

Article

Factors Affecting the Performance of the Posbindu Program in the Padasuka Health Center

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A B S T R A C T

Posbindu is one of the services for elderly people at the community level to provide health services which include physical and mental emotional checks. Based on preliminary research in February 2020 at Puskesmas Padasuka, Bandung City, there are 4 Posbindu whose existence is less attractive to each elderly so they cannot describe optimal benefits. The purpose of this research is to explore the factors that influence the performance of the Posbindu program at Puskesmas Padasuka, Bandung City. The research design used in this research is qualitative with a case study approach conducted from March to September 2020. Sampling using purposive sampling with the sample criteria is Posbindu which has separate application from Posyandu infants, namely at 4 Posbindu. The results of the research show that the Posbindu program is influenced by factors, namely: 1) inadequate budget for implementing the Posbindu program, 2) lack of guidance for Posbindu cadres, 3) low knowledge and skills of cadres in carrying out health education, 4) facilities and infrastructure at Posbindu which is inadequate, 5) inadequate physical and emotional checks, 6) lack of health counseling for the elderly and their families, 7) lack of simple treatment, 8) low levels of elderly visits to Posbindu, and 9) less optimal contribution of Posbindu to the elderly age. Revitalization efforts are one of the interventions that can be done to overcome these factors.

I. INTRODUCTION

According to the Government Regulation of the Republic of Indonesia No. 43 2004, an elderly person is someone who has

reached the age of 60 years and over. Worldwide the elderly population is growing very rapidly compared to other age groups. This is due to a decrease in

fertility (birth) and mortality (death) rates, and an increase in life expectancy, which changes the overall population structure (Kementerian Kesehatan RI, 2017).

Based on reports from the United Nations, from 2000 to 2005, the percentage of the world's age population was 7.44 % with a life expectancy of 66.4 years. This figure is expected to grow in the years 2045- 2050 shortly be 28,68% and life expectancy to 77.6 years (Kementerian Kesehatan RI, 2017). Indonesia is the fourth country with the most elderly people in the world after China, America and India (Mengko, Kondau & Massie, 2015). Based on data from the Indonesia Central Statistics Agency in 2012 the number of elderly people in Indonesia reached 7.78% or recorded 18.55 million people. The World Health Organization (WHO) stated that the elderly population in Indonesia in 2022 will reach 11.34% or 28.8 million people (Mengko, Kondau & Massie, 2015).

The purpose of human life which is to be old, but always Health (Healthy aging). Healthy aging (Healthy aging) shall be accompanied by active aging (active aging). Active aging is a process that maximizes opportunities for health, participation and welfare in order to improve the quality of life when someone ages. The word active indicates a sustainable role in the social, economic, cultural, spiritual and governmental fields. Protecting the continuity of autonomy and independence when a person grows old is the main goal of everyone (Pranarka, 2006).

To achieve this goal, various health efforts are needed, namely: health promotion, primary prevention, secondary prevention and tertiary prevention (Anderson & McFarlane, 2007). The National Health Promotion Policy has set 3 basic strategies for health promotion, namely: empowerment, building atmosphere, and advocacy (Efendi & Makhfudli, 2009).

The facilities and infrastructure used to provide services to the elderly, both physically, socially and spiritually, are carried out at various levels, namely: 1). Community- level services, for example: family, elderly group, Posbindu, Karang Wreda; 2). Basic level services, for example: Puskesmas and elderly clinics, 3). Referral level services, for example: day care, elderly polyclinics and hospitals (Maryam, et al, 2008).

One further service to age at the level of the citizens, which is run by the Ministry of Health of the Republic of Indonesia is Posbindu or Posyandu Lansia. The aim of the Posbindu program is to increase the health status and quality of life to reach a happy and useful old age in family and community life in accordance with its existence in the social strata (Komnas Lansia, 2010). With this program, it is hoped that the elderly will be able to improve their health and increase the participation of the community including their families in overcoming the health of the elderly. The role and main task of Posbindu is to foster the elderly so that they are always active, but according to the condition of their age so that they are always healthy, productive and independent as long as possible and carry out referral efforts for those who need them (Kementerian Kesehatan RI, 2007).

Health services in Posbindu include physical and mental health checks which are recorded and monitored by the Card for Health/Kartu Menuju Sehat for the elderly to identify earlier the disease they are experiencing or the threat of one's health. The types of health services provided at Posbindu include checking activities every day, checking mental status, checking nutritional status, measuring blood pressure, checking hemoglobin, sugar and protein content in the urine, referral services to Puskesmas and health education (Wahono, 2010).

