



Predisposing, Enabling, and Reinforcing Factors Related to Community Participation in PTM Posyandu in Aek Parombunan Village, Sibolga City

Meiyati Simatupang¹, Tinawati Nainggolan², Ahmad Muda Rivai Purba³, Eva Jeni Sara Simboloon⁴

^{1,2,3,4} Kesehatan Masyarakat, STIKes Nauli Husada

ARTICLE INFO

Article history:

Received Sep 04, 2023

Revised Sep 14, 2023

Accepted Sep 30, 2023

Keywords:

Self Motivation;
Distance From Home;
Family Support;
Participation In Ptm Posyandu.

ABSTRACT

PTM is a disease that cannot be detected early because there are no definite symptoms. PTM is usually found in advanced stages so that it is too late to be treated and ends in disability or even death. This situation will cause a financial burden for sufferers, families and even the country. The high PTM problem and its large impact require efforts to control PTM risk factors with PTM Posyandu activities. The number of visits to PTM Posyandu in Aek Parombunan Village is still very low compared to other villages in South Sibolga District, which is 1.86%. The purpose of this study was to determine the predisposing, enabling and reinforcing factors related to community participation in PTM Posyandu in Aek Parombunan Village. The type of quantitative research with a cross-sectional design. The sample number was 70 people, with data collection using a questionnaire. Data analysis using Chi Square. The results of the study showed that there was a relationship between self-motivation with a p-value of 0.035 (RP 1.412; 95% CI 1.023-1.949), home distance had a p-value of 0.008 (RP 1.507; 95% CI 1.109-2.048), family support had a p-value of 0.024 (RP 1.452; 95% CI 1.039-2.030). There was a relationship between self-motivation and community participation in Posyandu PTM. The results showed that there was a relationship between home distance and community participation in Posyandu PTM. There was a relationship between family support and participation in Posyandu PTM. High self-motivation, close home distance and high family support influenced the community's activeness in participating in Posyandu PTM.

This is an open access article under the [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/) license.



Corresponding Author:

Meiyati Simatupang,
Kesehatan Masyarakat,
STIKes Nauli Husada,
Sibolga 22524 Aek Muara Pinang Sumatera Utara, Indonesia.
Email: meiyatis65@gmail.com

1. Introduction

Non-communicable diseases (NCDs) are diseases that are considered not to be transmitted or spread from one person to another, so they are not a threat to other people. (Saraswati, 2020), (Indasari & Anggriani, 2020). NCDs are a major health burden in developing and industrialized countries. Most NCDs are part of degenerative diseases and have a high prevalence in older people. (Hamzah et al., 2021), (Maliangkay, Rahma, Putri, & Istanti, 2023).

The high rate of non-communicable diseases is a community problem that needs to be addressed. Non-communicable diseases (NCDs) are chronic diseases that are not transmitted from person to person. NCDs include heart disease, stroke, cancer, diabetes, and Chronic Obstructive Pulmonary Disease (COPD). NCDs are the cause of almost 70% of deaths in the world (Hamzah et al., 2021), (Septiana et al., 2022). NCDs

from time to time show an increasing trend. According to the results of the Basic Health Research (Riskesdas) in 2013 and 2018, there is a tendency for an increase in the prevalence of NCDs such as diabetes, hypertension, stroke, and joint/rheumatic/gout diseases. This phenomenon is predicted to continue (Marufah & Setyoko, 2022), (KRISTANTO, 2020).

In recent years, Indonesia has experienced an epidemiological transition, the number of deaths due to non-communicable diseases has increased, while deaths due to communicable diseases have decreased. (Yarmaliza & Zakiyuddin, 2019). Non-communicable diseases dominate the 10 biggest diseases in Indonesia. Based on the InaHEA Congress (2018), the biggest cause of death in Indonesia in 2016 was stroke, ischemic heart disease in the first place, tuberculosis in the third place, diabetes in the fourth place, diarrhea in the fifth place, chronic obstructive pulmonary disease (COPD) in the sixth place, accidents in the seventh place, respiratory tract infections in the eighth place, chronic kidney failure in the ninth place, and asthma in the tenth place. (Aina, 2019), (Rosyid, 2023).

PTM is a disease that cannot be detected early because there are no definite symptoms. PTM is usually found in advanced stages so it is too late to be treated and ends in disability or even death. This condition will cause a financial burden for sufferers, families and even the state. (Ariana, nd), (Masriadi & Km, 2017).

