





The Cultural Meaning of Ageing: Community Health Posts as Psychosocial Arenas of Embodiment and Social Relations

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ABSTRACT

This article explores how community-based health service posts in Indonesia for ageing individuals – called *Posyandu Lansia* – become an arena for health care, and how local sociocultural practices shape their self-understanding of ageing. The study employed a qualitative ethnographic approach, with data collection techniques including participant observation, in-depth interviews with ageing individuals at the *Posyandu* and in their homes, and field documentation. Data analysis was ongoing throughout the research, including visits to the homes of ageing individuals, triangulation, and analysis of sociocultural issues from field notes. The results indicate that *Posyandu Lansia* is understood emically by ageing individuals not only as a place for routine health services, but also as a space for social interaction, sharing experiences, motivating one another, receiving emotional support, and affirming self-worth. In this context, *Posyandu* becomes a space for social relations for them. These situational and contextual conditions confirm the research findings that *Posyandu Lansia* not only plays a role in maintaining physical health but also operates in a psychosocial and cultural arena that shapes the meaning of becoming an ageing individual, making oneself valuable by forming an ageing community institutionally supported by the state.

Kata kunci: Ageing individuals, psychosocial, *posyandu lansia*, social relations

ABSTRAK

Artikel ini menjelaskan bagaimana *Posyandu Lansia* di Indonesia menjadi sebuah arena layanan kesehatan dan interaksi sosial budaya yang memengaruhi cara lansia memaknai penuaan. Penelitian menggunakan pendekatan kualitatif etnografi, teknik pengumpulan data melalui observasi-partisipasi, wawancara mendalam dengan individu lanjut usia, dan dokumentasi lapangan. Analisis data secara on going selama penelitian berlangsung dan juga mengunjungi rumah para individu lanjut usia, proses triangulasi dan analisis isu-isu sosial budaya dari filednotes. Hasil penelitian menunjukkan bahwa *Posyandu Lansia* dipahami secara emik oleh lansia bukan hanya sebagai tempat pelayanan kesehatan rutin, melainkan sebagai sebuah ruang interaksi sosial, berbagi pengalaman, saling mendapatkan dukungan emosional, dan meneguhkan keberhagaan diri. Dalam konteks itu, *posyandu* menjadi ruang relasi sosial bagi mereka. Kondisi situasional dan kontekstual itu menegaskan temuan penelitian bahwa *Posyandu Lansia* tidak hanya berperan dalam pemeliharaan kesehatan fisik, melainkan sebuah arena psikososial dan budaya yang membentuk makna bagaimana berproses menjadi individu berusia lanjut, menjadikan dirinya berharga dengan membentuk komunitas lansia yang didukung secara institusi oleh negara.

Kata kunci: Lansia, psikososial, *posyandu lansia*, relasi sosial



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1. Introduction

Indonesia is currently undergoing a demographic transition, marked by an increasing proportion of ageing individuals. According to data from the Central Bureau of Statistics (Badan Pusat Statistik), the ageing

population in Indonesia is projected to reach approximately 11.93% of the total population in 2025, with an old-age dependency ratio of 11.00. The majority of this group are women and are predominantly classified as "young ageing," aged 60-69 years (BPS, 2025). Data from the Central Bureau of Statistics (Badan Pusat Statistik) also indicate that Indonesia has entered an ageing population structure, meaning that one in every 10 citizens is categorised as an ageing individual (or, as some researchers use the term, an older adult). This condition represents a demographic bonus, as a portion of them remains productive and continues to contribute to the nation. At the same time, it poses a challenge, since another portion transitions into non-productive status and is at risk of becoming a vulnerable population (BPS, 2025). Countries with a rapidly ageing population face multidimensional challenges, and Indonesia must prepare policies to address them. Strengthening *Posyandu Lansia* as a community health policy is crucial for Indonesia to safeguard the well-being of its ageing population (Putri et al., 2024; Sitohang, 2023; Tuwu et al., 2023), especially to improve their quality of life (Ekawati et al., 2020).

In this article, the authors use the term ageing individual to refer to older persons. This choice is intended to emphasize ageing as a continuous process rich in cultural meaning, rather than a static age category. Throughout the article, this terminology is consistently used to capture the lived experiences of ageing individuals within the social and cultural networks that shape how they interpret the ageing process.

Ageing individuals are generally categorized as a vulnerable group, facing various chronic health problems such as hypertension, stroke, diabetes mellitus, joint pain, sleep disorders, and a decline in cognitive function (Amalia & Sjarqiah, 2023; Ciumărnean et al., 2022; Fijri et al., 2025a; Gati et al., 2023) and depression-related disorders (Ekawati et al., 2020; Suhartanti et al., 2023). A study in China shows that ageing individuals with two or more chronic diseases simultaneously face an increased risk of disability, reduced quality of life, and mortality (Zhang et al., 2024). A similar condition is also experienced by ageing individuals with dementia, who are often perceived as a burden to their families (Sembiring, 2002). Then, there are stigmatizing attitudes among medical professionals, particularly physicians, that are still found toward patients with dementia (Warren & Wynia, 2025). Stigma is not only directed at ageing individuals with dementia, but also at their caregivers, who are often regarded as performing low-status or "dirty work" (Oliveira & Musyimi, 2025).