But in reality, almost all Posbindu in Indonesia are still experiencing problems.

The results of research by Wahono (2010) on "Analysis of Factors Affecting the Utilization of Posbindu in the Gantungan Makamhaji" showed that of the 54 respondents, 28 of them were respondents who did not actively visit Posbindu (51, 9%). Respondents who lacked social support were 26 people (48, 1%), respondents with sufficient behavior were 33 people (61, 1%).

The research results Putra (2015) on "Factor yang Associated With Use of Posbindu In Puskesmas Sikapak Pariaman City 2015" showed that 50, 5% of the elderly are not using Posbindu, 54, 9% of elderly had low knowledge, 51, 6% of the elderly have bad behavior, 54, 9% of the elderly have less family support, 56% of the elderly report the role of cadres is not good. Factors that have a significant relationship with the use of Posbindu are elderly behavior and family support.

Based on the results of preliminary research that researchers conducted in February 2020, Puskesmas Padasuka has 4 Posbindu which their implementation has been separated from Posyandu. Posbindu Program in Regional Health Center/Pusat Kesehatan Masyarakat Padasuka still have many problems, such as the minimum number of visits advanced age and the absence of training of cadres. From the preliminary research, researchers have not comprehensively identified the factors that affect the performance of Posbindu in the Padasuka Puskesmas area.

From the explanation above, so that research on "Factors Influencing the Performance of the Posbindu Program at Puskesmas Padasuka, Bandung City" is important to do considering the great benefits of Posbindu for each elderly person. This research aims to explore the factors that influence the performance of the Posbindu Program at Puskesmas Padasuka, Bandung City.

II. METHODS

The research method used in this research is a qualitative design with a case study approach. A case study is an activity that explores a problem with detailed boundaries, has in-depth information retrieval, and includes various data sources (Sumantri, 2011).

This research was conducted in Posbindu's which is under the guidance of Puskesmas Padasuka, Bandung City. Puskesmas Padasuka Kota Bandung has 22 Posyandu, 4 of which are Elderly Posyandu/Posbindu which are separate from toddler Posyandu, 18 others are still in the form of combined Posyandu between Posbindu and toddler Posyandu. Researchers carried out research on 4 Posbindu which have been separated because they are more efficient and focused. This research was tested in March 2020 to September 2020. The population in this research is all components that participate in the Posbindu program at Puskesmas Padasuka, Bandung City (Health Service Employees, Puskesmas Employees, Posbindu Cadres, and especially elderly citizens). In this research, researchers used a purposive sampling method. The sample of this research is representative of components who participate in the Posbindu program at the Padasuka Health Center, Bandung City, namely: 1) Bandung City Health Service staff; 2) holders of the Posbindu program at Puskesmas Padasuka, Bandung City; 3) Posbindu cadres at Padasuka Health Center, Bandung City; 4) The general public, especially the elderly.

In obtaining qualitative data, researchers used several methods, namely: qualitative interviews, qualitative FGD, and qualitative observation. The information collection instrument was taken from research that was carried out by the researchers themselves in 2015.

Researchers carried out 6 steps of data analysis according to Creswell in 2010.

The first step, researchers processed and prepared the information for analysis. The second step, the researchers read the entire information. The third step, the researchers analyzed in more detail by coding the information. In the fourth step, the researcher runs a coding process to describe the settings, people, categories, and themes being analyzed. In the fifth step, researchers connect themes or descriptions. The sixth step the researchers interpret or interpret the information.

Researchers protect the validity and reliability of qualitative research with the principles of: credibility, transferability, dependability, and confirmability. This research was conducted by emphasizing the following research ethics: 1) Self Determination, 2) Respect for autonomy, 3) Privacy and Anonymity, 4) Beneficence, 5) Non Maleficence, 6) Protection from Discomfort and Harm, 7) Veracity, and 8) Justice.