The prevalence of non-communicable diseases based on the 2018 Riskesdas increased compared to 2013. (Adhania, Wiwaha, & Fianza, 2018), (Suha & Rosyada, 2022). NCDs that experienced an increase were hypertension which increased from 25.8% to 34.1% in 2018, stroke which increased from 7% to 10.9% in 2018, diabetes mellitus which increased from 6.9% to 8.5% in 2018, chronic kidney failure which increased from 2% to 3.8% in 2018, and cancer which increased from 1.4% to 1.8%. (Rahayu et al., 2021), (Dismiantoni, Anggunan, Triswanti, & Kriswiastiny, 2020).

A person's behavior in visiting the PTM Posyandu is determined by three factors, namely predisposing factors (including knowledge, attitudes, beliefs, values, self-motivation), enabling factors (including the availability of health facilities, distance), and reinforcing factors (support from family, peers, community leaders). (Wijaya, 2022), (Harahap, 2019). A person's behavior that influences the participation of Posyandu PTM in this study that will be studied by the researcher is self-motivation, distance from home and family support. (ZULFATUL AMALIA, 2021), (YELVINI WILDA NINGSIH, 2019).

Sibolga City is one of the cities in North Sumatra that has implemented Posyandu PTM (SITOMPUL, 2021), (Abdullah & Abidin, 2017). The prevalence of sub-districts implementing Posyandu PTM in Sibolga City based on data from the Sibolga City Health Office is 54.72%, with the highest percentage of 100% in North Sibolga and South Sibolga sub-districts. While the lowest percentage is in Sibolga City sub-district at 11.11% (Saenal, 2019), (Pusporeni, 2023).

2. Methods

2.1 Research design

The method used in this study is an analytical survey, because analytical research aims to find the relationship between variables or analyze a determinant of a phenomenon. The research design or research design used in this study is a cross-sectional study. (suci Sukmawati et al., 2023), (Haryati, 2020). Cross-sectional study design is a research design that covers all types of research where the measurement of variables is only done once at the same time. The key word in this design is between independent and dependent variables measured at the same time. (Darmawan, Reski, & Andriani, 2022), (HR, 2018).

Cross-sectional research aims to analyze the relationship between independent variables (risk factors) and dependent variables (effects) by conducting momentary measurements. Independent and dependent variables are assessed simultaneously at one time. (Intani, 2013). One moment in this design is between the dependent and independent variables are assessed only once simultaneously, but it does not mean that all research subjects must be observed on the same day and at the same time (Rosjidi, 2017). This study measures independent variables (self-motivation, distance from home and family support) with dependent variables (participation in Posyandu PTM) measured together.

2.2 Population and Sample

Population is the total number consisting of objects or subjects that have characteristics that have been determined by researchers to be studied and then conclusions drawn (Sujarweni, 2014). The population in this study was the community of Aek Parombunan Village who participated in Posyandu PTM with an age of ≥ 25 years, totaling 81 people.

A sample is part of a number of characteristics possessed by the population used for research. A population that is too large, researchers cannot take all of them to be respondents, due to limited data, time, and energy, so researchers use samples taken from the population. The samples taken must represent the population and be valid (Sujarweni, 2014). The research sample to be taken is the community of Aek Parombunan Village who participated in the PTM Posyandu.

2.3 Sampling Techniques

Sampling technique according to Sugiyono (2009) is a sampling technique. Sampling techniques consist of two types, namely probability sampling (random sampling) and non-probability sampling (non-random sampling) (Sujarweni, 2014). This study used probability sampling, namely simple random sampling. Simple random sampling is the process of taking samples from a population randomly without considering the strata in the population. This method is used if the population members are considered homogeneous (Sujarweni, 2014). Sampling using simple random sampling is done by drawing lots

3. Results and Discussion

3.1 General Data Characteristics

General data presents the characteristics of respondents based on gender, age, education level, and occupation. Respondent characteristics can be seen in the table below:

Table 1.
Frequency distribution of respondent characteristics by type gender in Aek Parombunan Village.

No	Gender	Frequency	Percentage (%)
1	Man	17	24.3
2	Woman	53	75.7
	Total	70	100.0

There are differences in the proportion of respondents based on gender. Based on table 5.1, it can be seen that most of the respondents are female, namely 53 people (75.7%).

Table 2.
Frequency distribution of respondent characteristics based on age in Aek Parombunan Village.

No	Age	Frequency	Percentage (%)
1	25-43 years	29	41.4
2	44-62 years	32	45.7
3	63-81 years	9	12.9
	Total	70	100.0

There are differences in the proportion of respondents based on age. Based on table 5.2, it can be seen that most respondents are aged 44-62 years, as many as 32 people (45.7%).

