



Factors Related to the Low Visit of Posbindu PTM in Sintang Distric

Wagiran^{1*}, Rudiansyah², Ria Damayanti³, Sohibun⁴, Aditya Sardi⁵, Novin Yetiani⁶

STIKES Kapuas Raya Sintang

Corresponding Author: Wagiran Wagiran_skm@ymail.com

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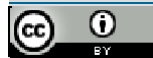
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ABSTRACT

The prevalence of penyakit tidak menular (PTM) on Riskesdas 2018 has increased compared to 2013. The problem of high PTM and its large impact requires efforts to control PTM risk factors with PTM Posbindu activities but The number of PTM Posbindu visits still very low in. The purpose of this study to determine the factors associated with the low number of community visits in the posbindu PTM. This research is a quantitative research with cross sectional design with a sample of 286 respondents with random sampling technique. The statistical test used the square-test with a 95% CI. The results showed education p-value =0.033, PR =1.313, knowledge p-value =0.010, PR =1.423, attitude p-value = 0.045, PR =1.326, access to health services p value =0.016, PR =1.357 , family support p-value =0.009, PR =1.383, motivation p-value =0.001, PR =1.481 with low PTM Posbindu visits. It is suggested to the government to improve supporting facilities, as well as strengthening health workers and cadres in providing optimal posbindu services

INTRODUCTION

The high number of non-communicable diseases is a community problem that needs attention. Penyakit tidak menular (PTM) are chronic diseases that are not transmitted from person to person. PTM include heart disease, stroke, cancer, diabetes, and Chronic Obstructive Pulmonary Disease (COPD). PTM is the cause of death for nearly 70% in the world. PTM from time to time shows a tendency to increase. According to the results of Basic Health Research (Riskesdas) in 2013 and 2018, there appears to be a tendency for the prevalence of PTM to increase, such as diabetes, hypertension, stroke, and joint/rheumatic/gout diseases. This phenomenon is predicted to continue (Kemenkes RI, 2019).

The World Health Organization (WHO) (2018) states that in 2030 approximately (71%) the cause of death in the world will be caused by PTM which kills 36 million people per year, and approximately (80%) of these deaths will occur in middle-income countries and low, (73%) these deaths are caused by PTM, (35%) of them are due to heart and blood vessel disease, (12%) by cancer, (6%) by chronic respiratory diseases, (6%) due to diabetes, and (15%) caused by other PTM. The prevalence of PTM also encourages agreement on a global strategy for the prevention and control of PTM, especially for developing countries and is included in the 2015-2030 SDGs agenda so that it must be a priority for every country (WHO, 2018).

Indonesia in recent years has experienced an epidemiological transition, the number of deaths due to non-communicable diseases has increased, while deaths due to communicable diseases have decreased. Non-communicable diseases dominate the 10 biggest diseases in Indonesia. The biggest causes of death in Indonesia in 2019 are stroke (21.1 percent), coronary heart disease (12.9 percent), diabetes mellitus (DM) with complications (6.7 percent), tuberculosis (5.7 percent), and hypertension with complications (5.3 percent)(Riskesdas, 2018)

The prevalence of PTM in West Kalimantan based on Riskesdas in 2018 has increased compared to 2013. PTM that has experienced an increase is hypertension which has increased from 25.8% to 34.1% in 2018, stroke has increased from 7% to 10.9% in in 2018, diabetes mellitus has increased from 6.9% to 8.5% in 2018, chronic kidney failure has increased from 2% to 3.8% in 2018, and cancer has increased from 1.4% to 1,8% (Riskesdas,2018).

The problem of PTM, which has a high prevalence and has a large impact, requires efforts to control PTM risk factors. Control of PTM risk factors is an effort to prevent PTM for those who have risk factors and prevent complications, disability, and premature death as well as improve quality of life. Efficient and effective control is by empowering and increasing community participation through activities called PTM Integrated Development Post (POSBINDU) (Kemenkes RI, 2014)

Sintang District is one of the districts in West Kalimantan Province which has implemented Posbindu PTM. The prevalence of Community Health Centers based on the number of villages implementing Posbindu PTM in Sintang District based on data from the Sintang District Health Office was 31.67%, with the highest percentage of 95% found in Sepauk Health Center 39 villages out of 40 existing villages, Kebong District 66.67% (4 out of 6 existing villages). Meanwhile,

the lowest percentage was found in 7 sub-districts where Posbindu PTM had not been implemented, namely Jelimpau, Emparu, Tebidah, Serangas, Tanjung Puri, Sui Durian and Serawai Health Centers.