As a preventive and promotive intervention, the Indonesian government has developed the *Posyandu Lansia* program, which aims to monitor health conditions, provide health education, and create a social space for ageing individuals to remain active and independent (BKKBN, 2024). The *Posyandu Lansia* program began to be developed in the 1990s through Law No. 13 of 1998 on Elderly Welfare, which serves as the primary legal foundation for protecting ageing individuals in Indonesia. According to Law No. 13 of 1998, ageing individuals are defined as citizens aged 60 years and above, and are categorized into two groups: potential ageing individuals (still productive) and non-potential ageing individuals (requiring assistance). This legal definition aligns with international standards, such as those of the World Health Organization (WHO) and the United Nations, which generally classify older persons as individuals aged 60 years and above. By adopting this framework, Indonesia situates its ageing policies within a global context while tailoring community-based initiatives such as *Posyandu Lansia* to address local cultural and social needs.

In the local context, the *Posyandu Lansia* in Sei Beras Sekata Village (Sunggal Subdistrict, Deli Serdang Regency) represents one form of program implementation. This *posyandu* has carried out various activities, ranging from routine health examinations and health education to social activities. The organizers reported that attendance among ageing individuals remains fluctuating: some participate regularly according to the scheduled checkup, while others occasionally miss sessions. The majority of registered participants, however, attend consistently. This condition reflects the dynamics in the acceptance and utilization of *posyandu* services by ageing individuals. Those who attend often arrive in wheelchairs accompanied by family members; some come independently with walking sticks, while others travel on their own by rickshaw. The enthusiasm of these ageing individuals constitutes a phenomenon that underlies the interest in conducting this study, particularly to explore their primary motivations and perceptions in actively visiting the *posyandu* despite the limitations they face.

Several studies have highlighted that *Posyandu Lansia* functions not only as a health service, but also as a social and cultural space that brings ageing individuals together with their peers. Monteiro et al. (2024) emphasized that the involvement of ageing individuals in social activities is closely related to their well-being, making spaces such as *posyandus* an essential arena for improving their mental health. In line with this, Raharjo et al. (2024) demonstrated that community-based interventions have proven effective in reducing the psychological and social crises faced by ageing individuals. Li & Lepore (2025) further stressed that health interventions for ageing individuals must incorporate comprehensive policy factors and broad social support, as their health is deeply intertwined with social and cultural contexts. Wardaningtias & Putri (2024) also found that *posyandu* activities are associated with higher levels of subjective well-being and reduced anxiety, positioning *posyandu* as a social support space for ageing individuals in addressing psychosocial challenges. Other studies have shown that *Posyandu Lansia* effectively enhances social well-being, alleviates loneliness, and increases social interaction and participation among ageing individuals, thereby improving their mental health (Asmarah & Rodiyah, 2025; Cahyadi et al., 2022; Lusi et al., 2024). Moreover, *Posyandu Lansia* has been recognized as an effective site for psychosocial interventions, with community cadres serving as agents of social change for ageing individuals (Yusnita, 2024). Thus, *posyandu* can be understood as a psychosocial space for ageing individuals, not merely a health service. While these studies have provided valuable insights into the psychosocial role of *Posyandu Lansia*, they have not yet examined in depth how local cultural traditions and norms shape ageing individuals' perceptions of *posyandu* and their sense of self-worth. This gap highlights the need for further investigation into the cultural dimensions of ageing, particularly how community-based health initiatives intersect with local values to influence both physical and mental well-being. Accordingly, the present study seeks to explore the motivations and evaluations of ageing individuals in engaging with *Posyandu Lansia*, with special attention to the role of local culture in shaping their experiences.

This study is grounded in the concept that *posyandu* serves as a sociocultural space where the meaning of being an ageing individual is constructed. Ageing is not merely a biological process defined by chronological indicators, but rather a sociocultural phenomenon shaped by tradition, norms, and community practices. To analyse this, the study adopts Clifford Geertz's interpretive anthropology, which views culture as a "web of significance" woven by humans themselves. Within this framework, social actions are understood as "texts" that must be interpreted in their cultural context (Geertz, 1973). This perspective allows the research to explore how ageing individuals are treated, understood, and assigned roles within their communities, and how local cultural constructions influence their perceptions of *Posyandu Lansia* and their sense of self-worth. This research also takes into account Cohen's perspective, which argues that ageing is not a universal concept but is continually negotiated through social and cultural relations. Old age, therefore, is understood as a socially and culturally constructed phenomenon (Cohen, 1994). Illness and healing are biocultural phenomena; experiences of the body and health cannot be separated from the values, traditions, and norms that exist within a society (Ekatarina, 2023). In the context of *Posyandu Lansia*, health service processes and the interactions within them should be examined in their context. Within this framework, *Posyandu Lansia* emerges as a unique model of community-based care in Indonesia. It integrates health monitoring with social interaction and cultural affirmation, thereby reinforcing both physical well-being and psychosocial resilience. More importantly, it highlights how local cultural meanings affirm the dignity and self-worth of ageing individuals, situating them as active participants rather than passive recipients of care. By examining *Posyandu Lansia* through this lens, the study contributes to broader global debates on ageing, community health, and cultural constructions of old age.

2. Method

2.1 Qualitative, Data Collection Techniques and Analysis

This study employs a qualitative, ethnographic approach, focusing on the practices, experiences, and interactions of ageing individuals within the context of *Posyandu Lansia* activities from early September 2025 to the end of October 2025, with follow-up visits conducted in mid-November 2025 to address missing data.

The ethnographic approach was chosen because it enables the researcher to gain an in-depth understanding of the everyday experiences of the subjects, how they construct and reconstruct meaning, and how they respond to particular activities or phenomena. Ethnographers describe ethnography as "the art and science of describing a group or culture" (Fetterman, 2010) and as "the work of describing a culture. The essential core of this activity aims to understand another way of life from the native point of view" (Spradley, 1980).