Table 3.
Frequency distribution of respondent characteristics based on education level in Aek Parombunan Village

No	Education	Frequency	Percentage (%)
1	No school	6	8.6
2	Did not finish elementary school	17	24.3

3	SD	24	34.3
4	JUNIOR HIGH SCHOOL	14	20.0
5	SENIOR HIGH SCHOOL	6	8.6
6	PT	3	4.3
Total		70	100.0

There are differences in the proportion of respondents based on education level. Based on table 5.3, it can be seen that most respondents have an elementary school education level, namely 24 people (34.3%).

Table 4.
Frequency distribution of respondent characteristics based on occupation in Aek Parombunan Village

No	Work	Frequency	Percentage (%)
1	Farm workers	1	1.4
2	Farmer	60	85.7
3	Businessman	2	2.9
4	Retired	0	0
5	Housewife	1	1.4
6	Private	1	1.4
7	Other	5	7.1
Total		70	100.0

There are differences in the proportion of respondents based on occupation. Based on table 5.4, it can be seen that most respondents work as farmers, namely 60 people (85.7%).

3.2 Univariate Analysis

Univariate analysis presents the characteristics of respondents based on independent variables including self-motivation, distance from home, family support and the dependent variable, namely participation in the PTM Posyandu.

Table 5.
Frequency distribution of respondents based on self-motivation in Aek Parombunan Village.

No	Self Motivation	Frequency	Percentage (%)
1	Low	42	60.0
2	Tall	28	40.0
Total		70	100.0

There is a difference in the proportion of respondents based on self-motivation. Based on table 5.5, it can be seen that most respondents have low self-motivation, namely 42 people (60.0%).

Table 6.
Frequency distribution of respondents based on distance from home in Aek Parombunan Subdistrict

No	Distance from Home	Frequency	Percentage (%)
1	Far	38	54.3
2	Near	32	45.7
Total		70	100.0

There is a difference in the proportion of respondents based on the distance of the house. Based on Table 5.6, it can be seen that most respondents have a far distance from their house, namely 38 people (54.3%).

Table 7.
Frequency distribution of respondents based on family support in Aek Parombunan Village.

No	Family Support	Frequency	Percentage (%)
1	Low	43	61.4
2	Tall	27	38.6
Total		70	100.0

There is a difference in the proportion of respondents based on family support. Based on table 5.7, it can be seen that most respondents have low family support, namely 43 people (61.4%).

Table 8.
Frequency distribution of respondents based on participation in Posyandu PTM in Aek Parombunan Village.

No	Participation	Frequency	Percentage (%)
1	Not active	53	75.7
2	Active	17	24.3
Total		70	100.0

There is a difference in the proportion of respondents based on their participation in Posyandu PTM. Based on table 5.8, it can be seen that most respondents were not active in participating in Posyandu PTM, namely 53 people (75.7%).

3.3 Bivariate Analysis

Bivariate analysis aims to find the relationship between independent variables and dependent variables using statistical tests. The statistical tests used are the Chi-Square test and determination of the Prevalence Ratio (RP) with a confidence level (CI) of 95% and a significance level of 0.05. Based on the results obtained, it can be seen that respondents who are not actively participating in Posyandu PTM and have low self-motivation are 36 people (85.7%), while respondents who are not actively participating in Posyandu PTM but have high self-motivation are 17 people (60.7%). So the proportion of respondents who are not actively participating in Posyandu PTM is more in respondents who have low self-motivation (85.7%) compared to respondents who have high self-motivation (60.7%). The results of the analysis of the relationship between self-motivation and participation in Posyandu PTM show that the p value = $0.035 < \alpha = 0.05$. So it can be concluded statistically that there is a relationship between self-motivation and participation in Posyandu PTM. The RP value of 95% CI = 1.412 (1.023-1.949) > 1 , so it can be concluded that people who have low self-motivation are 1.412 times more likely to not actively participate in Posyandu PTM than those who have high self-motivation.

3.2 Discussion

The discussion of this study focuses on the interpretation of the results obtained regarding the health of the Aek Parombunan Village Community who participated in the PTM Posyandu, most of whom were female, namely 53 people (75.7%). Most of the people who participated in the PTM Posyandu were aged 44-62 years, namely 32 people (45.7%) and had an elementary school education background, namely 24 people (34.3%) and most of them worked as farmers, namely 60 people (85.7%).

a. Self-motivation in Aek Parombunan Village

Community self-motivation based on univariate analysis obtained that most respondents have low self-motivation, namely 42 people (60.0%). While those who have high motivation are 28 people (40.0%).