Sepauk is one of the sub-districts in Sintang Regency whose implementation has reached 95%. The researcher chose Sepauk District because 38 villages out of 40 villages in Sepauk District have already implemented Posbindu PTM, so the participation rate already exists but visits are still low. The highest visit rate was Tanjung Balai Village (3.7%), while the lowest visit rate was Nanga Sepauk Village with 0.59% (Sepauk Health Center, 2021). The number of PTM Posbindu visits in all villages in Sepauk District is still very low, an average of 0.98%, recorded in the Posbindu Puskesmas report that visits per village average 15 people. The achievement of the visit was very far from the target specified in the Minimum Service Standards (SPM), which was 100%.

METHODOLOGY

This study used quantitative research with the method used, namely observational analytic with a cross sectional approach, conducted in Sepauk District. The object of this study were PTM Posbindu Participants aged 15-59 years. The total sample is 289 people obtained by accidental sampling technique. Collecting data using a questionnaire by conducting interviews. The collected data were analyzed using univariate analysis in the form of respondent characteristics in the form of frequency tables and bivariate analysis using the chi-square test.

RESULTS

Characteristics of Respondents

Table 1. Frequency Distribution of Respondents Based on Respondent Characteristics in the Work Area of the Sepauk Health Center in 2022

Variable	N= 286	%
Age		
(15 - 25 years)	18	6,3
(26 - 35 years)	52	18,2
(36 - 45 years)	89	31,1
(46 - 59 years)	127	44,4
Gender		
Male	97	33,9
Female	189	66,1
Education		
Low (Not School- High School)	155	54,2
Hight (Diploma/Higher Education)	131	45,8
Work		
Farmer	82	28,7

Housewives	141	49,3
Entrepreneur	45	15,7
Civil Servant	18	6,3

Source: Primary Data, 2022

Based on table 1, it can be seen that most of the respondents who were taken as a sample were aged (46-59 years) at 44.4% and a small portion were aged (15-25 years) at 6.3%. Gender of respondents Most were women as many as 189 (66.1%) people. The education of the respondents was mostly low education, 155 (54.2%), while the work of the respondents was mostly housewives 141 (49.3%) and the least were civil servants, 18 (6.3%).

Univariate Analysis

Table 2. Frequency Distribution of Respondents Based on Research Variables in the Work Area of the Sepauk Health Center in 2022

Variable	N=286	%
Respondent Participation		
Inactive	143	50,0
Active	143	50,0
Knowledge		
Poor	63	22,0
Good	223	78,0
Attitude		
Poor	191	66,8
Good	95	33,2
Access to health Services		
Less Support	92	32,2
Support	194	67,8
Family Support		
Less Support	143	50,0
Support	143	50,0
Motivation to follow Posbindu		
Less Support	132	46,2
Support	154	53,8

Source: Primary Data, 2022

Based on table 2 it can be seen that of the 286 respondents who have the same percentage of participating in Posbindu PTM actively at 50.0% and some who are not actively participating in Posbindu PTM 50.0%. Most of the respondents' knowledge had good knowledge of 78.0% while knowledge of less good was 22.0%. The attitude of the respondents mostly has a bad attitude of 66.8% while a good attitude is 33.2%. Access to Health Services most of the respondents had access to supporting health services of 67.8% while access to unsupported Health services was 32.2% Family Support of respondents had the same frequency of 50.0% and Motivation to Follow Posbindu most of the respondents had the motivation that supports taking part in Posbindu PTM is

53.8% while those who are motivated to take part in Posbindu who do not support it are 46.2%.

Bivariate Analysis

Table 3. Factors Associated with Low PTM Posbindu Visits in the Work Area of the Sepauk Health Center in 2022

Variable	Posbindu PTM				Total		p value	PR (CI 95%)
	Inactive		Active		N	%		
	n	%	n	%				
Education								
Low	87	56,1	68	43,9	155	100,0	0,033	1,313 (1,031-1,673)
High	56	42,7	75	57,3	131	100,0		
Knowledge								
Poor	41	65,1	22	34,9	63	100,0	0,010	1,423 (1,130-1,792)
Good	102	45,7	121	54,3	223	100,0		
Attitude								
Poor	104	54,5	87	45,5	191	100,0	0,045	1,326 (1,009-1,744)
Good	39	41,1	56	58,9	95	100,0		
Access to health Services								
Less Support	56	60,9	36	39,1	92	100,0	0,016	1,357 (1,082-1,702)
Support	87	44,8	107	55,2	194	100,0		
Family Support								
Less Support	83	58,0	60	42,0	143	100,0	0,009	1,383 (1,090-1,755)
Support	60	42,0	83	58,0	143	100,0		
Motivation to follow Posbindu								
Less Support	80	60,6	52	39,4	132	100	0,001	1,481 (1,172-1,873)
Support	63	40,9	91	59,1	154	100		

Source: Primary Data, 2022

Based on table 3 it is known that the proportion of respondents with lower education tends to be more inactive in visiting Posbindu PTM by 56.1%, compared to respondents with higher education by 42.7%. Statistical test results using the Chi Square Test, obtained p value = 0.033 (p value <0.05). This shows that there is a relationship between education and low PTM Posbindu Visits at the Sepauk Health Center. Statistical test results showed a Prevalence Ratio (PR) of 1.313 with a confidence value of 95% Confidence Interval (CI), meaning that respondents with low education tended to be inactive in participating in posbindu PTM 1.313 times greater than respondents with higher education.

