

Overview of Elderly Knowledge About Posyandu Elderly in Mekarwangi Village

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Article

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Abstract

Elderly Posyandu is an integrated service post for the elderly in a certain area that has been agreed upon and is mobilized by the community so that the elderly get adequate health services. However, the elderly posyandu in Mekarwangi Village was not used properly, and also based on a preliminary study it was found that 3 out of 5 elderly did not understand well about the implementation of the elderly posyandu, the services provided at the elderly posyandu. to find out the knowledge of the elderly about the meaning of the posyandu for the elderly, to determine the knowledge of the elderly about the benefits and objectives of the posyandu for the elderly, to determine the knowledge of the elderly about the goals of the posyandu for the elderly, to determine the knowledge of the elderly about the implementation of the posyandu for the elderly, to determine the knowledge of the elderly about the types of services for the elderly posyandu. This research uses descriptive design, the approach used in this study is cross-sectional. The population of this study is the elderly who live in Mekarwangi Village numbering 292 elderly. This study showed elderly knowledge about the understanding of senior posyandu most well-informed as many as 28 (63.6) respondents, and knowledge less as much as 2 (4.5%). Seniors with knowledge of the most knowledgeable types of services were 36 (81.8%) respondents and less known as many as 8 (18.2) respondents. For the elderly knowledge about the benefits and goals, the targets, and implementation of elderly posyandu still have to be improved.

Introduction

Aru (2009) defines the elderly as decreased, weakened, and increased susceptibility to disease and environmental changes, loss of mobility and dexterity, as well as age-related physiological changes. Other characteristics are women and men aged over 60 years, both those who are still actively working or have activities or who are no longer able to make a living

on their own so they rely on others to fulfill their needs (Tamher, 2009).

The growing elderly population causes the government to establish various health and social service policies for the elderly with the aim of improving the quality of life, achieving a happy old age, being effective in family and community life according to their existence. The government has established services for the elderly from various levels as a form

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of health and social facilitation for parents carried out at the posyandu for the elderly.

Posyandu facilitation is a program that excels in implementing policies to achieve an efficient, independent, and healthy elderly population wherein the process of activity the concept of active aging is active. With active aging, it is hoped that there will be an increase in the quality of life for the elderly which includes health, safety, and participation. The more a person feels safe and healthy, the more likely he is to participate. In addition to physical problems, the dimensions of wellness related to intellectual, emotional, social, vocational, and spiritual wellness also define a happy and efficient old age.

Sulistyorini et al (2010) stated that the 5 table system used in the implementation of posyandu implementation procedures was intended for optimal health facilitation for the elderly. The system is carried out by registering at the first table; checking height, blood pressure, and weight on the second table; filling out and recording the Card Towards Health (KMS) which includes Body Mass Index (BMI), height, weight, and blood pressure on the third table; Supplementary feeding (PMT), nutrition services, counseling and counseling at the fourth table; and finally health checks, treatment and filling in the data on the results of the checks at the KMS on the fifth table.

An optimally organized Posyandu can make it easier for the elderly to get basic health facilitation for a maintained quality of life. Various programs and activities at the Posyandu for the elderly are considered useful for the elderly in each region. In order for the health of the elderly population to be properly monitored and maintained, the posyandu services should be utilized as much as possible.

The reluctance to take advantage of posyandu health facilitation results in the parents' health being poorly monitored, so that if they are exposed to the risk of disease due to the aging process, it is feared that it will end up being fatal and threatening the safety of the elderly. Socialization and counseling about posyandu for the elderly should continue to be supported by related parties starting from the family, government to the surrounding community.

Almost half of the elderly population in Indonesia complains about their health, both physical and psychological (48.14%) in 2020. Meanwhile, the large percentage of elderly people who experience illness reaches 24.35%, almost a quarter of the total elderly in Indonesia. However, the morbidity rate of the elderly population in 2020 is the lowest point in the last six years (Elderly Population Statistics, 2020). Diseases experienced by the elderly are generally degenerative (non-communicable) caused by age factors such as stroke, diabetes mellitus, heart disease, injuries, and rheumatism (Kemenkes RI, 2019). These diseases are chronic diseases, require large costs, and must be cured immediately so that the elderly can carry out daily activities without being disturbed.

