Randwick International of Social Sciences (RISS) Journal
Vol. 4, No.2, April 2023 | Page: 345- 352
ISSN Online: 2722-5674 - ISSN Print: 2722-5666
https://www.randwickresearch.com/index.php/rissj

# Support and Advice for the Participation of Non-working Mothers at PTM Posbindu in Medan City

**DOI:** https://doi.org/10.47175/rissj.v4i2.675

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**ABSTRACT**

*The disinfected illness or PTM is the chronic illness which is disinfected one to another. Globally, 70% of the death in the world caused by PTM. The SPM target states that every Indonesian citizen aged 15-59 years will receive health screening according to standards, while the percentage of PTM screening aged ≥ 15 years in the city of Medan in 2020 is 15%. The aim of the study was to analyze the relationship between tool's support and the participation of non-working mothers at Posbindu PTM in Medan City. This type of quantitative research with survey methods. Cross-sectional study design. The total population is 21,485 people, the total sample is 100 people. Data were analyzed by Rank Spearmen correlation. The results of the Rank Spearman test obtained a value of P=0.029 (P <0.05) meaning that there is a significant relationship between tool's support and the participation of non-working mothers in Posbindu PTM in Medan City. Participation of non-working mothers can be increased by socializing posbindu, increasing supporting facilities and infrastructure, increasing the ability to establish partnerships.*

**KEYWORDS**

*Posbindu PTM; tool's support; participation.*

## INTRODUCTION

Non-Communicable Diseases (PTM)[1] are chronic diseases that are not transmitted from person to person, often asymptomatic and have no specific clinical signs (Andayasari, L., & Opitasari, C, 2020) (Kemenkes, 2019). This causes a person not to know and be aware of this condition from the beginning of the course of the disease, so it is too late to get treatment which results in complications, disability and even death (RI Ministry of Health, 2019).

At the global level, 70% of deaths in the world are due to PTM. Deaths from PTM such as cancer, stroke and diabetes are anticipated to proceed to extend worldwide, where the largest increase (80%) will occur in middle-income and poor countries (WHO, 2018).

Indonesia has experienced an increase in PTM (Dinas Kesehatan Provinsi Sumatera Utara, 2016).According to the results of the 2018 Basic Health Research (Riskesdas)[2], the prevalence of PTM has increased when compared to the 2013 Riskesdas, including: cancer, stroke, chronic kidney disease, diabetes mellitus, and hypertension (Rofikoh, Handayani, S., & Suraya, I, 2020). The predominance of cancer expanded from 1.4% to 1.8%, stroke expanded from 7% to 10.9%, incessant kidney infection expanded from 2% to 3.8%, diabetes mellitus expanded from 6.9% to 8.5 % and hypertension expanded from 25.8% to 34.15% (Kemenkes RI, 2013). Hypertension is caused Table salt contains sodium required by body to perform its capacities. It ought to not be devoured too much since ceaseless intemperate salt admissions will lead to hypertension (Huzaipah, A. A, 2019) (Zikra, M., Yulia, A., &

[1] PTM is an abbreviation of Indonesian medical term "*Penyakit Tidak Menular*"
[2] Riskesdas is an abbreviation of Indonesia medical term " *Riset kesehatan dasar*"

Tri Wahyuni, L, 2020).

PTM can have serious social and economic impacts and is closely related to poverty, either in the form of direct costs such as medical and rehabilitation costs or indirect costs such as loss of income due to illness, disability or premature death (Kusumah, D. L., & Purnaningsih, N, 2020). PTM treatment requires a relatively expensive cost if the condition develops into a chronic condition and complications occur (Liman, A., Lie, M., Arif, H., Surjadi, C., Liman, L. M. A., Arif, H., & Surjadi, C, 2018) . From the data from the Indonesian Ministry of Health, it is known that the majority of spending on the National Health Insurance (JKN)[3] program by BPJS Kesehatan amounting to IDR 102.3 trillion is still medical. This figure is equivalent to 91.3% of the total JKN expenditure of IDR 112.1 trillion. JKN expenditure for treatment includes diabetes services by 20% of the total JKN expenditure, radiotherapy, chemotherapy 1% diabetes without insulin 11%, pneumonia 10%, heart disease 9%.

