Randwick International of Social Sciences (RISS) Journal
Vol. 4, No.1, January 2023 | Page: 28-37
ISSN Online: 2722-5674 - ISSN Print: 2722-5666
http://www.randwickresearch.com/index.php/rissj

Impact Factors of Use of Integrated Non-communicable Diseases Development Post at Community Health Centers

DOI: https://doi.org/10.47175/rissj.v4i1.603

| Frischa Valentina[1,*] | Lita Sri Andayani[2] | Rahayu Lubis[3] |

[1,2,3]Department of Health Promotion, Universitas Sumatera Utara, Indonesia

*valennbbn28tina@gmail.com

ABSTRACT

Integrated Non-communicable Diseases Development Post or called Posbindu PTM arises from human behavior such as smoking, unhealthy diet, lack of physical activity and consumption of alcoholic beverages. PTM is a public health problem that causes morbidity, disability and death. PTM often goes undetected because it is asymptomatic and has no complaints, when it is found it is already at an advanced stage making it difficult to cure and resulting in disability or death. PTM is the main cause of death globally, based on data from the World Health Organization (WHO) showing that in 2016, out of 57 million deaths that occurred in the world, 41 million deaths (70%) were caused by PTM. PTM is the biggest cause of death, namely cardiovascular disease, cancer, chronic respiratory disease and diabetes. Based on data from PUSKESMAS or Public Health Center Rantauprapat City, Labuhanbatu Regency, the number of Posbindu PTM visits in 2018 was 606 visits, while in 2019 there was a significant increase of 1246 visits. The aim of the study was to determine the factors that influence the utilization of the Non-Communicable Diseases Integrated Development Post (POSBINDU PTM) at the PUSKESMAS or Public Health Center Rantauprapat, Labuhanbatu Regency. This research is a quantitative study with a Cross Sectional Study design. Data analysis used the chi-square test with a sample of 127 respondents. The results showed that the related variables were Knowledge (p=0.001), Attitude (p=0.001), Facilities Support (p=0.045) and Family Support (p=0.028) with the Utilization of Posbindu PTM.

KEYWORDS

Posbindu; utilization; non-communicable diseases; morbidity

INTRODUCTION

Non-communicable Diseases (PTM) are chronic diseases that are not transmitted from person to person. PTM arises from human behavior such as smoking, unhealthy diet, lack of physical activity and consumption of alcoholic beverages. PTM is a public health problem that causes morbidity, disability and death. PTM often goes undetected because it is a symptom and there are no complaints, when found it already upgrades making hard to cure and resulting in disability or death (RI Ministry of Health, 2019).

PTM is the main cause of death globally. Based on data from the World Health Organization (WHO) showing that in 2016, out of 57 million deaths that occurred in the world, 41 million deaths (70%) were caused by PTM. PTM is the biggest cause of death, namely cardiovascular disease, cancer, chronic respiratory disease and diabetes. The

proportion of premature deaths that occur at the age of 30-69 years caused by PTM is 75 percent, this shows that PTM is not only a problem for the elderly age group (WHO, 2018).

Indonesia is experiencing a significant escalation of PTM, Riset Kesehatan Dasar 2018 (Riskesdas) or Basic Health Research shows that the prevalence of PTM has increased when compared to the 2013 Riskesdas. The prevalence of PTM has increased, namely high blood pressure in people over 18 years of age, increased from 25.8 percent to 34.1 percent, the obesity population aged over 18 years increased from 14.8 percent to 21.8 percent. The number of deaths caused by PTM in Indonesia in 2018 was 1,365,000 (73%). One type of PTM is hypertension, its prevalence in residents aged 18 years and over in North Sumatra Province reaches 30 percent (Riskesdas, 2018).