Data on elderly services in Mekarwangi Village in July 2021 were 33 people (34%), in August 2021 there were 33 people (34%), in September 2021 there were 33 people (34%). Previous research conducted on 5 elderly people in Mekarwangi Village showed that only 2 elderly people regularly went to the elderly posyandu, only 2 elderly people knew about the meaning, benefits, goals, and types of services provided at the elderly posyandu. While the other 3 elderly never came to the elderly posyandu for different reasons, namely not knowing that the elderly posyandu was being held, no one accompanied them and there were no complaints. For parents who are reluctant to come, they



do not check their health regularly and if there are complaints, the elderly will check themselves to the nearest clinic.

Therefore, the factor of the elderly's knowledge about the elderly posyandu is the background for the author to examine the knowledge of the elderly about the elderly posyandu in Mekarwangi Village.

Formulation of the problem, with the elaboration of the problems above, researchers are interested in understanding how the description of the knowledge of the elderly regarding the Integrated Service Post for the elderly in the work area of the Danau Indah Health Center, Mekarwangi Village. Purpose this study aims to identify an overview of the knowledge of the elderly regarding the posyandu for the elderly.

Methods

This research uses descriptive design, the approach used in this study is cross-sectional. The population of this study is the elderly who live in Mekarwangi Village numbering 292 elderly. This study sample used the 2010 arikunto formula of 44 people with questionnaires as a data collection tool.

Results and Discussion

Table 4.1 An overview of the knowledge of the elderly about posyandu for the elderly in Mekarwangi Village

Knowledge of respondents	Frequency	Percentage
Good	29	65,9%
Enough	10	22,7%
Not good	5	11,4%
Total	44	100

Based on table 4.1 describing the knowledge of the elderly population about the elderly posyandu in the good category, it can be seen that as many as 29 or 65.9% have good knowledge. According to Soekidjo Notoatmodjo (2012), the result of knowing what happened after the object sensing stage

was carried out was an understanding of knowledge. Sensing occurs through the five senses, namely the senses of hearing, taste, and sight. Most humans acquire knowledge through the senses of sight and hearing, knowledge plays an important role in determining a person's actions or behavior. It can be seen from the results of the study that the level of knowledge of the elderly towards the elderly posyandu is good, but the utilization of the elderly posyandu is still lacking

The results of this study are in accordance with a previous study conducted by Ika Cahyaningtias (2017) which states that the description of the knowledge of the elderly about the Posyandu for the elderly in the Ngramen Hamlet, Bantul Yogyakarta, obtained good knowledge results that dominate as many as 31 or 83.8% taken from 37 respondents.

Table 4.2 Description of respondents' knowledge based on the level of knowledge about the meaning of posyandu for the elderly in Mekarwangi Village

Knowledge of respondents	Frequency	Percentage
Good	28	63,6%
Enough	14	31,8%
Not good	2	4,5%
Total	44	100

Table 4.2 describes the knowledge of the elderly regarding the understanding of the posyandu for the elderly which is in a good category which we can see from item 1 that 44 or 100% of the elderly answered correctly to the statement "Posyandu for the elderly is one of the health services for the elderly". In item 2 it was found that 37 or 84.1% of the elderly answered correctly to the statement "Posyandu for the elderly is a place for fostering the health of the elderly in improving health". In item 3, 33 or 75% of the elderly answered correctly on the statement "Posyandu for the elderly is a health service for all ages". Based on the results of the respondents' answers, it describes that the respondents understand that the



posyandu for the elderly is intended as a place for health services for the elderly. The results of the questionnaire regarding the statement of the meaning of the Posyandu for the elderly are in accordance with the theory of the Ministry of Health of the Republic of Indonesia (2011). The Posyandu for the elderly is an integrated service post intended for the elderly population in various regions and has been agreed upon, and is driven by the community with the aim that the elderly receive adequate health facilitation and is a government policy to develop health facilitation for the elderly population whose implementation is through the puskesmas program with the involvement of the elderly, families, community leaders and social organizations.