The data collection techniques in this study included participant observation, in-depth interviews, and documentation. Participant observation was carried out by following the entire series of activities of the research subjects, recording interactions among them, communication with health cadres at *Posyandu Lansia*, and the dynamics of the services provided (Spradley, 1980). The results of in-depth interviews and observations were subsequently analyzed through fieldnotes, which identified cultural meaning patterns emerging from verbatim transcription data and categorized the data according to the study's focus (Emerson et al., 2011; Agrosino, 2007). The themes that emerged then served as the basis for structuring and presenting the research findings.

2.2. Research Setting

The study was conducted in Sei Beras Sekata Village, located in Sunggal Subdistrict, Deli Serdang Regency, North Sumatra Province, Indonesia. Geographically, Sei Beras Sekata is situated in a peri-urban area, reflecting a blend of rural traditions and the growing influence of nearby Medan City. The village community is characterized by strong kinship ties, active neighborhood associations (five sub-villages), and collective participation in local events, which provide a supportive environment for ageing individuals. The dominant ethnic group in the village is the Karonese, while the earliest migrants were Javanese, followed by the Toba and Simalungun, and several other smaller ethnic groups.

These groups share a common sociocultural characteristic: they maintain clan structures and adhere to a patrilineal lineage system in which descent and inheritance are traced through the male line. Kinship ties within these groups are strongly emphasized, and clan affiliation plays a central role in shaping their social life. In contrast, the Javanese migrants, who arrived later, do not have clan structures and instead practice a bilateral lineage system, recognizing descent from both maternal and paternal lines. This system tends to produce more flexible kinship networks, with social identity less bound to clan affiliation and more oriented toward nuclear family relations. Some residents have also engaged in interethnic marriages, creating a dynamic sociocultural environment.

3. Result and Discussion

3.1 General Condition of Posyandu Lansia and Ageing Individuals

Posyandu Lansia in Sei Beras Sekata Village has been operating since 2016. This village operates *Posyandu Lansia* in two locations: Dusun 1A (Srigunting) and Dusun 3, both of which serve as focal points for community-based health and social activities for ageing individuals. The presence of two *posyandu* sites allows for broader coverage and accessibility, ensuring that ageing individuals from different hamlets can participate. The routine schedule of activities during the period of this study was on the 17th of each month. If the date coincides with an official holiday or Saturday, the date may be moved forward or backward and will be announced to the ageing participant. Data from *posyandu* cadres indicated that approximately 80 ageing individuals were registered at the *posyandu* in both location.

The number of participants attending each month varied between the two *posyandus*, ranging from about 30–40 individuals in both area. This variation occurred because each ageing individual's visits differed according to their needs, medical conditions, and the timing of their medication refills. Regular *posyandu* services began at 09:00 WIB and continued until completion, usually around 13:00 WIB, depending on the number of participants. Some ageing individuals arrived on foot because their homes were nearby, while others were accompanied by family members or arrived by motorized rickshaw. Those who attended were generally still physically active and accustomed to participating in community social activities. Meanwhile, ageing individuals who attended less frequently were often constrained by physical conditions and required guidance from relatives to reach the *posyandu*.

Ageing individuals who attend the *posyandu* in Sei Beras Sekata Village are generally aged 60 years and above, with backgrounds as farmers, housewives, retired civil servants, and private-sector employees. Some of them are between 55 and 59 years old, which falls into the pre-elderly category. In accordance with the Regulation of the Minister of Health No. 25 of 2016 on the National Action Plan for Elderly Health, the guidelines from the Ministry of Health of the Republic of Indonesia explicitly specify the target age groups for elderly health services, including pre-elderly (45–59 years), elderly (60+), and high-risk elderly (>70 years). Similarly, the handbook for the implementation of *Posyandu Lansia*, which is widely used operationally at the village and community health center levels, also regulates direct targets, covering the pre-elderly group (45–59 years).

Some of them are affectionately addressed in local languages. Among the Karo, ageing women are called "*Bi*" or "*Bibi*" (aunt), or "*Tigan*" and "*Biring*." For example, a woman from the Sembiring clan would be called "*Biring*," from the Tarigan clan "*Tigan*," and from the Ginting clan "*Iting*." At times, the word "*Nini*," meaning grandmother, is added, resulting in forms such as "*Nini Tigan*" or "*Nini Iting*." The situation differs for ageing men, who are generally addressed as "*Bulang*" or "*Laki*." Occasionally, they may also be referred to in relation to their grandchildren, such as "*Bulang Aldo*," meaning the grandfather of a grandchild named Aldo.

For ageing individuals of Toba and Simalungun ethnicity, the common term of address for both men and women is "*Opung*" (or *Ompung*), followed by their respective clan names. For example, a woman from the Pasaribu clan would be addressed as *Opung Boro Pasaribu*, while a man would simply be called *Opung Pasaribu*. At times, if an ageing individual requests to be addressed by a specific name, health cadres or community members will follow that preference. Meanwhile, in Javanese culture, elders are typically addressed by their names preceded by "*Bapak*" (Mr.) or "*Ibu*" (Mrs.) as a sign of respect, or more generally as "*kakek*" (grandfather) and "*nenek*" (grandmother) in Indonesian, or "*mbah*" for both men and women as a grandparent. At times, Javanese people refer to elders as "*mbah putri*" (grandmother) and "*mbah kakung*" (grandfather), but health workers rarely use such terms at the *posyandu*. Health workers usually call their names twice and announce the registration queue by the name on their identity card to make identification easier. For medical examinations, the call may also include the hamlet name if there are two individuals with the same name or clan. For example, "*Mbah Sukarti* from Hamlet 3," "*Nini Tigan* from Hamlet 1," or "*Opung Pasaribu* from Hamlet 2." This practice ensures that no mistakes occur in the examination queue.