Motivation is a process where the need drives a person to do a series of activities that lead to the achievement of a certain goal. Motivation can be interpreted as a driving tool that exists in each individual to achieve a goal that will be achieved. Motivation is a driving factor for someone to achieve an activity (Rangga, Paramadina University).

Based on interviews with respondents regarding self-motivation. The results of the questions in the questionnaire show that some respondents have low self-motivation. Respondents who have low self-motivation do not know the benefits of regular health checks.

b. Distance of houses in Aek Parombunan Subdistrict

The distance of houses in Aek Parombunan Village based on univariate analysis obtained that some respondents have a far distance to their house, namely 38 people (54.3%). While those who have a close distance to their house are 32 people (45.7%).

Distance is a measure of how far or near one place is from another and is measured in meters. The distance of residence is a driving factor because the distance can affect a person in carrying out activities (Nasruddin, 2017).

Based on the results of interviews with respondents using questionnaires. Some respondents have a long distance from their homes. The long distance from their homes resulted in respondents choosing to check their health at the nearest health facilities, such as Village Midwives and Health Centers.

c. Family support in Aek Parombunan Village

Family support in Aek Parombunan Village based on univariate analysis obtained that some respondents have low family support, which is 43 people (61.4%). While those who have high family support are 27 people (38.6%).

The family functions as a support system for its family members and is always ready to provide help and assistance if needed (Muhith, 2016). Individuals really need social family support, one of which is from the family. Low family support is caused by working families, so they pay less attention to the importance of health checks.

in disease prevention efforts. Family support plays a very important role in encouraging a person's interest or willingness to participate in Posyandu activities (Umayana, 2015).

Based on the results of interviews with respondents regarding family support. The results of the questions showed that some respondents had less family support, this was because the family was busy with their work, so they did not have time to take their family members for health checks.

Posyandu PTM is one of the Community Health Efforts (UKM) that is oriented towards promotive and preventive efforts in controlling PTM by involving the community starting from planning, implementation and monitoring-evaluation. The target of Posyandu PTM activities is a healthy community, at risk, and PTM sufferers aged ≥ 15 years (Ministry of Health of the Republic of Indonesia, 2014).

Factors related to participation in Posyandu PTM are self-motivation, distance from home and family support that influence the community's activeness in participating in Posyandu PTM. Tugurejo Village residents who are not active in participating in Posyandu PTM are because they have low self-motivation, far distance from home and low family support, so that more people are not active in checking their health.

The relationship between self-motivation and participation in Posyandu PTM, the results of the study showed that out of 70 respondents, 60.0% of them had low motivation, of those with low motivation, most of them were not actively participating in Posyandu PTM, which was 85.7%. While those with high motivation were 40.0%, most of them were not actively participating in Posyandu PTM, which was 60.7%. This is supported by the results of the Chi Square test by reading Continuity Correction because all cells were not < 5 which showed that the p-value was 0.035 and the RP value was 1.412 (95% CI 1.023-1.949).

The results prove that there is a relationship between self-motivation and participation in Posyandu PTM in Aek Parombunan Village. So it can be interpreted that people who have low motivation are 1.412 times less active in participating in Posyandu PTM than people who have high motivation.

The relationship between home distance and participation in Posyandu PTM, the results of the study showed that out of 70 respondents, 54.3% of them had a far distance from their homes, of those who had far distances from their homes, most were not actively participating in Posyandu PTM, which was 89.5%. Meanwhile, those who had close distances from their homes (45.7%) were mostly not actively participating in Posyandu PTM, which was 59.4%. This is supported by the results of the Chi-Square test by reading the Continuity Correction which showed that the p-value (0.008) $< \alpha$ (0.05) and the RP value was 1.507 (95% CI 1.109-2.048). These results prove that there is a relationship between home distance and

community participation in Posyandu PTM in Aek Parombunan Village. So people who have far distances from their homes are 1.507 times more likely to be inactive in participating in Posyandu PTM, compared to those who have close distances from their homes.