Along the prevalence development of non-communicable diseases, Presidential Decree number 1 of 2017 concerning the Healthy Living Community Movement was issued to accelerate and synergize actions in promotive and preventive efforts to live a healthy life. The healthy living community movement program has 7 indicators, namely doing physical activity, consuming fruits and vegetables, not smoking, not consuming alcoholic beverages, carrying out routine health checks, keeping the environment clean, and using the latrines. However, the implementation of the program in Presidential Instruction number 1 of 2017 concerning the Healthy Living Community Movement has not run optimally as in Asia, Indonesia is one of the countries with the lowest consumption of fruit, namely 34.55 kilograms per capita per year and vegetables, namely 40.35 kilograms per capita per year. This is not in accordance with FAO recommendations, namely for a healthy adequacy standard of 91.25 kilograms per capita per year. The proportion of the population of North Sumatra aged over 10 years consuming only 2.4% fruit and only 4.5% vegetables, while Labuhanbatu District consumes only 2.3% fruit and only 5.3% vegetables (BPS Province of North Sumatra, 2020).

The presence of physical activity plays an important role in the health of the body. By routinely doing 30 minutes of physical activity every day the body will be fresh, healthy, and protected from various kinds of diseases. However, in 2018, in Indonesia the proportion of physical activity only increased by 7.4 percent from 26.1 percent to 33.5 percent (Riskesdas, 2018). Efforts to control PTM risk factors can be carried out in the form of promoting Clean and Healthy Living behavior through SMART behavior, namely regular health checks, Get rid of cigarette smoke, Diligent physical activity, Healthy balanced diet, Adequate rest, and Manage stress.

Smoking and exposure to secondhand smoke are known to be two of the risk factors for PTM. One of the efforts to control smoking consumption is the implementation of Smoking Free Areas in schools as an effort to reduce the prevalence of young smokers aged ≤ 18 years. Efforts to control PTM through controlling cigarette consumption in North Sumatra have not run optimally, where data from the National Socio-Economic Survey (Susenas) Percentage of Smoking of people in North Sumatra aged ≥ 15 years in 2015-2018 has increased from 29.15 percent to 31.10 percent but decreased in 2020 to 27.28 percent. This is in line with the increase in hypertension cases in North Sumatra. Based on data from the North Sumatra Provincial Health Office, there were 380,676 people in 2017 with hypertension aged ≥15 years to 1,023,272 people or 31.97 percent in 2019 but experienced a significant increase in 2020 to 2,824,328 people and get health services by 39.6 percent.

In terms of preventing various risk factors early. One strategy is to empower and increase the role of the community. Communities are given facilities and guidance in developing platforms to play a role, equipped with knowledge and skills to identify problems in their area, identify, formulate and solve their own problems based on existing priorities and

potential. Efforts to control PTM are built based on the joint commitment of all elements of society who care about the threat of PTM through Posbindu PTM.

Based on data from Labuhanbatu District Health Office in 2019, the distribution of Posbindu PTM for the Labuhanbatu district area was 69 Posbindu spread across 16 working areas of City Health Center (PUSKESMAS) (Labuhanbatu District Health Office, 2019). PUSKESMAS or City Health Center in Rantauprapat is the health center with the highest number of Posbindu in Labuhanbatu Regency. There are 7 Posbindu spread to 7 subdistrict in the working area of the puskesmas namely in Sirandorung, Padang Bulan, Kartini, Rantauprapat, Cendana, Binaraga, Siringo-ringo villages.

Based on data from PUSKESMAS or Public Health Center Rantauprapat, Labuhanbatu Regency, the number of Posbindu PTM visits in 2018 was 606 visits, while in 2019 there was a significant increase of 1246 visits (PUSKESMAS or Public Health Center Rantauprapat Profile, 2019). Based on data from the profile of Rantauprapat City Public Health Center in 2018, out of a population of 70,666 people, the number of sufferers of non-communicable diseases such as hypertension at the age of ≥ 15 years was 14,822 people and those who received health services were 212 (1.4%), Diabetes Militus (DM) 988 people and those who received services according to standards amounted to 85 (8.6%).

Activities carried out at each Posbindu PTM implementation include measuring weight, height, abdominal circumference, BMI, analyzing body fat, blood pressure, checking blood glucose, checking cholesterol and blood triglycerides, clinical breast examination and VIA, counseling and counseling involving 7 officers as program executors, namely 2 related health center officers and 5 cadres.

The low participation of the community in Posbindu PTM program is not only related to the health sector, there are things outside the health sector that are suspected to have contributed and even have a very strong correlation that have affected the performance of the health service system. The results of interviews with the local community said that the reason why the community did not come to there was because the community's knowledge of there activities was still low, and some communities did not even know that Posbindu PTM had been formed in their village.

