

Strengthening Cross Sectors for Against Hypertension Case Study Posbindu PTM

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ARTICLE INFO

Article history:

Received Oct 02, 2025

Revised Oct 16, 2025

Accepted Oct 30, 2025

Keywords:

Health Center,
Non-Communicable Diseases,
Posbindu PTM,
Tinggimoncong.

ABSTRACT

The human lifestyle is caused by urbanization, modernization, and globalization which causes non-communicable diseases (PTM). One form of Community-Based Health Efforts (UKBM) that was newly developed by the government was in accordance with WHO recommendations, namely the Integrated Non-Communicable Disease Development Post (Posbindu PTM). This type of research is qualitative with a case study design and descriptive. The research subjects were 22 informants. Data collection is carried out data through in-depth interviews, observations, and document searches. To find out the validity of the data using the source triangulation method. Data analysis was done qualitatively by content analysis method. The results of the study, namely the dissemination of Posbindu PTM in the work area of Tinggimoncong Community Health Center in 2018, the head of the puskesmas invited across sectors, Tinggimoncong district cadres, and principals to attend the Posbindu PTM socialization activities. In the process of implementing Posbindu PTM advocacy in the work area of Tinggimoncong Community Health Center in 2018, there was a strengthening of the local government to the cadres by issuing SK Cadres issued by the sub-district head, village head / village. The conclusion is that the implementation of the Posbindu PTM in the Working Area of Tinggimoncong Health Center has gone as expected.

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INTRODUCTION

Data from the World Health Organization (WHO) indicates that Non-Communicable Diseases (NCDs) are the leading cause of death, accounting for 36 million (63%) of all deaths globally, with approximately 29 million (80%) occurring in developing countries. According to WHO, the number of deaths due to NCDs is projected to increase by 15% (44 million deaths) between 2010 and 2020. This condition arises due to changes in human behavior and the environment, which tend to be unhealthy, especially in developing countries. In the early stages, NCDs often do not present

symptoms or specific clinical signs, so it is often too late or in advanced stages when individuals are unaware or do not recognize the abnormalities in their condition.

Data from the 2013 National Basic Health Research (Risikesdas) shows the prevalence of asthma at 4.5%, cancer at 1.4%, stroke at 7%, chronic kidney disease at 2%, joint diseases at 11.9%, diabetes mellitus at 1.5%, and hypertension at 25.8%. Data from Risikesdas 2018 shows asthma prevalence at 2.4%, cancer at 1.8%, stroke at 10.9%, chronic kidney disease at 3.8%, dialysis at 19.3%, joint diseases at 7.3%, diabetes mellitus at 2%, and hypertension at 34.1%.

One of the Community-Based Health Efforts (UKBM) recently developed by the government, in accordance with WHO recommendations, focuses on addressing NCDs through three main components: risk factor surveillance, health promotion, and prevention through innovation and healthcare management reform. This initiative is known as Pos Pembinaan Terpadu Penyakit Tidak Menular (Posbindu PTM). Posbindu PTM, which began being developed in Indonesia in 2011, represents community involvement in early detection and monitoring of key NCD risk factors, carried out in an integrated, routine, and periodic manner.

Posbindu PTM activities are also integrated regularly in communities, such as in residential areas under the active alert village/sub-district system. The objective of Posbindu PTM is to increase community participation in the prevention and early detection of NCD risk factors. The main target group for Posbindu PTM includes healthy individuals, those at risk, and individuals with NCDs aged 15 years and older. This research aims to evaluate the implementation of the Pos Pembinaan Terpadu Penyakit Tidak Menular in the work area of the Tinggimoncong Health Center in 2018.

The gaps in the implementation of Posbindu PTM (Integrated Non-Communicable Disease Development Post) that have not yet been addressed in the national policy, which form the basis of this research, include: (a) Lack of Comprehensive Facilities: Despite Posbindu PTM activities being initiated, many facilities are still lacking, with some sessions held in people's homes rather than dedicated health posts. This limits the effectiveness and reach of the program. (b) Inadequate Training and Resources: The knowledge and skills of cadres, as well as the availability of sufficient resources, including educational materials and tools for screening, remain limited, which affects the quality of the services provided. (c) Limited Cross-Sector Collaboration: Although there is some support from cross-sector stakeholders, the integration and cooperation between various sectors, such as local government, health agencies, and community groups, are still not optimal and need to be strengthened for better outreach and sustainability.

These gaps suggest a need for enhanced infrastructure, better-trained human resources, and more robust inter-sectoral collaboration, which are essential for improving the implementation and outcomes of the Posbindu PTM program in Indonesia.

RESEARCH METHOD

The research uses a qualitative approach with a case study design and is descriptive in nature. The research location is the Tinggimoncong Health Center in Gowa Regency. The study was conducted from December 2018 to January 2019. The subjects of this research include the Head of the Health Center, Posbindu PTM officers, Posbindu PTM cadres, and the community. Data collection methods were conducted through in-depth interviews, observations, and document review. To ensure data validity, source triangulation was used. Data analysis was carried out qualitatively using content analysis methods. The data presentation is in the form of narratives.