The results of the study stated that the majority of respondents had good knowledge about the meaning of posyandu for the elderly, namely 28 or 63.6% of respondents, this could be due to the experience factor that the elderly gained from actively attending the posyandu for the elderly. This is in line with the theory according to Fitriani (2015) that the factors that influence knowledge are education, mass media/information, age, environment, experience, socio-culture, and economy. As well as the theory according to Mapp in Saparwati (2012) Experience can be interpreted as something that has been experienced, lived, or felt, both long ago and recently. The results of this study are in line with research conducted by Viena that the experience of attending the posyandu for the elderly can increase the knowledge of the elderly which is the basis for forming attitudes and can encourage the interest or motivation of the elderly to always participate in the activities of the elderly posyandu (Viena, et al 2015).

As for the results of respondents who answered incorrectly on the statement about the meaning of Posyandu for the

elderly, the most on item number 3, namely as many as 11 or 25.0% of respondents in the statement "Posyandu for the elderly is a health service for all ages". This can happen due to a lack of understanding of the age limits of the elderly. This is in line with the theory according to the Ministry of Health of the Republic of Indonesia (2006) that the age limit for the elderly is pre-elderly 45 to 59 years, the elderly group is 60 years and over, and the high-risk elderly group is over 70 years of age. And according to Widiasworo (2017) understanding is the ability to connect or associate the information learned in one complete picture in our brain.

Table 4.3 Description' knowledge based on level of knowledge about the goals and benefits of posyandu for the elderly in Mekarwangi Village

Knowledge of respondents	Frequency	Percentage
Good	3	6,8%
Enough	35	79,5%
Not good	6	13,6%
Total	44	100

Based on table 4.3, on the indicators of the goals and benefits of the posyandu for the elderly, the results in item 4 show that as many as 41 or 93.2% of respondents answered incorrectly on the statement "The benefit of the posyandu for the elderly is to get free treatment". In item 5, 38 or 86.4% of respondents answered correctly to the statement "One of the benefits of posyandu for the elderly is to improve health, independence and play an active role for the elderly". In item 6, 43 or 97.7% of respondents answered correctly to the statement "The purpose of the Posyandu for the elderly is to bring the reach of health services closer to the elderly in the community". Based on the results of the respondents' answers, it illustrates that respondents understand that the existence of Posyandu for the elderly is to bring health services closer to the elderly. The results of the questionnaire about the statement of the goals and benefits of the elderly



posyandu are in accordance with the theory according to Azizah (2011), the goals and benefits of posyandu are increasing the reach of health services for the elderly in the community, bringing services closer, improving the health status of the elderly, increasing independence in the elderly, slowing the aging process, early detection of disorders health in the elderly, increasing life expectancy.

The results showed that most of the respondents had sufficient knowledge about the goals and benefits of posyandu for the elderly. This can happen due to environmental factors, seen from the work of most of the respondents are housewives so getting more knowledge about the elderly posyandu is limited due to environmental factors in the respondent's house who are also housewives. This is in accordance with Mubarak's (2011) theory, namely that the environment affects the process of entering knowledge into individuals who are in that environment.

As for the results of respondents who answered incorrectly on the statement about the benefits and objectives of the posyandu for the elderly the most were in item number 4, namely 41 or 93.2% of respondents in the statement "The benefit of the posyandu for the elderly is to get free treatment". This can happen because of the perception of respondents who assume that if an examination has been carried out and submits a complaint, they will get treatment, this is supported by health workers who provide free medicine to the elderly who have complaints. This is in line with the theory according to Solomon (2016). Perception is the process by which information received by a person is selected, then arranged, and finally interpreted. Perception depends not only on physical stimuli but also on the stimulus's relationship to the field that surrounds it and the conditions within each of us.

Table 4.4 Description' knowledge based on the level of knowledge about the target of the elderly posyandu in Mekarwangi Village

Knowledge of respondents	Frequency	Percentage
Good	28	63,6%
Not good	16	36,4%
Total	44	100

From table 4.4, on the indicator of the target of the elderly posyandu, the results in item 7 show that as many as 42 or 95.5% of respondents answered correctly to the statement "Elderly aged 60 years and over are the target of the elderly posyandu". In item 8 it was found that 28 or 63.6% of respondents answered correctly on the statement "Family of the elderly are also included in the target of the elderly posyandu". Based on the results of the respondents' answers, it was illustrated that the respondents understood who the posyandu activities for the elderly were held for. The results of the questionnaire regarding the statement of the target of the elderly posyandu are in accordance with the theory according to the Ministry of Health of the Republic of Indonesia (2006) there are 2 targets for the elderly posyandu, namely direct targets which include the pre-elderly group aged 45 to 59 years, the elderly group 60 years and over, and the high-risk elderly group, namely the age group. more than 70 years old, and indirect targets which include families who have the elderly, the community in which the elderly are located, social organizations engaged in fostering the elderly, the wider community.