The community said they did not have time to check there. It happened because they had to work. The community felt it was not a need to check themselves to there when they had no complaints of illness. Posbindu PTM activities were less interesting. It is also lack of support from community leaders and cadres and families who motivated them or provide information such as reminding about Posbindu implementation schedule. But the distance and availability of access is one of the reasons why the community did not carry out checks at Posbindu. Where the availability of vehicle access in each community house is limited. Then there is not one of the families who takes it to the implementation site Posbindu. So that, the community is not present in the implementation of Posbindu program. This is also supported by limited access to public transportation which cannot be free of access because public transportation only exists in urban areas in Labuhanbatu and does not reach remote area. Based on the background that has been described, it is necessary to conduct research on the factors that influence the utilization of the Integrated Non-communicable Diseases Development Post (Posbindu PTM) at PUSKESMAS or Public Health Center Rantauprapat, Labuhanbatu Regency.

RESEACH METHODS

This research is a quantitative study with a Cross Sectional Study design. The population in this study were all people aged ≥ 15 years Rantauprapat City Public Health Center,

Labuhanbatu Regency. The sample size in this study was 127 people. Method of collecting data used Primary data who obtained directly from using a questionnaire containing questions and answers that have been provided and secondary data who obtained from data from the Labuhanbatu District Health Office in the form of monthly reports and data from Posbindu visits in 2018 and 2019 as well as Posbindu visit data from PUSKESMAS or Public Health Center Rantauprapat. The dependent variable in this research is utilization of Posbindu PTM (Noncommunicable diseases) with use low or high as measure. Independent Variable are knowledge, Attitude, advice Support, and Family Support with measuring with less well and well. Data analyisis method use univariate where would discuss factors (knowledge and attitude), supporting factors (advice support) and Pushing factors (family support). Bivariate analysis where the correlation of them with using or utilizing Posbindun PTM.

RESULTS AND DISCUSSION

Univariate Analysis Results

Frequency Distribution of Predisposing Factors (Knowledge, Attitudes), Supporting Factors (Support Facilities), Pushing Factors (Family Support) and Utilization of Posbindu PTM in the Puskesmas area of Rantauprapat City, Labuhanbatu Regency.

Table 1. Univariate Analysis

Variable	n=127	Percentage (%)
Knowledge		
Less Well	92	72,4
Well	35	27,6
Attitude		
Less Well	98	77,2
Well	29	22,8
Advices Support		
Less Well	81	63,8
Well	46	36,2
Family Support		
Less Well	98	77,2
Well	29	22,8
Utilization of Posbindu PTM (Integreted No communicable Diseases Development Post)		
Low	103	81,1
High	24	18,9

In the Knowledge variable, the results obtained were 92 respondents (72.4%) who had poor knowledge and 35 respondents (27.6%) had good knowledge. It can be concluded that most of the respondents had poor knowledge about the use of Posbindu PTM. Based on the attitude variable, it was obtained that 98 respondents (77.2%) had a bad attitude and only 29 respondents (22.8%) had a good attitude. It can be concluded that most respondents had a bad attitude towards the use of Posbindu PTM. Based on the Suggestion Support, it was found that 81 respondents (63.8%) stated that the support for facilities was not good for the use of Posbindu PTM and 46 respondents (36.2%) stated that the support for facilities was good for using Posbindu PTM. Based on the Family Support variable, it was found that 98 respondents (77.2%) stated that family support was not good for using Posbindu PTM and 29 respondents (22.8%) stated that support for good facilities used Posbindu PTM. Based on

the Utilization of Posbindu PTM variable, it was found that 103 respondents (81.1%) stated that the utilization of Posbindu PTM was low and 24 respondents (18.9%) stated that the utilization of Posbindu PTM was high.

Bivariate Analysis

Relationship between Predisposing Factors (Knowledge, Attitudes), Supporting Factors (Support Facilities), and Pushing Factors (Family Support) with the Utilization of Posbindu PTM in PUSKESMAS area of Rantauprapat City, Labuhanbatu Regency.