III. RESULT

The implementation of Posbindu at Padasuka Health Center/Pusat Kesehatan Masyarakat in Bandung City covers the area of Rukun Warga (RW) 06 Padasuka, RW 08 Sukamaju, RW 10 Cikutra and RW 12 Cikutra, including 32 cadres. The number of respondents in this research was 16 people, 4 of whom were cadres leaders. The ages of the respondents were various, the youngest was 34 years old and the oldest was 69 years old. The last education of the respondents consisted of Senior High School (SMA), Diploma and Bachelor. Based on the results of information gathering, an overview of the implementation of Posbindu is obtained, how can it be seen in the following tabel 1:

Table 1 Overview of Posbindu Implementation at Puskesmas Padasuka Bandung City in 2020

Posbindu activities	Posbindu			
	RW 06	RW 08	R W	R W

	Pad asu ka	Suk ama ju	10 Cik utra	12 Cik utra
1 Weight measurement	√	√	√	√
2 Height measurement	√	√	√	X
3 Recording/documentation	√	√	√	√
4 Calculation of body mass index (BMI)	X	√	√	X
5 Blood pressure check	√	√	√	√
6 Emotional check	√	X	X	X
7 Health check	√	√	√	X
8 Simple treatment	√	X	√	X
9 Health counseling / education for the elderly	√	√	√	√
10 Health counseling / education in elderly families	X	X	X	X
11 Provide information on social activities and other information	√	X	X	X
12 Supplementary Feeding	√	√	√	√

1 Efforts to socialize Posbindu activities	√	√	√	√
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Source: Observation data of 2020 (primary data)

Explanation: √ = exists, X = does not exist

Sourced on tabel 1, it can be seen that in general, the activities at Posbindu Puskesmas Padasuka Bandung have not been carried out well (Based on the guidance from the 2010 National Commission for Elderly Posbindu/Komnas Lansia).

The Posbindu program at Padasuka Health Center is influenced by factors including: input factors, process factors and outcome factors. The details are as follows:

Table 2 Facilities and Infrastructure at Posbindu at Puskesmas Padasuka Bandung City in 2020

N Posbindu	Posbindu			
	o. Facilities and Infrastructure	RW 06 Padasuka	RW 08 Sukamaju	RW 10 Cikutra
1. Place / Room	√	√	√	√
2. Table	√	√	√	√
3. Chairs	√	√	√	√
4. Activity logbook	√	√	√	√

IV. DISCUSSION

1) Input factors for the Posbindu program a) Insufficient budget for implementing the Posbindu program

The budget factor is still the main factor of the Posbindu program at Puskesmas Padasuka, Bandung City. Budget problems have also created other problems in Posbindu. The main source of financial

5. Writing equipment	√	√	√	√
6. Adult scales	√	√	X	√
7. Height meter	√	√	√	√
8. Tension meter	√	X	X	√
9. Stethoscope	X	X	X	√
10 Thermometer	X	X	X	X
11 Flash light	X	X	X	X
12 Mouth glass	X	X	X	X
13 Snellen chart	X	X	X	X
14 Elderly Health Card	√	√	√	√
15 Health education media	X	X	X	X

Source: observation data from Posbindu PKM Padasuka Bandung City 2020 (primary data)

Explanation: √ = exists, X = does not exist

From table 2, it can be seen that all Posbindu at Puskesmas Padasuka Bandung still do not have a thermometer, flashlight, mouth mirror, snellen chart and Health education media. Not only that, it can be seen, that only some of the Posbindu at PKM Padasuka Bandung City already have adult scales, tension meters, and stethoscopes.

income from all Posbindu activities at PKM Padasuka Kota Bandung comes from Health Operational Costs/ Biaya Operasional Kesehatan (BOK) and Village Business Units/ Badan Usaha Unit Desa (BUUD).

This matter cannot be separated from the low budget of the government of the Republic of Indonesia for health. The government budget for health from 2005-2012 was relatively constant, ranging from

2.5% to 3.5 % and far from the standard set by the *World Health Organization*, which is less than 6%. Indonesia is one of the countries with the lowest health budget in Asia, especially in the world (Kementerian Keuangan RI, 2012).

In addition, the low budget for the Posbindu program is due to this program, which includes promotive and preventive programs. The budget for implementing promotive and preventive efforts in Indonesia is still very low. Gani's research in 2011 found that, out of 7 provinces in Indonesia, the amount of regional spending for public health efforts (preventive and promotive) was only 6.58% of the total health expenditure. It is far from the amount of expenditure for curative programs, which is 41.23%. The government has not paid attention to preventive promotive programs, placing too much emphasis on curative programs (Supratman, 2014).

On January 1, 2014, the National Health Insurance System, which was implemented by the Badan Penyelenggaraan Jaminan Sosial (BPJS), began to work effectively. However, in fact the existence of the the National Health Insurance System cannot overcome the problems that occur in the promotive and preventive programs including the Posbindu program.