PTM prevention needs to be upheld by all parties, particularly policy makers both national and local (Ayu, Y, 2018). Prevention of PTM risk factors carried out by the government by increasing health efforts through promotion and prevention at the central, common and area levels; carry out coordinate interventions on the 3 main risk factors, namely smoking, physical activity, and a balanced diet; conducting a network of prevention and control of NCDs, trying to prepare national and regional management strategies for diet, physical activity, and smoking; develop an integrated risk behavior surveillance system (SSPBT) for NCDs, specific national and local level NCD prevention and control campaigns (Rahmasari, F. V., Denny Anggoro P, Fadli Mahjud, & Latifah Mutiara Haryanto, 2020). Coordinates Non-communicable Maladies Improvement Post or called Posbindu PTM emerges from human behavior such as smoking, unfortunate slim down, need of physical action and utilization of alcoholic refreshments. PTM may be a open wellbeing issue that causes dreariness, incapacity and passing. PTM frequently goes undetected since it is asymptomatic and has no complaints, when it is found it is as of now at an progressed arrange making it troublesome to remedy and coming about in incapacity or passing (Valentina, F., Andayani, L. S., & Lubis, R, 2023). Efforts to promote health and prevent NCDs are emphasized on people who are still healthy (well being) and people who are at risk (at risk) by not forgetting people who are diseased (deseased population) and people who suffer from disabilities and need rehabilitation (rehabilitated population) (Mashdariyah, A., & Rukanah, 2019).

The SPM target states that each citizen of Indonesia aged 15-59 years will receive health screening according to standards, while the percentage of PTM screening aged ≥ 15 years in the city of Medan in 12020 is 15%.

The factors related to the utilization of the PTM posbindu within the working zone of the Simpang Tiga Wellbeing Center, Bukit Area, Bener Meriah Rule appear that the bolster of wellbeing specialists, knowledge and family back incorporates a critical relationship to the utilization of the PTM posbindu within the region Simpang Tiga Wellbeing Center (Umayana, Haniek Try & Cahyati, W. H, 2019).

## RESEARCH METHODS

Posbindu PTM could be a shape of community support in carrying out early location and observing of the most PTM chance components which are carried out in an coordinates, schedule and intermittent way (Trilianto Arif Eko, 2020).. The main targets of Posbindu[4]

[3] JKN is an abbreviation of Indonesia term *"Jaminan Kesehatan Nasional"*

[4] Posbindu is an abbreviation of Indonesia term " Pos Binaan Terpadu" or in english is Integrated Development Post

activities are healthy, at-risk community groups, and people with non-communicable diseases aged 15 years and over with community implementers and assisted by local puskesmas officers. The results of a survey on the implementation of Posbindu PTM activities in Medan City in 2022 show that the number of non-working mothers who utilize the Posbindu PTM is still low. Based on this description, the formulation of the research problem is the relationship between knowledge and the participation of non-working mothers in the utilization of Posbindu PTM in Medan City.

To analyze the relationship between information and the support of non-working mothers in the utilization of Posbindu PTM in Medan City. This investigate is anticipated to supply benefits to those who require it, both hypothetically and essentially, including; 1). Theoretical benefits. The results of this study can be used for the development of public health knowledge regarding the participation of non-working mothers in the utilization of Posbindu PTM in Medan City; and 2). Practical benefits. The results of this study can be used as input and consideration for the Medan City Health Office regarding the participation of non-working mothers in the utilization of Posbindu PTM in Medan City. Providing information for health workers at the puskesmas and in the village in taking an approach to educate the public in increasing the participation of non-working mothers in the use of Posbindu PTM in Medan City.

The sort of investigate utilized in this research is quantitative research using survey methods. The research design used is cross-sectional, in which data collection is carried out at one time or a certain period and the study observations are only carried out once during the study.

This research was conducted in 66 puskesmas in Medan City including UPT[5] Amplas Health Center, UPT Tegal Sari Health Center, UPT Kotamatsum Health Center, UPT Polonia Health Center, Glugur City Health Center UPT, and Medan Area South Health Center. The consideration in determining the location of this research is because this location has the desired population and sample size.