Table 2. Bivariate Analysis

Variable	Utilizing Posbindu PTM (Integreted Non-communicable Desease Development Post)						p. value
	Low		High		Total		
	n	%	n	%	n	%	
Knowledge							
Less Well	83	65,4	9	7,1	92	100	0,001
Well	20	15,7	15	11,8	35	100	
Attitude							
Less Well	84	66,1	11	8,7	92	100	0,001
Well	20	15,8	12	9,4	35	100	
Advices Support							
Less Well	87	68,5	16	12,6	92	100	0,045
Well	16	12,6	8	6,3	35	100	
Family Support							
Less Well	84	66,1	14	11	92	100	0,028
Well	19	15	19	7,9	35	100	

The results of the chi-square test show that of the 4 independent variables, all variables have a significant relationship with Posbindu PTM beneficiaries, namely Knowledge, Attitudes, Support Facilities, and Family Support. This is indicated by the sig-p values of the 4 variables which are 0.001, 0.001, 0.045 and 0.028 where the p.value is less than 0.05.

Correlation between Knowledge and Utilization of Posbindu PTM at PUSKESMAS Rantauprapat City Labuhanbatu Regency

Knowledge is one of the intrinsic factors that influence motivation. Knowledge is a thing that occurs after people sense a certain object (Notoatmodjo 2007). Based on the results of bivariate analysis using the chi-square test about the relationship of knowledge to the utilization of Posbindu PTM in the working area of PUSKESMAS or Public Health Center Rantauprapat which means that Ha is rejected and Ho is accepted. Thus, it can be concluded that there is a significant relationship between knowledge and utilization of Posbindu PTM in the working area of PUSKESMAS Rantauprapat.

Ginting (2019) showing that the results in the statistical test obtained that there is a significant relationship between knowledge and the utilization of Posbindu PTM. Knowledge can influence a person in terms of health in the form of his lifestyle, especially in motivating to play a role in health development. Behavior that is based on knowledge will be more directed than behavior that is not based on knowledge, so with good and good knowledge a person becomes interested in participating in activities (Mimik, 2013 in Novianti, 2018).

There are 127 respondents with good knowledge, 11.8 percent had high utilization of Posbindu PTM. Knowledge of Posbindu is one of the factors that determines someone comes to Posbindu. Posbindu should be introduced more to the society so that they could understand about it and also could utilize Posbindu well.

Almost respondents who never come to Posbindun because they don't know about the Posbindu PTM. In fact, many respondents had just heard of Posbindu PTM. Respondents knew that Posbindu PTM existed, it was just little bit. Some respondents said they knew Posbindu existed but were not interested in visiting. Lack of socialization or information about the benefits of Posbindu PTM certainly affects people's motivation to use it. People who don't want to take advantage of this posbidu can be caused because the community doesn't know or doesn't know the benefits of the Posbindu itself. The predisposition that is manifested in this knowledge is the lack of knowledge of respondents, families and the community about Posbindu both in understanding and knowing the purpose and existence of Posbindu activities causing the motivation or utilization of Posbindu by the community to decrease.

Correlation between Attitudes and Utilization of Posbindu PTM at PUSKSMAS Rantauprapat City, Labuhanbatu Regency

Based on the results of bivariate analysis using the chi-square test on the relationship between attitude and utilization of Posbindu PTM in the working area of the PUSKESMAS or Public Health Center Rantauprapat which means that Ha is rejected and Ho is accepted. Thus, it can be concluded that there is a significant relationship between attitudes towards the use of Posbindu PTM in the working area of the PUSKESMAS or Public Health Center Rantauprapat.

The results of this study are in line with research conducted by Pipit and Istika (2018) which states that there is a relationship between attitudes and the utilization of Posbindu PTM in Tegalsari Hamlet, Donotirto Village, Kretek District, Bantul Regency. The results of this study are in accordance with the theory of Lawrence Green (1980) which states that attitude is a factor that plays a role in health behavior. Attitude formation cannot be done spontaneously. this takes time to materialize and is backed up by concrete actions and other enabling factors (Notoadmodjo, 2003). This research is also in line with research conducted by Sandra and Kusumaningrum in 2018 concerning Knowledge, Attitudes and Family Support regarding the Utilization of Non-Communicable Disease Posbindu in Bantul Kretek, showing that there is a relationship between attitudes and the utilization of Posbindu PTM in Tegalsari Hamlet, Donotirto Village, Kretek District, Bantul Regency. This can be seen from the results of the Chi-square test with a value of P = 0.003 (Pvalue <0.05) indicating that attitude is significantly related to the utilization of the Posbindu PTM in Tegalsari Hamlet, Donotirto Village, Kretek District, Bantul Regency.