Ageing individuals who are no longer able to earn income routinely are generally above 75 years of age and often experience physical complaints. Nevertheless, some remain active in farming, cultivating secondary crops such as purple eggplant, finger-shaped eggplant, or long beans in small plots near their homes. In Karonese terminology, this type of small-scale farming is called *reba*, a specific category within the local agricultural system. Many ageing individuals aged 60 to 70 years continue to engage in *reba* farming with various secondary crops and also cultivate rice in paddy fields. Specific individuals, particularly ageing men, still independently carry out pesticide spraying in their rice fields and dryland gardens. When experiencing health problems, they often assume supervisory roles, overseeing hired laborers working on their rice fields. Those who are no longer able to go to the fields or manage *reba* gardens usually remain at home, occasionally visiting neighborhood coffee stalls or nearby fruit kiosks to socialize and accompany neighbors while they conduct their trade.

The general health complaints of ageing individuals in Sei Beras Sekata are not significantly different from those commonly found in other regions. Most ageing individuals experience conditions typically associated with advanced age, such as hypertension, joint pain, rheumatism, vision problems, insomnia, and fatigue (Fijri et al., 2025b; Handajani et al., 2022; Khasanah et al., 2024; Zakiyah et al., 2023). Many of them remain actively engaged with the *Posyandu Lansia*, using it as a space for routine health monitoring, social interaction, and exchanging information about their health status. Some attend accompanied by relatives throughout the examination, while others arrive independently using motorized rickshaws. In some instances, relatives escort them only to the *posyandu* and return later to pick them up, without staying during the examination process.

3.2 Engagement of Ageing Individuals in Community Health Services: Routines and Behavioral Insights

The Posyandu Lansia in Sei Beras Sekata Village provides a series of health services to monitor the physical condition and improve the quality of life of ageing individuals. Each meeting begins with registration, during which health cadres record the identities of ageing participants. The required documents are the Family Card or Identity Card, which are part of the administrative procedures and symbolize the formal state administration. If these documents are not brought, health workers will ask the ageing participants to return home to retrieve them. This regulation is carried out to ensure orderly administration in accordance with the applicable standard operating procedures.



Figure 1&2. Activities of the Posyandu Lansia in Sei Beras Sekata Village
Source: Research data (2025)

After registration, health workers conduct initial examinations in accordance with applicable standard operating procedures. One of these is measuring body indices, including height, weight, and waist circumference. The activities continue with blood pressure measurement, which serves as a basic indicator for regularly monitoring health conditions. The *Posyandu* also provides additional services such as blood glucose, cholesterol, and uric acid tests, enabling ageing individuals to gain a more comprehensive understanding of their health status. These checkup processes are conducted monthly and recorded under each individual's name in their medical record. Such documentation assists both health workers and ageing individuals in monitoring changes in health conditions in detail and anticipating the potential emergence of other diseases.

During physical examinations, the *posyandu* also provides personal consultations. Ageing individuals can express complaints, inquire about medications, or discuss their health conditions in a more private setting. This facility supports those who may be reluctant to speak in public or who have specific concerns about their illnesses. The individual mentoring process enables health workers to offer guidance and engage in discussions about healthy lifestyle practices needed by ageing individuals.

Based on field observations and interviews, the Posyandu Lansia's physical health services help ageing individuals regularly monitor their health. Blood pressure, blood sugar, and cholesterol checks provide a sense of security while also serving as reminders to maintain a healthy lifestyle. One informant, Mrs. Yanti, illustrated the value of these services to her. She came with complaints of unstable blood pressure, had just undergone a health check, and received medication from the *posyandu* staff. Mrs. Yanti (59 years old) explained:

"We get to know our blood pressure and blood sugar levels. If we don't go to the posyandu, how would we know, dear? Sometimes my head feels dizzy, and it turns out my blood pressure is already high. I was examined, and my blood pressure was indeed high, so they gave me medicine for it [while showing the medication provided by the posyandu staff]. Rather than going to the hospital, which is far, they also gave me this [she showed powdered milk from the posyandu]."

Another informant, Mrs. Kartini (56 years old), added:

"There are no fees here; everything is free. They check our health—blood pressure, cholesterol, and so on—then give us medicine. And the best part is meeting with friends [fellow ageing individuals]."

These quotations highlight how the *posyandu* operates not only as a biomedical service but also as a social space. On the one hand, routine health monitoring—such as blood pressure, blood sugar, and cholesterol checks—provides ageing individuals with a sense of security and reinforces the importance of maintaining healthy lifestyles. On the other hand, the distribution of nutritional supplements, such as powdered milk, symbolizes an extension of care that goes beyond clinical treatment, offering tangible support for everyday well-being. Moreover, as Mrs. Kartini emphasized, the *posyandu* serves as a site of social interaction where peers with similar experiences and health concerns can meet, converse, and provide mutual encouragement. Thus, the *posyandu* embodies a dual function: it is simultaneously a health surveillance mechanism and a community-based arena of solidarity, where ageing individuals negotiate both their physical well-being and their social belonging.

Ageing individuals also reported several positive changes in their daily lives. The following two informants illustrate some direct statements.

"Since joining this posyandu for ageing people, I have started to watch my diet and regularly do light exercise at home. My health condition also feels better compared to before." (Ompung Regar, 74 years old).

"I came to the posyandu and told them about my leg pain... my gout had flared up, I said so. The doctor explained that it usually recurs if one eats foods high in animal offal (intestines and liver) or salted fish, and advised me to reduce them. When I went home, I tried eating only a little, and thank God, the pain lessened." (Mrs. Sri Mahyuni, 62 years old).