This research was conducted in June 2022 – February 2023. The population in this research is unemployed women aged 45-59 years who live in the working area of 6 health centers in Medan City including UPT Amplas Health Center, UPT Tegal Sari Health Center, UPT Kotamatsum Health Center, UPT Polonia Health Center, UPT Glugur City Health Center, and UPT South Area Medan Health Center. The reason for selecting the population is because the risk of chronic disease can increase gradually starting from the age of 45 and most PTM are chronic diseases.

The sample in this study uses the slovin formula. The slovin formula is a method for determining the size or number of samples provided that the population is relatively large.

$$n = \frac{N}{1 + N\ (e)^2}$$

Description: n : Sample Size
N : Population Size
E : Desired level of confidence/determination

$$n = \frac{N}{1 + N(e)^2}$$

$$= \frac{21485}{1 + 21485\ (O,I)^2}$$

[5] UPT is an abreviation of Indonesia Term " Unit PelaksanaTeknis) and in english is Technical Implementation Unit

$$= \frac{21485}{215,85}$$
$$= 99,54 = 100$$

Sampling technique. Stratified random sampling technique is a method of selecting samples by dividing the population into homogeneous groups called strata. Samples were taken randomly from each of these strata and estimates were made to represent the respective strata. Overall estimates are obtained in a combined manner (Sugiyono, 2013)

The steps for taking samples in the stratified random sampling method are as follows: determine the basic strata, place each member of the population in the appropriate stratum, determine the sample size, determine the number of samples to be taken from each stratum, take samples from each stratum using the stratified random sampling method. simple random sampling (Sugiono, 2013).

The sample in this study were unemployed mothers aged 45-59 years who live in the working area of 6 Medan City Health Centers, namely UPT or Technical Implementation Unit Amplas Health Center, Glugur City Health Center UPT, Tegal Sari Health Center UPT, Polonia Health Center UPT, Kotamatsum Health Center UPT and Medan Health Center UPT South Area. The characteristics of the respondents who filled out the research questionnaire consisted of age, education and history of PTM (Priyoto, 2014).

## RESULTS AND DISCUSSION

The results of the descriptive analysis regarding the characteristics of the respondents based on Table 1 show that the respondents in the age group 45-49 years amounted to 30 people (30%), the age group 50-54 years amounted to 19 people (19%), and the age group 55-59 years amounted to 51 people (51%). The age group of the respondents was in the productive age range, namely between the ages of 45-59 years with the largest group at the ages of 55-59 years.

The education level of the respondents in the study was from those who did not go to school to those who attend school education, namely from elementary to tertiary level. Respondents who did not go to school were few, amounting to 7 people (7%). Respondents who went to school with the highest level of education were 45 people (45%) high school, while 10 people (10%) had D3/S1 education levels, 20 junior high school students (20%), and 18 elementary school students (18%) ). Can be seen in the following table:

**Table 1.** Distribution of Respondents Based on Age, Education Level, and PTM History

| Characteristics | Respondent | n(=100) | %(=100) |
|---|---|---|---|
| Age | 45-49 | 30 | 30 |
| | 50-54 | 19 | 19 |
| | 55-59 | 51 | 51 |
| Education Level | Not school | 7 | 7 |
| | SD | 18 | 18 |
| | SMP | 20 | 20 |
| | SMA | 45 | 45 |
| | D3/S1 | 10 | 10 |
| PTM History | Yes | 63 | 63 |
| | No | 37 | 37 |
| | Total | 100 | 100 |

Distribution of means support variables. The facility support variable consists of six

questions which are indicators for measuring the facility support obtained by respondents in Posbindu PTM activities.

Based on Table 2, it can be seen that Posbindu PTM activities have been carried out in locations where 65 people (65%) live each month, and 35 people (35%) do not live. Respondents who stated that the Posbindu PTM location was easy to find were 96 people (96%), and those who were difficult to find were 4 people (4%).

As many as 99 people (99%) stated that the location of Posbindu PTM activities was comfortable, and 1 person (1%) was not comfortable. Respondents who stated that transportation to Posbindu PTM was quite easy were 98 people (98%), and those who were not easy were 2 people (2%). Respondents who stated that health check tools such as weighing scales were available at Posbindu PTM were 98 people (98%), and 2 people (2%) were not available. Respondents who stated that there were posters at Posbindu PTM activities were 42 people (42%), and there were not as many as 58 people (58%).