RESULTS AND DISCUSSIONS

Result

Socialization of Posbindu PTM

The socialization of Posbindu PTM in the working area of Puskesmas Tinggimoncong is conducted by inviting cross-sector stakeholders, community leaders, cadres from the Tinggimoncong sub-district, and school principals to the health center. This is organized by the head of Puskesmas Tinggimoncong. As one interview excerpt reveals:

"...Socialization is carried out at the health center by inviting the sub-district head, village heads, the PKK (Family Welfare) representatives, community leaders, cadres from Tinggimoncong sub-district, and school principals..." (MA, 54 years old)

In addition to the head of the health center inviting cross-sector stakeholders, community leaders, and school principals, the Posbindu staff also conduct socialization by engaging with various community groups such as religious study groups (majelis taklim), Posbindu PTM locations, schools, social gatherings (arisan), and sports groups. As another interview excerpt mentions:

"...Socialization is carried out in the village/urban area by involving religious study groups, Posbindu PTM locations, schools, social gatherings, and sports groups..." (HA, 38 years old).

Cadres are involved in the socialization of Posbindu PTM by being invited to the health center and gathering the community at Posbindu PTM locations, mosques, or religious study groups. As the following excerpts show: "...Socialization is carried out by inviting cadres to the health center..." (AI, 26 years old). "...Socialization is carried out by gathering the community at Posbindu PTM locations, in mosques or religious study groups..." (SU, 48 years old).

According to the community, socialization is provided in the form of counseling, with a question-and-answer or discussion system. As these excerpts indicate: "...Only socialization in the form of counseling is provided..." (NAL, 30 years old).

"...The system is question-and-answer or discussion..." (NHR, 29 years old)

Advocacy for Posbindu PTM

In the process of implementing Posbindu PTM advocacy, the local government strengthens the cadres by issuing a decree (SK) for cadres, which is issued by the sub-district head or village head. As stated in these interview excerpts:

"...Advocacy for Posbindu PTM is important to strengthen local government support for cadres..." (MA, 54 years old).

"...The form of Posbindu PTM advocacy is for the sub-district head, village head, or village chief to issue an SK for Posbindu PTM cadres..." (HA, 38 years old).

According to Posbindu PTM cadres, the negotiation process conducted by the head of Puskesmas with cross-sector stakeholders is aimed at guiding the community to come to Posbindu PTM. As these excerpts highlight:

"...By negotiating with the sub-district head, village head, and school principals..." (NK, 50 years old).

"...Directing the community to come to Posbindu with the help of the sub-district head, village head..." (HS, 40 years old)

Counseling and Posbindu PTM

According to the head of Puskesmas Tinggimoncong, counseling and Posbindu PTM education are carried out by trained Posbindu PTM staff and cadres. As one interview excerpt explains: "...The counseling and education are carried out by Posbindu PTM staff and trained cadres..." (MA, 54 years old).

Meanwhile, according to Posbindu PTM staff, counseling is important to explain the purpose of Posbindu PTM and to identify the disease risk factors found during the examination. As noted in the interview excerpts: "...Counseling is important to explain the purpose of Posbindu

PTM, and counseling is important to identify disease risk factors found during the examination..." (HA, 38 years old).

According to Posbindu PTM cadres, counseling is conducted both individually and in groups, followed by a question-and-answer session. As one interviewee mentions: "...Posbindu staff provides counseling and education, followed by a question-and-answer session..." (HN, 51 years old)

"...Counseling and education are done both individually and in groups..." (AS, 49 years old).

Meanwhile, according to the community, both cadres and health staff conduct the counseling and education. As the interview excerpts below show: "...Cadres and health staff..." (MU, 51 years old).

"...Health staff and cadres..." (SR, 44 years old)

Facilities and Infrastructure for Posbindu PTM

In the process of developing facilities and infrastructure, the current condition is still lacking because some Posbindu PTM activities are still held in people's homes. As shown in the following interview excerpt: "...The facilities and infrastructure are still inadequate because some Posbindu activities are still held in people's homes..." (MA, 54 years old).

For the improvement of public health, especially in screening for non-communicable diseases, there is a need to enhance and improve the facilities and infrastructure for Posbindu PTM. As another interview excerpt suggests: "...Adding and improving the facilities and infrastructure is important for enhancing public health, especially for non-communicable disease screenings..." (HA, 38 years old).

The responsibility for enhancing and improving Posbindu PTM facilities lies with the local government and the health center, with new Posbindu PTM locations being proposed in the village Musrenbang and village coordination meetings in 2019. As the interview excerpts below indicate: "...The local government and health center are responsible for improvements..." (SS, 49 years old)

"...New Posbindu PTM locations are proposed in the village Musrenbang and coordination meetings in 2019..." (NK, 50 years old).\

Community members mentioned that the facilities for Posbindu PTM are adequate, while others stated that they still rely on temporary buildings like the community health posts (Pustu). As these interview excerpts highlight: "...The facilities are quite complete..." (NAL, 30 years old)

"...There is still no building for Posbindu PTM examinations, and it is only held at the Pustu..." (MI, 24 years old)

Factors Hindering the Implementation of Posbindu PTM

The use of the Makassar language does not hinder the implementation of Posbindu PTM in the working area of Puskesmas Tinggimoncong in 2018 because the language is commonly used in daily communication. As these excerpts indicate: "...The Makassar language does not hinder counseling and education because it is the language spoken by the community..." (MA, 54 years old).