Lack of family support can reduce a person's activeness in participating in Posyandu PTM, and conversely high family support will increase a person's activeness in participating in Posyandu PTM. Family support to encourage someone to participate in Posyandu PTM is by accompanying, dropping off, or reminding the schedule of Posyandu PTM activities. If there is support from the family, self-confidence will increase and motivate to participate in Posyandu. Lack of family support is caused by a lack of knowledge from family members about Posyandu activities (Umayana, 2015). So family support affects the participation of Posyandu PTM. This study proves that of the 61.4% of them who have low family support, most are not active in participating in Posyandu PTM, which is 59.3%.

4. Conclusion

Based on the results of the study and discussion in the study on predisposing, enabling and reinforcing factors related to community participation in Posyandu PTM in Aek Parombunan Village, the following conclusions can be drawn: There is a relationship between self-motivation and community participation in Posyandu PTM in Aek Parombunan Village (p-value = 0.035; RP = 1.412; 95% CI = 1.023-1.949). There is a relationship between home distance and community participation in Posyandu PTM in Aek Parombunan Village (p-value = 0.008; RP = 1.507; 95% CI = 1.109-2.048). There is a relationship between family support and community participation in Posyandu PTM in Aek Parombunan Village (p-value = 0.024; RP = 1.452; 95% CI = 1.039-2.030).

References

- Abdullah, T., & Abidin, Z. (2017). PERKEMBANGAN INFRASTRUKTUR KECAMATAN MEUREUDU PASCA PEMEKARAN KABUPATEN PIDIE JAYA TAHUN 2007–2016. *JIM: Jurnal Ilmiah Mahasiswa Pendidikan Sejarah*, 2(4).
- Adhania, C. C., Wiwaha, G., & Fianza, P. I. (2018). Prevalensi penyakit tidak menular pada fasilitas kesehatan tingkat pertama di kota Bandung tahun 2013-2015. *Jurnal Sistem Kesehatan*, 3(4), 204–211.
- Aina, T. A. (2019). Faktor Predisposing, Enabling, Dan Reinforcing Yang Berhubungan Dengan Keikutsertaan Masyarakat Dalam Posbindu PTM Di Desa Tugurejo Slahung Ponorogo. STIKES BHAKTI HUSADA MULIA MADIUN.
- Ariana, S. (n.d.). Naskah Publikasi Analisis PTM Melalui Metode CERDIK di Desa Girirejo Imogiri Bantul.
- Darmawan, A., Reski, R., & Andriani, R. (2022). Kunjungan ANC, posyandu dan imunisasi dengan kejadian stunting pada balita di Kabupaten Buton Tengah. *AcTion: Aceh Nutrition Journal*, 7(1), 33–40.
- Dismiantoni, N., Anggunan, A., Triswanti, N., & Kriswiastiny, R. (2020). Hubungan Merokok Dan Riwayat Keturunan Dengan Kejadian Hipertensi. *Jurnal Ilmiah Kesehatan Sandi Husada*, 9(1), 30–36.
- Hamzah, B., Akbar, H., Rafsanjani, T. M., Sinaga, A. H., Hidayani, W. R., Panma, Y., & Bela, S. R. (2021). *Teori Epidemiologi Penyakit Tidak Menular*. Yayasan Penerbit Muhammad Zaini.
- Harahap, E. D. (2019). Faktor yang memengaruhi perilaku ibu terhadap pemberian imunisasi dasar pada bayi di desa Situmbaga kecamatan Halongonan Timur kabupaten Padang Lawas Utara. Institut Kesehatan Helvetia.
- Hariyati, N. R. (2020). *Metodologi Penelitian Karya Ilmiah*. Penerbit Graniti.
- HR, H. S. C. (2018). *Metodologi penelitian kesehatan dan pendidikan*. Penebar Media Pustaka.
- Indasari, F., & Anggriani, I. (2020). Krisis Komunikasi pada Masa Pandemi Covid-19 (Studi Kasus Pemberitaan Penyebaran Covid-19 melalui Udara). *Professional: Jurnal Komunikasi Dan Administrasi Publik*, 7(1), 1–11.
- Intani, A. C. (2013). Hubungan beban kerja dengan stres pada petani lansia di kelompok tani tembakau kecamatan sukowono kabupaten jember.
- KRISTANTO, A. D. I. (2020). LAPORAN STUDI KASUS ASUHAN KEPERAWATAN KELUARGA PADA Tn. M DENGAN HIPERTENSI DI TOSADU TOWANGSAN KECAMATAN GANTIWARNO KABUPATEN KLATEN. STIKES Muhammadiyah Klaten.
- Maliangkay, K. S., Rahma, U., Putri, S., & Istanti, N. D. (2023). Analisis Peran Promosi Kesehatan Dalam Mendukung Keberhasilan Program Pencegahan Penyakit Tidak Menular Di Indonesia. *Jurnal Medika Nusantara*, 1(2), 108–122.
- Marufah, S., & Setyoko, A. (2022). Pelatihan Kader Posyandu Dan Posbindu Untuk Meningkatkan Performa Kader Di