There are 12 respondents (9.4%) had a good attitude with high utilization of Posbindu PTM, then 95 respondents (84%) had a bad attitude with low utilization. According to the results of the study, the less good the attitude of the community, the less often the community uses Posbindu compared to people who behave well. The cause of the inactivity of the community in visiting Posbindu PTM in the working area of the PUSKESMAS or Public Health Center Rantauprapat is that in the morning when Posbindu PTM implementation the people are busy and cannot leave their jobs because they consider work to be more important for their family life than visiting Posbindu PTM will take up time and consider checking blood pressure, blood sugar checks, cholesterol checks and uric acid checks can be done at

Puskesmas which can be visited at any time. Attitude is also defined as a person's preparation to act positively in certain situations.

Several factors influence the formation of attitudes, including personal experience, other people who are considered important, and cultural influences. In this case, you can make a visit to Posbindu PTM. The respondent's attitude is good, namely being able to actively visit Posbindu PTM because the respondent's knowledge is also good or vice versa (Putri, 2018).

Correlation between the Support of Facilities and the Utilization of Posbindu PTM at PUSKESMAS Rantauprapat City Labuhanbatu Regency

Based on the results of the bivariate analysis using the chi-square test on the relationship between Facility Support and the utilization of Posbindu PTM in the working area of the PUSKESMAS or Public Health Center Rantauprapat, a p-value of 0.045 < α = 0.05 is obtained, which means that Ha is rejected and Ho is accepted. Thus, it can be concluded that there is a relationship between the support of facilities and the utilization of Posbindu PTM in the working area of PUSKESMAS or Public Health Center Rantauprapat.

Dwi Wigati and Mieke (2018) which states that there is a relationship between the support of Posbindu PTM facilities and the utilization of Posbindu PTM in the working area of Setiabudi District Health Center, South Jakarta City. An Odds Ratio (OR) value of 2.567 was obtained, meaning that complete Posbindu PTM facility support has a 2.567 times greater chance of making respondents more active in utilizing Posbindu PTM facilities compared to incomplete Posbindu PTM facility support.

The support for the facilities referred to in this study is about the ease of accessing locations, transportation facilities and the timing of implementation of the Posbindu PTM. Crosstab test results stated that out of 127 respondents the support for facilities was not good with low utilization of Posbindu PTM as many as 103 respondents (87%). The reason for the low utilization of Posbindu in terms of facility support is due to the timing of implementation of Posbindu PTM which is not appropriate because it is held in the morning which causes low utilization of Posbindu because people prefer to work rather than come to Posbindu PTM. This can be seen from the respondents who said the time for implementing Posbindu PTM was appropriate as many as 37 respondents (29.1%). The principles of implementing the Puskesmas include: a healthy paradigm, regional accountability, community independence, equity, appropriate technology, and integration and sustainability. One of the principles of implementing PUSKESMAS is equity where PUSKESMAS provides health services that are accessible and affordable to all people in their working areas in a fair manner regardless of social, economic, religious, cultur and belief status. So that Posbindu should be available with easy and affordable access as a whole for all people who are in the working area of the PUSKESMAS.

Ratna (2018) entitled Factors Associated with the Use of Posbindu in the Work Area of PUSKESMAS, Setia Budi District, South Jakarta City. The results showed that there was access to the use of Posbindu elderly with a $_p$value of 0.013 or <0.05. Distance can limit the ability and willingness to seek health services, especially if available facilities and transportation are limited, communication is difficult and there are no places available in the service area. The distance between the house and Posbindu, namely accessibility to health care facilities, is an enabling factor in health behavior (Notoatmodjo 2014). The results of this study found that 40 respondents (31.5%) had reached respondents with questions about the distance between their house and the location where the Posbindu PTM was held.