The results of the study stated that most of the respondents had good knowledge about the target of the posyandu for the elderly. This can happen because of the information factor, information about this target is obtained through announcements if there will be an elderly posyandu and who can come to the elderly posyandu which is carried out by



cadres through the mosque. This is in accordance with the theory according to Fitriani (2015) that the factors that influence knowledge are education, mass media/information, age, environment, experience, socio-culture, and economy. And the theory according to Mubarak (2011) is that someone who has more sources of information will have broader knowledge. In general, the easier it is to obtain information, the faster a person acquires new knowledge.

As for the results of respondents who answered incorrectly on the statement about the target of the elderly posyandu at most on item number 8, namely as many as 16 or 36.4% of respondents in the statement "Family of the elderly are also included in the elderly target". This can happen because of the knowledge of the elderly about the elderly posyandu which means only for the elderly. Meanwhile, according to the theory of the Ministry of Health of the Republic of Indonesia (2006), the indirect targets of the Posyandu for the elderly include the scope of the family living with the elderly, the community where the elderly are located, social organizations that foster the elderly and society in general. According to Oemarjoedi in Dulistiawati (2013), knowledge is a determinant factor that forms patterns of human thought and action

Table 4.5 Description' knowledge based on their level of knowledge about the implementation of the Posyandu for the elderly in Mekarwangi Village

Knowledge of respondents	Frequency	Percentage
Good	7	15,9%
Enough	5	11,4%
Not good	32	72,7%
Total	44	100

Based on table 4.5, on the indicators for the implementation of the posyandu for the elderly, the results in item 9 show that as many as 35 or 79.5% of respondents answered correctly to the statement

"Implementation of the posyandu for the elderly uses a 5 table system". In item 10, 43 or 97.7% of respondents answered correctly to the statement "When the elderly come to the posyandu, they are immediately recorded by the cadre". In item 11, 34 or 77.3% of respondents answered incorrectly on the statement "Elderly has a Health Card (KMS) to assess the health development of the elderly". In item 12, 33 or 75% of the respondents answered incorrectly. Based on the results of the respondents' answers, it was illustrated that the respondents still did not understand how to implement the posyandu for the elderly. The results of the questionnaire regarding the statement on the implementation of the Posyandu for the elderly are in accordance with the theory according to the Implementation Guidelines for the Posyandu for the Elderly (2010). The implementation of the Posyandu for the elderly consists of 5 tables, namely Table 1: Registration. Registering the elderly, then the cadre records the elderly. Seniors who have been registered in the register book go directly to the next table. Table 2: Cadres take measurements of height, weight, and blood pressure. Table 3: Recording (Filling in the Card Towards Health) Cadres record in the elderly KMS including Body Mass Index, blood pressure, weight, height. Table 4: Counseling Individual health education based on KMS and supplementary feeding. Table 5: Medical services Services by professionals, namely officers from the Puskesmas/health, include the following activities: examination and light treatment. The results of the study stated that in general, the respondents had inadequate knowledge related to the implementation of the Posyandu for the elderly. This could happen because of the education factor, most of the research respondents did not go to school. These findings are in line with Mubarak's (2011) theory, namely education as a process in a series of influences which will thus bring about behavioral changes in a person, because



the higher a person's education level, the more open they are to receive health information and various values that are introduced. This phenomenon also applies to the opposite. This finding is also in accordance with a study conducted by Dita Anggraini that the elderly with low education have an effect on weak knowledge, new information related to health which will then also have an impact on their perception of posyandu for the elderly (Dita, et al 2015).

