compliance with Procedures	43	2.8

Table 7. Results of pre-test and post-test training for cadres with disabilities

Participant	Pretest Score	Postest Score
Participants 1	50	70
Participants 2	55	60
Participants 3	45	45
Participants 4	60	70
Participants 5	40	50
Participants 6	35	40
Participants 7	40	40
Participants 8	55	60
Participants 9	45	45
Participants 10	35	45
Participants 11	65	75
Participants 12	55	70
Participants 13	55	80
Participants 14	60	80
Participants 15	60	75

Table 8. t-Test results

	Variable 1	*Variable 2*
Mean	50,33333	60,33333
Variance	94,52381	223,0952
Observations	15	15
Pearson Correlation	0,884558	
Hypothesized Mean Difference	0	
df	14	
t Stat	-4,9705	
P(T<=t) one-tail	0,000103	
t Critical one-tail	1,76131	
P(T<=t) two-tail	0,000205	
t Critical two-tail	2,144787	

Stage 3

Table 9. Observation results of the implementation of the SEMBADA Disability Posbindu

No	Evaluation Aspect	Indicator	Question Observation	Yes	No	Notes
1	Preparation	Posbindu Socialization	Have Posbindu activities been socialized to participants with disabilities and their families?	v		has been socialized, but it is still too close to the implementation time
		Location Readiness	Is the Posbindu location disability-friendly (easy accessibility, adequate space)?	v		The location of the posbindu is in the middle of the Kretek district
2	Implementation	Availability of Facilities and Infrastructure	Are examination tools (scales, measuring instruments, etc.) available and ready to use?		v	Scales do not exist because they are all used at the health center, alternatively using LILA for Body weight estimation
		Service Flow	Is the service flow clear and easy to follow for participants with disabilities?		v	It has not been properly organized so that there is a buildup in the room
		Time Discipline	Do activities start and finish according to a predetermined schedule?	v		The activity started at 09.00 and finished at 11.00 because there were not many participants who attended
		Availability of Human Resources	Is the number and competency of cadres sufficient to serve participants with disabilities?		v	The number of cadres is only 4 people, so it is still not enough to handle participants with disabilities
3	Interaction and Communication	Participant Participation	Is the number of participants in accordance with the expected target?		v	The target of participants is 40 people, of which 10 people attended
		Disability Friendly Communication	Do officers and cadres communicate in a disability-friendly manner (e.g., use of sign language if needed)?	v		Because there is a companion who accompanies so that cadres do not have difficulty communicating
4	Quality of Health Services	Provision of Clear Information	Are participants given easy-to-understand explanations of the screening procedures?	v		have been given explanations directly to the participants and to their companions
		Completeness of Examination	Have all examinations according to Posbindu procedures been conducted (blood pressure, weight, etc.)?	v		has been done all, except for BB weighing, which is converted by measuring LILA because there is no weighing device
5	Follow-up	Ketepatan Pencatatan	Apakah data pemeriksaan dicatat dengan akurat dalam formulir yang disediakan?	v		All data is recorded in the form that has been determined by Jamkesos
		Accuracy of Recording	Is the examination data recorded accurately in the form provided?	v		Currently, no one has been referred
		Documentation and Reporting	Are the results of Posbindu implementation recorded and reported to relevant parties?	v		The results of the Posbindu are recorded and reported to Jamkesos and the person in charge of the cluster at the Puskesmas

Table 10. Results of interviews with posbindu participants, posbindu cadres and officers/cross-sectors

Interview Sentences	Themes	Sub themes	Main Themes
"I received an invitation and information from the health center... coincidentally, I participated in FGD activities and training for disabled cadres."	Information from the health center	Socialization of Posbindu activities	The importance of socialization in the implementation of Posbindu
"Yes, because Mr. Saif's house is often a place when there are activities related to disability."	Strategic location	Easy location access	Location accessibility factors in supporting participation
"Yes, everyone is good and friendly, I'm very happy."	Friendly attitude of the officers	Inclusive service	Quality of interaction in Posbindu services
"Hopefully it will not be just now, and it can be held regularly."	Harapan kegiatan rutin	Continuity	Sustainability of the Posbindu disability program
"I think the flow is so maybe later the registration section is in front, measurement in the middle, inspection inside. The cadre also needs to be added."	More effective service flow	Efficiency	Optimization of Posbindu services
"In my opinion, the preparation is still lacking coordination. Like the invitation is too tight."	Lack of coordination of preparation	Challenges in planning	Planning and coordination effectiveness
"My suggestion for invitations should be given physically as well and circulated at least 3-4 days before implementation."	invitation	Improvement of the invitation mechanism	Communication effectiveness in the implementation of Posbindu

DISCUSSION

The implementation of Posbindu Disability that involves people with disabilities as disability cadres in Kapanewon Kretek is a significant step in overcoming barriers and challenges in terms of access to health services for people with disabilities. Identified in this empowerment, there are six main factors faced by people with disabilities in accessing health services, namely technical obstacles in accessing health services, limited physical access to health facilities, lack of proactive services, lack of program socialization, limited infrastructure and lack of family motivation. These factors have been widely recognized in the literature as significant barriers for people with disabilities in obtaining equal health services, that there are three main types of barriers namely cultural beliefs or attitudinal barriers, information barriers and practical barriers[15].