**Table 2.** Distribution of Respondents' Support for Facilities in Posbindu PTM Activities

| Support and Suggesstion Indicator | Yes | | No | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| There is a fixed location for the implementation of Posbindu PTM every month | 65 | 65 | 35 | 35 | 100 | 100 |
| The location of Posbindu PTM activities is easy to find | 96 | 96 | 4 | 4 | 100 | 100 |
| The location of Posbindu PTM activities makes you comfortable | 99 | 99 | 1 | 1 | 100 | 100 |
| Transportation to Posbindu PTM is quite easy | 99 | 90 | 11 | 10 | 100 | 100 |
| Medical devices such as weight scales are available at Posbindu PTM | 98 | 98 | 2 | 2 | 100 | 100 |
| There are posters on Posbindu PTM activities | 42 | 42 | 58 | 58 | 100 | 100 |

Based on the results of the description of the response answers, categorization is carried out. Respondents in the category of good facility support in PTM Posbindu activities were 97 people (97%) and lacking facility support were 3 people (3%). Thus it can be concluded that facility support is good for Posbindu PTM activities.

**Tabel 3.** Distribution of Facility Support Variable Categories

| Supports and suggestions | N | % |
|---|---|---|
| Good | 97 | 97 |
| Less | 3 | 3 |
| Total | 100 | 100 |

Based on the measurement results, the participation variable can be grouped into three categories, namely the high participation of 5 people (5%), the moderate participation of 92 people (92%), and the low participation of 3 people (3%). Thus it can be concluded that the level of participation is moderate in Posbindu PTM activities. Can be seen in the following table:

**Tabel 4.** Participation Variable Category Distribution

| Participation | n | % |
|---|---|---|
| High | 5 | 5 |
| Medium | 92 | 92 |
| Low | 3 | 3 |
| Total | 100 | 100 |

The results of the bivariate analysis are intended to determine the relationship between the independent variables and the dependent variable. This analysis was carried out using the Spearman Rank test with significant or significant criteria if P <0.05.

Based on Table 5, it is obtained that the variable value of facility support is P=0.029 (P<0.05) with a correlation number of 0.218x, there is a significant relationship between facility support and participation, has a low relationship, the direction of the relationship is unidirectional (positive), meaning that the higher the facility support, the greater the participation. more increasing.

**Tabel 5.** Variable Correlation with Participation

| **Correlations** | | | Participation |
|---|---|---|---|
| Spearman's rho | Supports and suggesstions | Correlation Coefficient | 0,218[x] |
| | | Sig.(2-tailed) | 0,029 |
| | | N | 100 |

## CONSLUSSIONS

Based on research conducted on the participation of non-working mothers in the utilization of Posbindu PTM in Medan City, it can be concluded
that :

1. The variable that greatly influences the participation of non-working mothers in the utilization of Posbindu PTM in Medan City is facility support.
2. Based on the results of the study, it was found that respondents with a high level of participation were 5 people (5%), respondents with moderate participation were 92 people (92%), and respondents with low participation were 3 people (3%). Thus it can be concluded that the level of participation of respondents is in the moderate category in the utilization of Posbindu PTM in Medan City.

## Suggestion

Suggestions that can be given to increase the participation of non-working mothers in the utilization of Posbindu PTM in Medan City are:

1. Head of Medan City Health Office
   a. In order to approach community leaders and convince community leaders about the objectives of Posbindu PTM activities
   b. so that community leaders participate in supporting Posbindu PTM activities.
   c. In order to carry out cadre training so that the ability of cadres in carrying out Posbindu PTM activities is increasing.
   d. In order to conduct cadre refresh and select the best cadres to increase the motivation of Posbindu PTM cadres in carrying out Posbindu PTM activities.
   e. In order to provide counseling to family members about the importance of screening

for PTM risk factors so that they can support their family members to participate in Posbindu PTM activities.

2. To the village apparatus in recruiting cadres to do well to obtain cadres who have high professionalism so that the implementation of Posbindu PTM goes well.
3. The community is expected to participate in Posbindu PTM activities by being present at the implementation of Posbindu PTM, conducting PTM counseling and screening at Posbindu PTM, inviting family members and neighbors to come to Posbindu PTM to prevent PTM from occurring.

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