The people in the working area of PUSKESMAS Rantauprapat City in each sub-district, already have basic health services such as Posbindu. The implementation of the Posbindu

PTM was carried out simultaneously with the implementation of the toddler posyandu due to a lack of health workers and Posbindu cadres. Of the seven sub-districts located in the working area of PUSKESMAS or Public Health Center Rantauprapat City there are only five Posbindu which carry out routine activities every month due to limited health workers and cadres. The five sub-districts are Padang Bulan sub-district, Cendana sub-district, Kartini sub-district, Binaraga sub-district and Sirigo-ringo sub-district. However, because in the Binaraga sub-district and Siringo-ringo sub-district, the interpretation of the Posbindu was carried out at the same time and in the same location following the schedule of the toddler posyandu due to limited health workers and cadres. This has caused access to community locations to be further away which has resulted in low visits by the community to utilize Posbindu PTM.

Problems with remote locations are accompanied by problems with minimal public transportation service routes and the absence of public transportation with online ordering at rantauprapat. If people do not have private vehicles, the only access to visiting places using public transportation is motorized rickshaws which are difficult to access if the residence is not in the center of the crowds such as markets, malls, hotels and schools. In Lawrence W. Green's theory, it is stated that enabling factors or enabling a person to behave are seen from access to health care facilities. Access to the health service referred to in this case is the distance, namely the distance from the house or residence to the Posbindu where there are health service activities for the community in the area. According to the Ministry of National Education, distance is an intervening space (long or far) between two objects or places, namely the distance between the house and Posbindu. According to the results of the study, there was a difference in the proportion of respondents who had close proximity to Posbindu and respondents who had long distances from Posbindu and did not visit Posbindu. The proximity of Posbindu will make it easy for people to reach Posbindu without having to experience physical fatigue.

Septi and Erfina (2020) which stated that there was no effect of access to services on the use of Posbindu PTM motivation or utilization of Posbindu by the community is low.

Correlation between family support and the use of Posbindu PTM at the PUSKESMAS or Public Health Center Rantauprapat, Labuhanbatu Regency

Based on the results of bivariate analysis using the chi-square test on the relationship of family support to the utilization of Posbindu PTM in the working area of the PUSKESMAS or Public Health Center Rantauprapat, a p-value of $0.028 < \alpha = 0.05$ is obtained, which means that Ha is rejected and Ho is accepted. Thus, it can be concluded that there is a significant relationship between family support and the utilization of Posbindu PTM in the working area of the PUSKESMAS or Public Health Center Rantauprapat.

The results of this study are supported by the results of research conducted by Septi and Erfina (2018) which stated that there was a relationship between family support and the use of Posbindu PTM in Uwie village, the working area of Muara Uya Health Center, Tabalong district. Family members are the primary reference group that most influences consumer behavior. There are two families in consumer life, namely orientation and procreation families. Family orientation provides an orientation to a person towards religion, politics, economics and personal ambition. In contrast to the procreative family, which has a direct influence on a person, the orientation family gives a significant influence even though the person no longer interacts much with members of his orientation family. The orientation family consists of parents and siblings, while the procreative family consists of husband and wife and children.

According to family researchers as a strong motivator for other family members to participate in Posbindu activities and if they always make themselves available to accompany or accompany them to Posbindu and remind them of the Posbindu schedule if they forget or do not know information about Posbindu implementation. Families must also try to help overcome all the problems faced by family members who have problems, for example in the health sector, namely experiencing decreased memory and body function. Families also have an important role in reminding family members who have health problems not to use/buy over-the-counter medicines on the market, because they do not know the drug ingredients and side effects.

Crosstab test results stated that out of 127 respondents good family support with high utilization of Posbindu PTM was only 10 respondents (7.9%) and poor family support with low utilization of Posbindu PTM was 98 respondents (84%). Most of the respondents supported from their family is lack because the families themselves did not know about and did not receive information about Posbindu, this was seen from 127 respondents who stated that family members did not provide information about the existence of Posbindu PTM program as many as 99 respondents (78%). There is a relationship between family support and community activity in Posbindu PTM activities in Semarang City. Participation and support from the family in a tangible form needs to be increased, for example the family consults to divide the schedule to accompany the father or mother according to the schedule determined at Posbindu. This concern aims to make sick families more motivated to carry out health checks.