Respondents' knowledge indicated that the proportion of respondents with poor knowledge tended to be more inactive in visiting Posbindu PTM by 65.1%, compared to respondents with good knowledge of 45.7%. The results of statistical tests using the Chi Square Test, obtained p value = 0.010 (p value <0.05). This shows that there is a relationship between knowledge and low PTM Posbindu Visits. Statistical test results show a Prevalence Ratio (PR) of 1.423 with a confidence value of 95% Confidence Interval (CI), which means that respondents with poor knowledge tend not to actively attend PTM posbindu 1.423 times greater than respondents who have.

DISCUSSION

The Relationship between Education and Low PTM Posbindu Visits

A person's educational status can affect the absorption of information, so that the higher the educational status the easier it is to understand, healthy concepts that will lead to an increase in health behavior in this case is the awareness of actively visiting Posbindu PTM activities. There are six stages of behavior and the last stage is justification, which means that the patient understands the condition he has and can make plans to improve the quality of life by undergoing routine health checks (Notoadmodjo, 2018).

The results of this study are in accordance with the research of Dewi Eka (2012) and Zarniyeti (2011) which states that there is a significant relationship between education and the utilization of posbindu. This study is in accordance with the theory put forward by Andersen (1968) which states that the level of education is one of the factors that influence the utilization of health services by individuals. Many conscious behaviors that harm health are also found among educated or professional people or advanced societies. This can be due to education which basically cannot only be obtained from school (formal) but also in the family, community, and from other media such as magazines, newspapers and so on so that it influences a person's conscious behavior (Dewi Eka, 2012)

Based on the results of field research, there is a relationship between education and the low number of PTM posbindu visits. This can happen because respondents with low education have a low level of knowledge about health compared to those with higher education, which raises awareness to maintain health.

Relationship between Knowledge and Low PTM Posbindu Visits

Behavior is an activity or activities of organisms or living things, so human behavior is essentially an activity of the organism concerned (Notoadmodjo, 2012). Closed behavior occurs when the response to the stimulus cannot be clearly observed by other people (from outside). The response is in the form of attention, feelings, perceptions, knowledge, and attitudes that can be measured are knowledge and attitudes. Knowledge or cognitive is a very important domain for the formation of one's actions.

This study shows that elderly people with low knowledge have a larger portion in not visiting the elderly Posbindu (Notoadmodjo, 2012). It states that knowledge is a very important domain in shaping one's actions. The results of this study are in accordance with the results of research conducted by Dewi Eka (2018), Tri Ariyani (2015) and Andayani (2019) which states that there is a significant relationship between knowledge and the utilization of the elderly posbindu. According to Notoatmodjo, good knowledge also does not guarantee a person to behave well, someone who has good knowledge about health does not necessarily have good health behavior and other supporting factors are needed to enable the elderly to actively utilize the posbindu elderly (Andayani 2019).

Based on the results of field research that there is a relationship between knowledge and low PTM Posbindu visits, this is because respondents with less knowledge tend not to actively visit PTM Posbindu, namely 61.9% and can also

be caused by other factors such as motivation from within the respondent to be able to check their health status.

Relationship between Respondents' Attitudes and Low PTM Posbindu Visits

Attitude is closed behavior that cannot be seen immediately and is a readiness or willingness to act, attitude is not yet an action or activity but is a predisposition to action or behavior (Notoadmodjo, 2012). The results of this study are in accordance with research conducted by Dewi Eka (2012), Tri Ariyani (2011), Zarniyeti (2010) and Lestari (2005) which state that there is a significant relationship attitudes with the use of posbindu. The results of this study are in accordance with Green's theory (1980) which states that attitude is a factor that plays a role in health behavior. Attitudes have not been automatically manifested in an action, to realize this attitude, a real action and other supporting factors are needed to condition this attitude and facilitate (Nasrudin, 2017)

Attitude is one of the predisposing factors in health behavior (Green, 1980). In relation to efforts to increase the number of visits in utilizing posbindu, Puskesmas must have a positive attitude towards the existence of posbindu in their environment. The positive attitude of these respondents must be raised by the existence of a policy and increased knowledge about posbindu. policies related to posbindu itself have been regulated in Law no. 36 of 2009 concerning health where efforts to maintain health for people must be aimed at keeping the community healthy and productive both socially and economically, and the government is obliged to ensure the availability of health services. For this reason, the Government launched health services to be implemented through the Puskesmas program by involving the participation of families, community leaders and social organizations called the Integrated Development Post (Posbindu).