Empowerment through the involvement of people with disabilities as cadres is a key strategy in this endeavor. Previous research has shown that participatory approaches that involve communities in the management of health programs have the potential to strengthen interventions and increase awareness and ability independently[16]. The main advantage in this empowerment program is the direct involvement of people with disabilities as cadres who are able to create an emotional connection between cadres and service recipients[17].

The one-day training, which includes material and simulation or practice sessions, is intended to prepare cadres with the required practical skills. Through an observational approach of this cadre training, it shows excellent participation from participants which is an indication of the initial success of this empowerment program. However, the challenge faced is in the implementation of practical skills, especially in participants with severe disabilities. This is in line with findings showing that people with disabilities often face difficulties in applying the skills they learn if there is no further assistance. Therefore, a continuous mentoring approach is important to ensure that all participants can apply their skills effectively. In line with the observational evaluation, the pretest-post-test evaluation also showed that the disability cadre training program had a significant impact on improving participants› knowledge and skills.

The evaluation of the implementation of Posbindu Disabilitas Sembada in Kapanewon Kretek showed that the activities went according to plan. The strategic implementation location and adequate accessibility for people with disabilities are advantages that support the implementation of Posbindu disability activities. Another very meaningful advantage is disability-friendly communication with the presence of assistants who accompany people with disabilities making it easier for participants to understand procedures and feel more comfortable. The inclusive attitude of the staff also creates a supportive atmosphere in providing health services that respect the diverse needs of participants. However, in its implementation there are still challenges that need to be overcome to improve its effectiveness. One of the main challenges is the lack of weighing facilities, which necessitates the use of alternatives such as using upper arm circumference (LILA) to measure weight. This limitation could potentially affect the accuracy of the data collected. In addition, the limited number of kaders is also an obstacle in ensuring optimal service delivery, especially for participants with special needs. The limited number of cadres occurs because the disability cadres consist of people with disabilities and representatives of cadres from 5 kalurahan in Kapanewon Kretek. However, cadres from people with disabilities have limitations to play an active

role in carrying out procedures during the implementation of this Posbindu. Another obstacle is the less than optimal flow of services during the implementation of Posbindu which causes the accumulation of participants in the health examination room. This was due to the unsupportive room arrangement. The lack of socialization and coordination and communication before the implementation of Posbindu is also an obstacle, which is indicated by the low number of participant participation (only 10 people out of a total of 40 participants). Factors that become obstacles in communication with participants are the absence of contact numbers for assistants, there are contact numbers but cannot be contacted**.**

Important recommendations that can be given for the development of empowerment programs in the future are increasing the duration and content of training, ongoing assistance is needed especially for those who have difficulty in applying practical skills, the need for more specific modules for cadres with disabilities, the need for regular monitoring and evaluation to help identify deficiencies that still need to be corrected and provide feedback for cadres to continue to improve their abilities, the need for education and motivation programs to increase family participation, cross-sector collaboration in order to strengthen infrastructure, accessibility and sustainability of health programs that are inclusive of people with disabilities and the development of inclusive policies that ensure that people with disabilities have equal access to health services.

CONCLUSION

This disability community empowerment revealed six main factors faced by people with disabilities in accessing health services in Kapanewon Kretek, namely technical obstacles in accessing health services, limited physical access to health facilities, lack of proactive services, lack of program socialization, limited infrastructure and lack of family motivation. Therefore, interventions carried out with a participatory approach involving people with disabilities as cadres are able to strengthen the awareness and independent capacity of the disability community. The cadres act as agents of change who bridge the gap in access to health services, while increasing their confidence in supporting other disability communities. Evaluation results showed that the training significantly improved the knowledge and skills of disability cadres. Similarly, the implementation of Posbindu Disability has been carried out in accordance with the plan but there are still some significant challenges that need to be improved. These challenges include limited facilities such as weighing equipment, insufficient number of cadres to handle participants with special needs, and unoptimal service flow resulting in a buildup of participants in the examination room. In addition, the low participation rate of participants was also influenced by the lack of socialization and coordination prior to implementation. To improve the effectiveness of the next Posbindu activity, it is recommended that there be earlier socialization, optimization of service flow, increasing the number of disability cadres, and careful planning so that Posbindu Disability can take place regularly and ensure sustainable health services for the disabled community in Kapanewon Kretek.

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Ethical Approval and Informed Consent

This empowerment was approved by the Ethics Committee of the Korpagama Family Doctor Clinic of Gadjah Mada University, with ethical approval number 6/Komite Etik/2024. All empowerment participants signed an agreement showing that they agreed to participate in the empowerment of the disability community in Kapanewon Kretek.

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Availability of Data and Material

Data uses primary data by FGDs, interviews and observations.

Conflicts of Interest

The authors declare that they have no Conflicts of Interest.

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