Interaction and the sharing of lifestyle experiences with health workers also became a space for reflection, negotiation, and education. That situation underscores the role of the *posyandu* in supporting healthy lifestyle changes among ageing individuals. *Posyandu* staff thus act as agents of social change for the ageing individuals. In this context, all individuals, once seen merely as actors, actively demonstrate their roles as sources of inspiration for one another.

While the medical checkup process was underway for some of their peers, other ageing individuals waiting for their turn appeared to engage in various activities. Several behavioral patterns were observed: sitting together in groups, casually chatting about events at home before coming to the *posyandu*, exchanging stories about health problems, and joking with peers—particularly those who shared childhood experiences or who had long been regular attendees at the *posyandu* with similar health issues. Some others were busy with the provisions they had brought, eating bread, drinking, and consuming snacks. This group tended to have digestive problems and often complained about gastric acid that interfered with their activities. They ate their provisions while praising their daughters-in-law or children who had prepared the food. A few were seen applying massage oil to their legs, telling friends that they had just bought 'Karo oil,' which they found helpful for relieving aches in their calves. Other elders were turning over their remaining medicines, asking nearby staff why the consumption periods were not the same, even though they had never forgotten to follow the prescribed instructions. Still others chose simply to listen to their friends' stories without responding verbally, smiling instead and making an "okay" thumbs-up gesture, as if to show approval.

Social interaction forms an essential part of *posyandu* activities, creating a familiar atmosphere that not only supports physical health but also strengthens the emotional and social well-being of ageing individuals (Dwiningsih & Maryam, 2021). In line with this, several studies indicate that the ability of ageing individuals to remain connected with others is one of the key factors in supporting psychosocial well-being, particularly amid the physical and social changes they experience as they grow older (Raharjo et al., 2024; Rodriguez & S., 2025)

The field observations reveal the diversity of ageing trajectories among *posyandu* participants. While some ageing individuals remain physically agile, socially active, and eager to engage with peers, others move more slowly, use walking sticks, or are burdened by joint pain. The presence of personal belongings—bags carried or occasionally forgotten—symbolizes both their independence and the vulnerabilities of ageing. Despite these differences, the shared enthusiasm for attending *posyandu* activities underscores the collective commitment to health and community participation. This convergence of varied physical conditions within a single social space illustrates how *posyandu* functions as a unifying arena, accommodating heterogeneity while fostering solidarity. In this sense, the *posyandu* embodies the principle of inclusive ageing care, in which diverse trajectories are acknowledged and integrated into a common framework of community-based well-being.

3.3 *Healing and Cultural Support in Posyandu Lansia*

Posyandu Lansia functions not only as a health service but also as a cultural space where healing and social support are collectively experienced. Such events can be observed during *Posyandu Lansia* activities. On service days, ageing individuals greet one another, joke, and engage in light conversation while waiting for their turn in the checkup process with the health cadres. Some exchange compliments about looking brighter or healthier, while others are praised for successfully losing weight in accordance with the health cadres' recommendations. In this context, *Posyandu Lansia* becomes a space where the local community constructs a positive narrative of ageing: that growing old or having experienced illness is not the end of a process, but an opportunity to demonstrate resilience and inspire the community. In this context, *Posyandu Lansia*, as both a biomedical and a cultural institution, plays a role in shaping positive ageing narratives.

Some of them complained about health conditions that interfered with their activities as small-scale farmers in the gardens near their homes (working in the *reba*—a mixed home garden in traditional Karo agriculture). They were hindered in bending down because their knees easily became painful, and they could not stay in the garden until late afternoon because they tired quickly. Another ageing individual praised herself, saying she could do anything, even if slowly, and that she did not become a burden to her family—especially in activities such as going to the toilet and bathing—and she was still able to work in the *reba* inherited from her late husband. Every ageing individual who could still earn money or contribute to the family's livelihood claimed that they were only "less healthy" and not "sick."

In Sei Beras Sekata, ageing individuals distinguish between being "sick" and being "less healthy." The label sick is reserved for those who are bedridden or unable to perform daily activities independently. By contrast, individuals who remain capable of farming, supervising agricultural work, or assisting their families economically—even while experiencing conditions such as hypertension, rheumatism, or fatigue—do not consider themselves ill. Instead, they describe their state as *kurang sehat* ("less healthy"). This perception reflects a culturally embedded resilience, where productivity and social participation are central to the status of ageing individuals. Health is not merely defined by the absence of disease but by the ability to contribute to household and community life. Such views resonate with broader anthropological findings that ageing is socially constructed and negotiated within local contexts, rather than being solely a biomedical category. These results align with Lestari's (2022) findings that ageing in Indonesia is shaped by social and cultural constructions and with Ploeg et al. (2025), who state that perceptions of ageing and health in Indonesia are embedded within care networks and local awareness.

There are also other variations of complaints; some ageing individuals expressed that the support from their children and grandchildren was perceived as less than optimal, so they had to cultivate their own spirit and pray more often to avoid anger when emotions arose. At the same time, one woman proudly showcased her daughter-in-law, who cared for her attentively despite working as a trader. These events again demonstrate that conversations at the *Posyandu Lansia* often go beyond medical examinations or purely biomedical interventions. Instead, they uncover communal narratives of health, shared experiences of being well and ill, exchanges about disappointment in family support alongside pride, celebrations of bodily recovery, and affirmations of family strength—all of which reveal their capacity to endure. This condition represents a form

of resilience among ageing individuals (Basrowi et al., 2024), and the dynamics further show that the *Posyandu Lansia* space constitutes a distinct healing process anticipated by its participants. It fulfills a practical need for health monitoring while simultaneously serving as a cherished arena for sharing experiences (Faza et al., 2022).