Relationship between Access to Health Services and Low Visits to Posbindu PTM

Access to health services in this study included distance traveled to the place of service, travel time, road conditions and vehicle access to the place of service. Distance is a measure of how close one place is to another and is measured in meters. The distance to where you live can be a driving factor because long distances can affect a person in carrying out activities. The farther the distance a person travels from their place of residence to health services, the more time spent. The farther the distance from the place of residence to the health service will decrease a person's motivation to visit the health service (Nasrudin, 2017). So the distance from home affects the participation of Posbindu PTM. This research proves that 60.9% of them have a long distance from home, most of them are not actively participating in Posbindu PTM.

This is in line with research conducted by Rusdiyanti (2018) which examined the factors that influenced the activity of visits to the Integrated Development Post for non-communicable diseases in villages in 2018 where one of the independent variables was the distance from the house to the Posbindu. This study states that the p-value of distance is smaller than alpha ($0.034 < 0.05$), which means that there is a relationship between distance and active visits to Posbindu PTM. This is in accordance with the theory that distance from home

will affect visits to Posbindu PTM. The odds ratio for long distances with active visits to Posbindu PTM is 0.396 times inactive compared to those that are close by (Nasrudin, 2017).

Based on research in the field that there is a relationship between access to health services and low visits to Posbindu PTM, in this study it can be supported based on research results which show that respondents who do not have access to health services tend to be more inactive visiting Posbindu PTM by 60.9%, It was suggested to the respondents to routinely come to the PTM posbindu every month in order to find out their health condition.

Relationship between Family Support and Low PTM Posbindu Visits

Lack of family support can reduce a person's activity in participating in Posbindu PTM, and conversely high family support will increase a person's activity in participating in Posbindu PTM. Family support to encourage someone to take part in Posbindu PTM is by accompanying, accompanying, or reminding them of the schedule for Posbindu PTM activities. If there is support from the family, self-confidence will increase and motivate them to participate in Posbindu. Insufficient family support is caused by a lack of knowledge from family members about Posbindu activities (Umayana at all, 2015). So family support affects the participation of Posbindu PTM. This study proves that the proportion of respondents who have low family support is mostly not active in participating in Posbindu PTM, namely 58%.

This research is in line with research conducted by Sari et al (2018) which examined the factors related to the utilization of Posbindu PTM in the Working Area of the Puskesmas Setiabudi District, South Jakarta City, where one of the independent variables is family support for the utilization of Posbindu PTM. The study stated that the p-value was 0.037, which meant that there was a relationship between family support and the utilization of Posbindu PTM, while the OR value was 2.153 meaning that respondents who received family support greater than 2.153 would be more likely to actively utilize Posbindu PTM (Savitri, at all, 2018)

Several respondents who had high family support and were not active in participating in Posbindu PTM, this was because the respondents chose to check their blood pressure, blood sugar levels, cholesterol, and others at the village paramedics/midwives for closer reasons. Meanwhile, some respondents who have low family support and actively participate in Posbindu PTM, this is because the respondents have high self-motivation. They are willing to come to the PTM Posbindu location on their own without having to be accompanied by their families.

The Relationship between Motivation to Join the PTM Posbindu and Low Visits to the PTM Posbindu

Motivation is a feeling or thought that encourages someone to do something in behavior. Low motivation encourages someone not to behave (Suarly, 2010). More broadly, the definition of motivation is a process in which the need drives a person to carry out a series of activities that lead to the achievement of certain goals. Individuals who succeed in achieving these goals mean that their needs can be achieved or satisfied (Rangga, 2016)

Motivation can also be interpreted as a driving tool that is within each individual to achieve a goal to be achieved. The effort put into motivating someone is done by bringing out the factors that encourage individuals to behave in a certain way. (rangga, 2016). So, motivation influences a person's participation in Posbindu PTM. This study proves that the proportion of respondents who have low motivation are mostly not active in participating in Posbindu PTM, which is as much as 60.6%.

Based on research in the field that there is a relationship between motivation to join the PTM Posbindu and the low number of visits to the PTM Posbindu. It was suggested to respondents to be able to continue to motivate themselves to always be active in participating in PTM posbindu activities and to be supported by the role of the family so that they can know their health conditions on a regular basis.

CONCLUSIONS AND RECOMMENDATIONS

The results of research conducted on 286 respondents in the work area of the Sepauk Health Center showed that there was a relationship between education, knowledge, attitudes, access to services, family support, motivation to attend posbindu with low PTM posbindu visits. To increase visits to the Posbindu, it is hoped that health workers can provide more excellent service to the community by prioritizing friendly and nurturing services. Play an active role in providing socialization both directly and through the media to the public about the importance of Posbindu PTM so that visits and community participation increase.

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