- Wilayah Puskesmas Gondangrejo Kabupaten Karanganyar. *Smart Society Empowerment Journal*, 2(1), 25–29.
- Masriadi, H., & Km, S. (2017). *Epidemiologi penyakit menular*. PT. RajaGrafindo Persada-Rajawali Pers.
- Pusporeni, L. D. (2023). 2.1 Pendahuluan. *GIZI KESEHATAN MASYARAKAT*, 13.
- Rahayu, D., Irawan, H., Santoso, P., Susilowati, E., Atmojo, D. S., & Kristanto, H. (2021). Deteksi Dini Penyakit Tidak Menular pada Lansia. *Jurnal Peduli Masyarakat*, 3(1), 91–96.
- Rosyid, A. I. (2023). ANALISIS ASUHAN KEPERAWATAN KELUARGA Tn. Y (Ny. N) DAN Tn. M DENGAN MASALAH HIPERTENSI MELALUI TEKNIK RELAKSASI OTOT PROGRESIF DI WILAYAH BINAAN PUSKESMAS PENGASINAN RT 002 RW 005 KELURAHAN SEPANJANG JAYA KOTA BEKASI TAHUN 2023.
- Saenal, S. W. (2019). Hubungan Perilaku Keluarga Sadar Gizi Dengan Kejadian Stunting Pada Balita Di Desa Tarowang Kecamatan Tarowang Kabupaten Jeneponto. *Universitas Islam Negeri Alaudin Makasar*. Diakses Pada, 27.
- Saraswati, P. S. (2020). Kebijakan hukum terhadap penanganan pandemi Covid-19 di Indonesia. *Kertha Wicaksana*, 14(2), 147–152.
- Septiana, E., Wahyuni, R., Irayani, F., Setianingsih, S., Ardini, W. A., puspita Sari, E., ... Ningsih, A. W. (2022). Pemeriksaan Kesehatan Gratis di Pakare “Pasar Kuliner Karang Endah” Karang Endah Terbanggi Besar Lampung Tengah. *Devotion: Journal Corner of Community Service*, 1(2), 62–70.
- SITOMPUL, S. A. Y. U. (2021). HUBUNGAN PENGETAHUAN DAN SIKAP IBU HAMIL DENGAN PEMILIHAN PENOLONG PERSALINAN DI KECAMATAN SIBOLGA UTARA KOTA SIBOLGA.
- suci Sukmawati, A., Rusmayadi, G., Amalia, M. M., Hikmah, H., Rumata, N. A., Abdullah, A., ... Munizu, M. (2023). *METODE PENELITIAN KUANTITATIF: Teori dan Penerapan Praktis Analisis Data berbasis Studi Kasus*. PT. Sonpedia Publishing Indonesia.
- Suha, G. R., & Rosyada, A. (2022). 'Faktor-Faktor yang Berhubungan dengan Kejadian Obesitas pada Remaja Umur 13-15 Tahun di Indonesia (analisis lanjut data Risesdas 2018). *Jurnal Ilmu Gizi Indonesia*, 6(1), 43–56.
- Wijaya, R. (2022). FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN PELAKSANAAN POSBINDU PADA LANSIA HIPERTENSI DI WILAYAH KERJA UPTD PUSKESMAS TELUK SEBONG. *Universities Awal Bros*.
- Yarmaliza, Y., & Zakiyuddin, Z. (2019). Pencegahan Dini terhadap Penyakit Tidak Menular (PTM) melalui GERMAS. *Jurnal Pengabdian Masyarakat Multidisiplin*, 2(3), 93–100.
- YELVINI WILDA NINGSIH, W. (2019). Faktor-Faktor Yang Mempengaruhi Kunjungan Posyandu Di Wilayah Kerja Puskesmas Lubuk Buaya Kota Padang Tahun 2019. *Stikes Perintis Padang*.
- ZULFATUL AMALIA, E. (2021). GAMBARAN KARAKTERISTIK LANSIA YANG AKTIF DALAM KEGIATAN POSYANDU LANSIA DI WILAYAH KELURAHAN KALIGANGSA KOTA TEGAL TAHUN 2020. *DIII Kebidanan Politeknik Harapan Bersama*.