CONCLUSIONS

There are 127 respondents for this research. Among of them understood or with good knowledge about Posbindun PTM are 35 or 27, 6 % meanwhile who had poor knowledge and 92 respondents or 72.4%. For indicators of community attitudes towards posbindun as many as 98 respondents (77.2%) had a bad attitude and only 29 respondents (22.8%) had a good attitude. for the Suggestion Support indicator, 81 respondents (63.8%) stated that facility support was not good for using Posbindu PTM and 46 respondents (36.2%) stated that facility support was good for using Posbindu PTM. Based on the Family Support indicator, it is known that 98 respondents (77.2%) and family support are not good in utilizing Posbindu PTM. and as many as 29 respondents (22.8%) expressed support for good facilities in utilizing Posbindu PTM. Based on the PTM Posbindu utilization variable, it was found that 103 respondents (81.1%) stated that the utilization of PTM Posbindu was low and 24 respondents (18.9%) stated that the utilization of PTM Posbindu was high.

Some indicators have correlation with the attitude of societies in using Posbindu PTM in PUSKESMAS or Public Health Center Rantauprapat City, Labuhanbatu Regency are education or knowledge about Posbindu PTM, Attitude, support or facilities in the utilization Posbindu and family support.

Suggestions

PUSKESMAS or Public Health Center Rantauprapat should increase public knowledge about the use of Posbindu PTM and the positive reaction of the community by conducting counseling about the functions, benefits and objectives of using Posbindu PTM for the community, so that people can better understand and want to make regular use of Posbindu PTM. Rantauprspst City Health Center should be able to hold a Posbindu PTM in an area that is easy to reach and close to where they live, so that the community wants to make regular use of the Posbindu PTM. Thealth workers will be more active in providing

information in the form of counselling, direction, guidance, motivation and periodic home visits so that it is hoped that the community will be able to change their attitude and awareness to utilize Posbindu PTM. The families will always provide encouragement, direction, motivation and guidance to other family members about the benefits and objectives of Posbindu PTM, so that every family in the community is more enthusiastic about feeling that their health is being cared for and they want to make regular use of Posbindu PTM.

REFRENCES

Andersen, R and Newman, J. (2005). Societal and Individual Determinants of Medical Care Utilization in the United States. The Milkbank Quarterly

Dina Zakiyyatul Fuadah, N. F. (2018). Pemanfaatan POS Pembinaan Terpadu (POSBINDU) Penyakit tidak Menular (PTM) pada Penderita Hipertensi. *Jurnal Ners dan Kebidanan*

Dinas Kesehatan Kabupaten Labuhanbatu. (2018). Profil Kesehatan Kabupaten Labuhanbatu Tahun 2018. Karo: Dinas Kesehatan Kabupaten Labuhanbatu

Dwi Wigati Ratna Sari, M. S. (2018, Juni). Faktor-Faktor yang Mempengaruhi Pemanfaatan Posbindu Penyakit Tidak Menular (PTM) di Wilayah Kerja Puskesmas Kecamatan Setiabudi Kota Jakarta Selatan tahun 2018. *Jurnal kebijakan Kesehatan Indonesia*.

Irianto, K. (2018). Epidemiologi Penyakit Menular Dan Tidak Menular Panduan Klinis. Bandung: Alfabeta.

Kementerian Kesehatan Republik Indonesia. (2019). Petunjuk Teknis Pos Pembinaan Terpadu Posbindu Bagi Kader. Jakarta: Kementerian Kesehatan Republik Indonesia.

Lawrence W, Green (1980). Health program planning an educational and ecological approach. Marchall W. Kreuter. Rollins School of Public Health of Emory University.

Purdiyani, Fauzia. (2016). Pemanfaatan Pos Pembinaan Terpadu Penyakit Tidak Menular (Posbindu PTM) Oleh Wanita Lansia Dalam Rangka Mencegah Penyakit Tidak Menular Di Wilayah Kerja Puskesmas Cilongok 1 (Thesis).

Kaplan, N M, dan Stamler, J. (1991). Hipertensi dan Pencegahan Penyakit Jantung Koroner. EGC. Jakarta

Notoatmodjo, S. (2014). Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: Rineka Cipta.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 43 Tahun 2016 tentang Standar Pelayanan Minimal Bidang Kesehatan.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 71 Tahun 2015 tentang Penanggulangan Penyakit Tidak Menular.