As for the results of respondents who answered incorrectly on the statement about the implementation of the Posyandu for the elderly, the most on item number 11, namely 34 or 77.3% of respondents in the statement "Elderly have a Card Towards Healthy (KMS) to assess the health development of the elderly". This can happen because the elderly do not have a Health Card (KMS) so the elderly do not know about the usefulness of the KMS itself. This is in line with the theory according to Dr. Doti Indrasant0 (2006) KMS is a tool for recording the health of the elderly individually, both physically and mentally and emotionally, which is equipped by health workers in collaboration with cadres in group activities or visits to the Puskesmas for monitoring the elderly.

Table 4.6 Description' knowledge based on the level of knowledge about the types of services for the elderly posyandu in Mekarwangi Village

Knowledge of respondents	Frequency	Percentage
Good	36	81,8%
Enough	8	18,2%
Total	44	100

From table 4.6, on the indicator of the type of service for the elderly posyandu, the results in item 13 show that as many as 40 or 90.9% of respondents answered correctly on the statement "The form of service for the elderly posyandu is in the

form of immunization". In item 14, it was found that 40 or 90.9% of respondents answered correctly to the statement "The type of activity in the Posyandu for the elderly is the recording of Cards Towards Health (KMS)". In item 15, 44 or 100% of respondents answered correctly on the statement "The elderly are given blood pressure measurement services". In item 16 as many as 44 or 100% of respondents answered correctly on the statement "The elderly are given weight and height weighing services". In item 17 it was found that 35 or 79.5% of respondents answered incorrectly on the statement "The purpose of weighing weight and height is for recording puskesmas officers". In item 18, 44 or 100% of respondents answered correctly on the statement "The elderly's blood sugar is checked by health workers". Based on the results of the respondents' answers, it was illustrated that the respondents had understood what services were provided during posyandu activities for the elderly. The results of the questionnaire regarding the statement of the types of services for the elderly posyandu are in accordance with the theory according to the Minister of Health Yankes (2015) that the types of services provided for elderly posyandu activities are health services, providing additional food and counseling about nutritious menus, sports activities, and non-health activities.

The results of the study stated that in general, the respondents had a fairly good knowledge of the types of posyandu services for the elderly. This can happen because the respondent is female and the position as a housewife dominates so that they have time to visit the posyandu for the elderly and are well-informed about the program and its activities. This is in line with the research of Darti Latifah (2013), namely that female respondents who dominate in the research location are motivated by women having more free time than men. The study also stated that the willingness of respondents to participate in the posyandu program as well as their awareness to live a healthy



life also contributed to a large number of female respondents.

As for the results of respondents who answered incorrectly on the statement about the type of posyandu service for the elderly at most on item number 17, as many as 35 or 79.5% of respondents in the statement "The purpose of weighing weight and height is for recording Puskesmas officers". This finding was motivated by the respondents' low level of education, so they did not know the purpose of the services provided by health workers. Education is a factor that affects knowledge. As stated by Soekidjo Notoatmodjo (2012), knowledge is the fruit of knowing and this happens after people have sensed objects. This sensing occurs through the sense of sight making what is seen by the respondent, this is what the respondent defines as the goal of the service provided.

Conclusions and Suggestion

Conclusions

The level of knowledge of the elderly who understand about posyandu is the most knowledgeable, namely 29 or 65.9% of respondents, and less knowledgeable as much as 5 or 11.4% of respondents. Knowledge of the elderly who understand the meaning of posyandu the most knowledgeable elderly are 28 or 63.6% of respondents, and less known as much as 2 or 4.5% of respondents. Knowledge of the elderly who understand about the goals and benefits of posyandu, most of the elderly have sufficient knowledge, namely 35 or 79.5% of respondents, and good knowledge of 3 or 6.8% of respondents.

Knowledge of the elderly who understand about the target of posyandu the most knowledgeable elderly are 28 or 63.6% of respondents, and less known as many as 16 or 36.4% of respondents. Knowledge of the elderly who understand about the implementation of posyandu, the most elderly have less knowledge, namely 32 or 72.7% of respondents, and 5 or 11.4% of

respondents have sufficient knowledge. Knowledge of the elderly understand about the types of posyandu services, the most knowledgeable are 36 or 81.8% of respondents, and 8 or 18.2% of respondents have sufficient knowledge.

Suggestion

Hoped that the elderly can participate more in the activities of the elderly posyandu to be better able to monitor the health of the elderly by getting more support from their families, cadres, and health workers.

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