Several expressions of joy emerged as ageing individuals met face-to-face at the *Posyandu Lansia*. One of them said, "*Aku meriah kuakap adi jumpa i posyandu, tawa ras-ras, enam tambar situhuna*" ("I feel happy when I meet at the *posyandu*, laughing together, that is the real medicine"). Some greeted each other with phrases like, "Hi, beautiful grandma, you look healthier," to which another responded, "Yes, even at an old age, we must remain attractive, so that our children and grandchildren are proud to have strong parents." These events demonstrate that ageing is not always synonymous with weakness, but can instead become a space of inspiration. As Geertz (1973) noted, humans weave meaning, forming a cultural meaning of ageing. In this case, Cohen's perspective is also evident: ageing should be understood as a narrative constructed through stories, experiences, and cultural symbols. It is essential to see how societies interpret 'old age' within cultural, political, and economic contexts (Cohen, 1994).

In addition, the closeness of ageing individuals with the health cadres—who have long known each other—makes the *posyandu* feel like a familiar, eagerly anticipated routine gathering. They do not merely receive formal health services from the staff; instead, they strengthen one another, and the staff regard the ageing individuals as active participants. A greeting from the staff, "Good morning, fathers and mothers, how are you?" is answered with, "I'm healthy, thanks be to God." Such situations and social interactions demonstrate that the *Posyandu Lansia* is not only a health service arena but also a social space that fulfills the psychosocial needs of ageing individuals. This empirical condition aligns with the concept of active ageing, which emphasizes the importance of social engagement for the well-being of ageing individuals (Dogra et al., 2022; Gaviano et al., 2024; Levasseur et al., 2022). These social interactions are motivating events; playful teasing and joking create an atmosphere they long for. The routine practices they carry out at each *posyandu* meeting become a healing process eagerly awaited. Several ageing individuals expressed this sentiment. Some of the ageing individuals expressed this:

"It feels good to be together like this, so the mind is not burdened at home. I come here not only for health checks, but also to meet friends" (Sri Mahyuni, 62 years old).

"...if I stay only at home, it is quiet. My children are all working. At the posyandu, I can meet friends, share stories, and release the burdens of thought when we gather together" (Mrs. Nurmala, 71 years old).

Sri Mahyuni revealed that the lively atmosphere and the opportunity to gather reflect how the *posyandu* helps reduce loneliness and provides another healing process for mental well-being. Meanwhile, Mrs. Nurmala emphasized that the *posyandu* is the place where she feels reconnected with others when her home is quiet, as her children are away at work. These field findings resonate with what Rosnah et al. (2024) and Yaslina et al. (2021) have highlighted as another role of the *posyandu*—its social and psychological benefits for ageing individuals.

The field data underscore that the *Posyandu Lansia* has evolved into a vital social space, enabling ageing individuals to leave their homes, interact with peers, and re-establish connections with their surrounding environment. This social function is not incidental but central to the meaning of the *posyandu* as an arena of active ageing. Within this setting, ageing individuals remain physically, socially, and emotionally engaged in everyday life, thereby countering narratives of decline often associated with old age (Stathi et al., 2023), thereby countering narratives of decline often associated with old age.

4. Conclusion

This study concludes that the *Posyandu Lansia* has proven to be not merely a space for physical health services, but also a psychosocial arena that shapes ageing individuals into recognized, empowered, and meaningful members within their social sphere. Practices at the *Posyandu Lansia* demonstrate that ageing and health are understood not only in biological terms, but also through social narratives: sharing stories, affirming

the meaning of ageing as active ageing, and displaying resilience derived from self-motivation and community support.

Field data reveal two ambivalent conditions: disappointment over the limited support from family, yet pride in the strength of family ties. This situation underscores that ageing and health are always intertwined with intergenerational relations and social networks. In this context, the *Posyandu Lansia* becomes an eagerly anticipated cultural meeting space. Conversations, emotional support, and the exchange of experiences become integral parts of the healing process. The *Posyandu Lansia* thus emerges as a community dialogue space that strengthens solidarity and motivation for health. It demonstrates that ageing policies and practices must be understood not only in biomedical terms but also in relation to the cultural webs of meaning that shape everyday life.

At the same time, the *Posyandu Lansia* can be seen as a social strategy that affirms the dignity of ageing individuals. The challenge ahead is to prepare comfortable physical infrastructure for ageing individuals at the *posyandu* and to design programs that go beyond physical health services, reinforcing their resilience through social infrastructure. Therefore, consistent and sustainable institutional support, along with the loyalty of health cadres, becomes an urgent priority to ensure that the processes of sharing experiences and providing social support remain a form of healing and cultural support within the *Posyandu Lansia*. Without building safe spaces for both the body and social relations, the cultural meaning of ageing as more than a static number risks becoming fragile and reduced, returning ageing individuals to a vulnerable and marginalized position marked by the stigma of being 'weak' and a 'burden' to their families.