Promotive and preventive programs in BPJS are still neglected, as seen from: 1) Unclear promotive and preventive indicators/targets; 2) Promotive and preventive implementation is unclear; 3) Promotive and preventive programs are still unclear in terms of health service providers; 4) The result of the program is not clear, so the budget is not clear (Supratman, 2014). Meanwhile, the mandate of Undang-Undang No. 40 of 2004 clearly states that the basic benefit package of the National Health Insurance is comprehensive (promotive, preventive, curative, and rehabilitative services).

Therefore, Supratman in 2014 recommended the following: 1) It is recommended that the budget for promotion

and prevention be increased at all levels (*public goods*); 2) BPJS must clarify the definition of promotive and preventive so that the budget is clear; 3) Promotional and preventive programs must be supported by adequate human resources; 4) Indicators for promotive and preventive programs and activities must be strengthened; 5) there needs to be regulations that the Central Government and Regional Governments to increase budgets, programs, activities and implementation of promotional and preventive efforts.

b) Less optimal guidance for Posbindu cadres

Coaching cadre Posbindu by Padasuka Puskesmas Bandung still less than optimal. The training for Posbindu cadres is generally not provided to all Posbindu cadres, only taking 2 or 3 representatives from each Posbindu RW. In addition, other related agencies (Dinsos, Komda Elderly, and others), have never held training for Posbindu cadres at PKM Padasuka Bandung City. The lack of training for Posbindu cadres is caused by 2 factors. The first factor is the very large workload of the Posbindu coaches. The second factor is that the Posbindu coaches often change.

c) Cognitif and skills of cadres in health education are still lacking

The knowledge and ability of Posbindu cadres at Puskesmas Padasuka Bandung City in carrying out health education is still lacking. Only at Posbindu RW 10, health counseling was often carried out by cadres for the elderly which was carried out after exercising for 5- 10 minutes.

Research shows that training cadres on how to carry out health education can increase the knowledge and abilities of Posbindu cadres regarding health education (Fatmah & Nasution, 2012; Pratiwi 2012; Sulastyawati, Nataliswati & Anugerah Tahun 2012) Based on this explanation, it is necessary to hold training Posbindu cadres about methods regarding health education at

Posbindu Padasuka Health Center, Bandung City.

d) Facilities and infrastructure at Posbindu insufficient

The Posbindu program needs to be supported by supporting facilities and infrastructure. The condition of the facilities and infrastructure at Posbindu Puskesmas Padasuka, Bandung, is still inadequate. Complete information on the facilities and infrastructure owned by Posbindu at Puskesmas Padasuka are as follows:

The main activities of Posbindu programs are promotive and preventive (Komnas Lansia, 2010). Health education media (leaflets, flipcharts, booklets and others) is one of the facilities and infrastructure that supports promotional and preventive activities in Posbindu. But in reality, at Posbindu Puskesmas Padasuka, Bandung City, there is no health education media. Therefore, the provision of health education media is a priority in improving the facilities and infrastructure at Posbindu Padasuka Health Center, Bandung City.

Inadequate facilities and infrastructure of Posbindu in fact do not only occur in Puskesmas Padasuka Bandung City, this problem also occurs in almost all Posbindu in Indonesia. There has been a lot of convincing research that Posbindu in Indonesia still lacks facilities and infrastructure, especially in the form of simple laboratory equipment, elderly Health Card, Posbindu guidebooks, and health education media (Nirmalasari, 2009).

2) Process factors for the Posbindu program

a) Examination of the body and emotional that has not been comprehensively

All Posbindu at Puskesmas Padasuka Bandung City have not carried out optimal

physical checks. Physical checks that are carried out only include checking body weight, checking body height and checking blood pressure. There are no simple laboratory checks and other comprehensive body checks.

The reason for the absence of simple laboratory checks is due to the absence of equipment at Posbindu, so it cannot carry out simple laboratory checks. Except for Posbindu in RW 06 which has equipment for simple laboratory checks which are gifts from practical students. Not only that, the cause of not having simple laboratory checks is due to budget. The budget is borne directly on the elderly and the elderly also do not want or are unable to pay.