References

- Agrosino, M. (2007). Doing Cultural Anthropology projects for ethnographic data collection. In *AWaveland Pres, Inc.*
- Amalia, V. N., & Sjarqiah, U. (2023). Gambaran Karakteristik Hipertensi Pada Pasien Lansia di Rumah Sakit Islam Jakarta Sukapura Tahun 2020. *Muhammadiyah Journal of Geriatric*, 3(2), 62. <https://doi.org/10.24853/mujg.3.2.62-68>
- Asmarah, C. I., & Rodiyah, I. (2025). *Posyandu Roles and Elderly Participation in Rural Community Health Services : Peran Posyandu dan Partisipasi Lansia dalam Layanan Kesehatan Pendahuluan*. 1–20.
- Basrowi, R. W., Arradika, Y., & Sundjaya, T. (2024). Mother's Perspective and Trust Toward Integrated Services Post (Posyandu) in Indonesia. *The Open Public Health Journal*, 1–8. <https://doi.org/10.2174/0118749445329656240930095509>
- BKKBN. (2024). *Posyandu Lansia*.
- BPS. (2025). *Statistik Penduduk Lanjut Usia 2025*. May.
- Cahyadi, A., Mufidah, W., Susilowati, T., Susanti, H., & Dwi Anggraini, W. (2022). Menjaga Kesehatan Fisik Dan Mental Lanjut Usia Melalui Program Posyandu Lansia. *Jurnal Pengabdian Masyarakat Darul Ulum*, 1(1), 52–60. <https://doi.org/10.32492/dimas.v1i1.568>
- Ciumărnean, L., Milaciu, M. V., Negrean, V., Orășan, O. H., Vesa, S. C., Sălăgean, O., Iluț, S., & Vlaicu, S. I. (2022). Cardiovascular risk factors and physical activity for the prevention of cardiovascular diseases in the elderly. *International Journal of Environmental Research and Public Health*, 19(1). <https://doi.org/10.3390/ijerph19010207>
- Cohen, L. (1994). Old Age: Cultural and Critical Perspectives. In *Annual Review of Anthropology* (Vol. 23, Issue 1, pp. 137–158). <https://doi.org/10.1146/annurev.an.23.100194.001033>
- Dogra, S., Dunstan, D. W., Sugiyama, T., Stathi, A., Gardiner, P. A., & Owen, N. (2022). *Active Aging and Public Health : Evidence, Implications, and Opportunities*. 439–459.
- Dwiningsih, N., & Maryam, W. E. (2021). *Social Well-being in Elderly Who Follow 535*, 276–278.
- Ekatarina, S. (2023). Unveiling the Cultural Significance of Illness and Healing: Perspectives From Psychological and Medical Anthropology. *Social Science Chronicle*, 2, 1–15. <https://doi.org/10.56106/ssc.2023.002>
- Ekawati, L., Zahroh, C., Munjidah, A., Afridah, W., & Noventi, I. (2020). QUALITY OF LIFE PADA LANSIA Quality of Life in The Elderly. *Jurnal Ilmiah Keperawatan*, 6 No 2, 249–251.
- Faza, A., Rinawan, F. R., Mutyara, K., Purnama, W. G., Ferdian, D., Susanti, A. I., Indraswari, N., & Fatimah, S. N. (2022). Posyandu Application in Indonesia : From Health Informatics Policy Implementation. *Informatics*. <https://doi.org/https://doi.org/10.3390/informatics9040074>
- Fetterman, D. M. (2010). Ethnography: Step-by-Step. In *Sage publication*.

<https://doi.org/10.4135/9781071909874>

- Fijri, S., Gustia, E., Trisna, O., Marianti, D. L., Islam, U., Raden, N., Palembang, F., Prof, J., Abidin, K. H. Z., & Km, F. (2025a). *Penyakit Degeneratif Pada Lansia : Pencegahan Dan Penanganannya*. 4, 99–117. <https://doi.org/https://doi.org/10.51192/cons.v5i1.1493>
- Fijri, S., Gustia, E., Trisna, O., Marianti, D. L., Islam, U., Raden, N., Palembang, F., Prof, J., Abidin, K. H. Z., & Km, F. (2025b). *Penyakit Degeneratif Pada Lansia : Pencegahan Dan Penanganannya*. 4, 99–117.
- Gati, M. W., Dewi, P. S., & Prorenata, P. (2023). Gambaran Aktivitas Fisik pada Lansia dengan Hipertensi. *Aisyiyah Surakarta Journal Of Nursing (ASJN)*, 4(1), 22–27. <https://journal.aika-university.ac.id/index.php/ASJN>
- Gaviano, L., Pili, R., Petretto, A. D., Berti, R., Carrogu, G. Pietro, Pinna, M., & Petretto, D. R. (2024). *Definitions of Ageing According to the Perspective of the Psychology of Ageing : A Scoping Review*. 1–36.
- Geertz, C. (1973). The interpretation of cultures : selected essays By Clifford Geertz. In *Basic Books, Inc.* Basic Books, Inc.
- Handajani, Y. S., Schröder-butterfill, E., Hogervorst, E., Turana, Y., & Hengky, A. (2022). *Clinical Practice & Epidemiology in Depression among Older Adults in Indonesia : Prevalence, Role of Chronic Abstract* : 1–10. <https://doi.org/10.2174/17450179-v18-e2207010>
- Khasanah, U., Kelliat, B. A., Yati, A., & Besral, B. (2024). *The Problems and Needs of Self-Management Among Indonesian Older Adults With Hypertension : A Qualitative Study*. <https://doi.org/10.1177/23779608241282915>
- Lestari, M. D. (2022). *Constructions of older people's identities in Indonesian regional ageing policies : the impacts on micro and macro experiences of ageing*. 2050, 2046–2066. <https://doi.org/10.1017/S0144686X20001907>
- Levasseur, M., Lussier-therrien, M., Biron, M. L., Raymond, É., Castonguay, J., Naud, D., Fortier, M., Sévigny, A., Houde, S., & Tremblay, L. (2022). *Scoping study of definitions of social participation : update and co-construction of an interdisciplinary consensual definition*. 1–13.
- Li, L., & Lepore, M. J. (2025). *Mental Health Interventions With Older Adults and the Policy Implications*. June, 53–56.
- Lusi, B., Musa, D. T., Apriyani, E., Reza, L., Vera, J., & Shakila, R. (2024). *Efektivitas Program Posyandu Lansia dalam Meningkatkan Kesejahteraan Lansia di Desa Pak Laheng Kecamatan Toho The Effectiveness of the Elderly Posyandu Program in Improving the Welfare of the Elderly in Pak Laheng Village , Toho District*. 5(2), 162–178.
- M.Emerson, R., Fretz, R. I., & L.Shaw, L. (2011). *Writing Ethnographic Fieldnotes*. University of Chicago Press.
- Monteiro, J. M., Barbosa, M. R., Gonçalves, R., & Bastos, A. (2024). *Social engagement and well-being in late life : a systematic review*. 1327–1354. <https://doi.org/10.1017/S0144686X24000011>
- Oliveira, D., & Musyimi, C. (2025). *Structural stigma: a fundamental cause of inequalities among carers of people with dementia*. 9(3), 563–570. <https://doi.org/10.1332/23978821Y2025D000000105>
- Ploeg, E. S. Van Der, Handajani, Y. S., & Schröder-Butterfill, E. (2025). Dementia Care in Indonesia: Care Networks, Awareness & Perception. *Journal of Cross-Cultural Gerontology*, 40, 441–461. <https://doi.org/https://doi.org/10.1007/s10823-025-09544-x>
- Putri, F. D., Sah, T., & Dindatami, S. N. (2024). *Demographic Determinants of Population Ageing in Indonesia (Issue Icemab)*. Atlantis Press International BV. https://doi.org/10.2991/978-94-6463-614-7_19
- Raharjo, A. P., Amalia, A. H., Aulia, S. Z., Alya, A., Evitananda, S., Prabaningtyas, F. D., Natalia, I., & Hamiseno, E. (2024). *Effectiveness of Community-Based Psychosocial Crisis Intervention in Elderly and Future Research Directions : Scoping Review*. 32, 56–67. <https://doi.org/10.22146/buletinpsikologi.94751>
- Rodriguez, J. P. M., & S., D. S. (2025). Research Article: Preventive Strategies for Psychosocial Problems of The Elderly: A Narrative Review. *International Journal of Advanced Research (IJAR)*, 13(04), 909–911. <https://doi.org/10.21474/IJAR01/20794>
- Rosnah, R., Kasim, S. S., & Faturrahman, T. (2024). Peran Posyandu Lansia dalam meningkatkan kesejahteraan dan kualitas hidup lanjut usia: Studi di Desa Lakalamba, Kecamatan Sawerigadi, Kabupaten Muna Barat. *Kisi Berkelanjutan: Sains Medis Dan Kesehatan*, 1(4), 1–11. <https://welvaart.uho.ac.id/index.php/journal>
- Sembiring, S. A. (2002). *Penataan Lingkungan Sosial bagi Penderita Dimensia (Pikun) dan RTA (Retardasi Mental)*. 1–12.
- Sitohang, M. Y. (2023). Understanding ageing populations in high-income countries: Lesson learned for

- Indonesia. *Journal of Indonesian Social and Humanities (JISSH)*, 13(2), 65–76.
- Spradley, James, P. (1980). *Participant Observation*. New York: Rinehart and Winston.
- Stathi, A., Withall, J., Crone, D., Hague, H. H., Playle, R., Frew, E., Fenton, S., Hillsdon, M., Pugh, C., Todd, C., Jolly, K., Cavill, N., & Western, M. (2023). *A peer-volunteer-led active ageing programme to prevent decline in physical function in older people at risk of mobility disability (Active, Connected, Engaged [ACE]): study protocol for a randomised controlled trial*. 1–13. <https://doi.org/10.1186/s13063-023-07758-3>
- Suhartanti, O., Suminar, E., Jerita, D., Sari, E., & Fitriyanur, W. L. (2023). Hubungan Dukungan Keluarga Dengan Tingkat Depresi Lansia Di Panti Jompo Lestari. *Jurnal Keperawatan Suaka Insan (JKSI)*, 8(1), 64–71.
- Tuwu, D., Tarifu, L., Tuwu, D., Tarifu, L., Oleo, U. H., & Tenggara, S. (2023). *Implementasi Program Posyandu Lansia Untuk Menjaga*. 6(1), 20–29. <https://doi.org/https://doi.org/10.35817/publicuho.v6i1.72>
- Wardaningtias, N., & Putri, Z. (2024). *Hubungan Antara Subjective Well-being Dengan Tingkat Kecemasan Lansia di Posyandu Lansia: The Relationship Between Subjective Well-being And Anxiety Levels Of The Elderly In The Elderly Posyandu Abstrak*. 11(02), 982–995.
- Warren, A., & Wynia, Z. (2025). *Dementia-related stigma in physicians : a scoping review of stigma-reduction interventions*. July. <https://doi.org/10.3389/frdem.2025.1601462>
- Yaslina, Y., Maidaliza, M., & Srimutia, R. (2021). Relationship Between Physical and Psychosocial Aspects with The Functional Status of The Elderly. *Prosiding Seminar Kesehatan Perintis*, 4(2), 68–73. <https://jurnal.upertis.ac.id/index.php/PSKP/article/view/724>
- Yusnita. (2024). *FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN PARTISIPASI KEGIATAN LANSIA DI POSYANDU DESA*. 13(1), 71–77.
- Zakiah, E., Kurdi, F., Rasni, H., & Bahtiar, S. (2023). *Jurnal Kegawatdaruratan Medis Indonesia (JKMI) Application of Rheumatic Gymnastics Therapy to Address Acute Rheumatic Pain Nursing Problems in the Elderly at Nursing Home : A Case Study Jurnal Kegawatdaruratan Medis Indonesia (JKMI)*. 2(2), 223–233.
- Zhang, J., Sun, Y., & Li, A. (2024). The prevalence of disability in older adults with multimorbidity: a meta-analysis. *Aging Clinical and Experimental Research*, 36(1). <https://doi.org/10.1007/s40520-024-02835-2>