In addition, all Posbindu at Puskesmas Padasuka Bandung City have not carried out optimal emotional checks. The reason for the absence of emotional checking at Posbindu Puskesmas Padasuka Bandung is due to the lack of knowledge of Posbindu cadres on the benefits and procedures for carrying out emotional checks on the elderly. At Posbindu RW 06, emotional check only asks about sleep satisfaction and mood. So it is necessary to hold training for Posbindu cadres regarding the benefits and procedures for carrying out emotional checks.

b) Very limited health education for the elderly and their families

Health counseling at Posbindu Padasuka Health Center, Bandung City has not been carried out properly. The health education was not comprehensive, had limited time, was less efficient and effective. In fact, according to the National Commission for Elderly in 2010, Posbindu activities were focused on promotive and preventive efforts (Komnas Lansia, 2010).

Counseling for elderly families has not been carried out optimally in Posbindu at Puskesmas Padasuka, Bandung City. Counseling for elderly families is carried out to increase family support for the elderly in using Posbindu and to increase knowledge, ability and family willingness in providing care

to the elderly in accordance with their illness. Health education should be carried out comprehensively. Posbindu cadres and Puskesmas Padasuka health workers are expected to be more active in carrying out health education.

c) Simple treatment that has not been implemented

Posbindu at Puskesmas Padasuka does not carry out simple treatment/medical activities due to limited personnel, facilities and infrastructure. Elderly people who need treatment are advised by Posbindu cadres to visit the Puskesmas. However, the elderly did not come to the puskesmas and ignored the indications. The contributing factors include: quite a distance to the Puskesmas and having to queue for a long time to get treatment.

There are 3 reasons why simple treatment should be done in Posbindu. The first reason, simple treatment will increase the number of elderly visits. The second reason, simple treatment in Posbindu can make it easier for the elderly to get treatment. The third reason, almost all the elderly suffer from chronic diseases that require regular treatment. The elderly experience physical changes in almost every body system, including the sensory system and the body movement system, so that the elderly find it difficult to get treatment in remote places such as hospitals and health centers.

Simple treatment at Posbindu should be focused on health problems that often occur in the elderly. The results of the 2013 Basic Health Research proved that the most common disease patterns among the elderly were hypertension 57.6%, arthritis 51.9%, and stroke 46.1% followed by dental and oral health problems 19.2%. Therefore, the simple treatment that must be done in Posbindu is hypertension treatment, arthritis treatment, stroke treatment and oral health treatment (Suparto, 2015).

3) Output factors for the Posbindu program

a) The rate of elderly visits to Posbindu is still low

The rate of elderly visits to Posbindu at Puskesmas Padasuka is still very low, only around 20%-40%. Previous studies also proved that the level of elderly visits in Posbindu activities in Indonesia was very low. Handayani's research in Ciomas Subdistrict, Bandung Regency in 2012 found that Posbindu utilization was very low at 23.6% (Handayani, 2012). Indriani's research at Posbindu Health Center Helvetia Medan City in 2016 found that the level of utilization Posbindu is in the low category, namely by 63%. The results of Sari and Savitri's research at Puskesmas Setia Budi, Jakarta City in 2018 found that 57.9% of the residents who used Posbindu PTM. The target according to the Indonesian Ministry of Health is 70% (Khotimah, 2011).

This is in line with previous studies which found that there are several factors causing the low number of elderly visits to Posbindu. These factors are family support, support for health workers, support for cadres, the distance between the house and the Posbindu position, and Posbindu facilities and infrastructure (Juniardi, 2014; Yuspitasaki, Anwar & Hamiluddin, 2017; Indriani, 2018; Lusi, 2019; Sari & Savitri, 2018; Nasruddin, Bujawati & Syarfaini, 2017; Tanjung, Harahap & Panggabean, 2017).

b) Posbindu's contribution is less than optimal

The contribution of Posbindu Padasuka's activities to increasing knowledge, attitudes and abilities of the elderly and their families is still lacking. This is inseparable from the problems previously discussed, namely the problem of input and the Posbindu process.

V. CONCLUSION

Based on the research results, there are 3 types of factors that influence the Posbindu Program at Padasuka Health

Center Bandung, namely: input factors, process factors and outcome factors. Input factors include: 1) Inadequate budget for Posbindu program implementation, 2) Inadequate development of Posbindu cadres, 3) insufficient knowledge and skills of cadres, 4) inadequate Posbindu facilities and infrastructure. Process factors include: 1) inadequate physical and emotional examinations 2) health education for the elderly and their families that is not done comprehensively, 3) simple medical treatment at Posbindu that has not been implemented. Output factors include: 1) the low level of elderly visits to Posbindu and 2) the less than optimal contribution of Posbindu.

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