"...The Makassar language does not cause any obstacles in the implementation of Posbindu PTM..." (HA, 38 years old).

"...The community is more receptive to the Makassar language because it is their everyday language..." (SU, 48 years old)

Supporting Factors for the Implementation of Posbindu PTM

Cross-sector collaboration strongly supports the implementation of Posbindu PTM in the working area of Puskesmas Tinggimoncong in 2018, particularly by providing venues and gathering the community at Posbindu PTM locations. Additionally, they have made efforts to

improve and enhance the quality of public health services. As the interview excerpts show: "...They are very supportive by providing venues and gathering the community at Posbindu PTM locations..." (MA, 54 years old).

"...They are very supportive in terms of improvements to enhance the quality of health services..." (HA, 38 years old).

"...They are very supportive..." (SS, 49 years old)

Discussion

a. Socialization of Posbindu PTM

In 2018, the socialization of Posbindu PTM in the working area of Puskesmas Tinggimoncong was carried out by inviting cross-sector stakeholders, community leaders, cadres from Tinggimoncong sub-district, and school principals to attend the Posbindu PTM socialization event at the health center. In addition to the head of the health center actively providing Posbindu PTM socialization, Posbindu staff and cadres also played an active role in socializing Posbindu PTM by involving religious study groups (*majelis taklim*), Posbindu PTM locations, schools, social gatherings (*arisan*), and sports groups as platforms for Posbindu PTM socialization.

This activity was integrated with ongoing community activities, such as religious study groups, youth organizations (*karang taruna*), the Indonesian Diabetes Association (PERSADIA), heart health clubs, religious groups, and others. The activities could also be expanded to specific groups, including Hajj pilgrims, schoolchildren, workers/employees, drivers in transport companies or bus terminals, indigenous groups, religious groups, farmers/fishermen, and state-assisted communities in correctional institutions, among others (Indonesian Ministry of Health, 2012).

Based on earlier research by Febrianti and Prabawati (2017), the implementation of Posbindu PTM still needs significant improvement. Socializing Posbindu PTM through equal outreach and increasing the available resources, both in terms of staff and facilities, are crucial for its success. Additionally, providing informative materials such as a guidebook for cadres, brochures, leaflets, banners, food models, and other resources would support the successful implementation of Posbindu PTM.

b. Advocacy for Posbindu PTM

In the implementation process of Posbindu PTM advocacy in the working area of Puskesmas Tinggimoncong in 2018, local government support for cadres was strengthened by issuing cadre decrees (SK) by the sub-district head, village head, and conducting negotiations with them to direct the community to visit Posbindu PTM.

The implementation of Posbindu PTM requires advocacy across various programs and sectors. Advocacy towards cross-program sectors includes health promotion, nutrition, maternal and child health, health services, surveillance, traditional health services, sexually transmitted infections, occupational health, mental health, and others. Advocacy to cross-sector stakeholders, such as PKK (Family Welfare), BKKBN (National Population and Family Planning Board), Customs, Transportation, Mining, Forestry, Agriculture, Fisheries, and other stakeholders, including private sector entities, from national to local levels, including villages and communities (Posbindu PTM General Guidelines, Ministry of Health, 2014).

At the health center level, Posbindu PTM advocacy includes socialization and advocacy on PTM, which covers information about NCDs and their impacts, how to control them, and the benefits for the community, directed at regional leaders, organizational leaders, and influential group heads (Posbindu PTM General Guidelines, Ministry of Health, 2014). Based on research by Wibawati et al. (2017), the implementation of Posbindu PTM advocacy was in the form of cooperation with the community and the Health Office.

c. Counseling and Posbindu PTM

The counseling and education activities for Posbindu PTM, carried out in the working area of Puskesmas Tinggimoncong by trained Posbindu PTM staff and cadres, are conducted both individually and in groups, followed by a question-and-answer or discussion session. Counseling is crucial to understand the objectives of Posbindu PTM, and it is important to conduct counseling to identify the disease risk factors found during the examination.

Education is conducted during each Posbindu PTM session. The educational material can include topics such as smoking, IVA (Visual Inspection with Acetic Acid), CBE (Clinical Breast Examination), and other materials based on the participant's needs according to existing risk factors. Counseling is the final step in the service process, after identifying the risk factors. Counseling is performed based on the identified risk factors and is conducted by trained Posbindu PTM staff or health personnel (Ministry of Health, 2012).

According to earlier research by Tirta Adikusuma Suparto et al. (2014), the Posbindu program in Dayeuhkolot Village for the elderly group in Bandung Regency still faces several issues in terms of input, process, and output. Input issues include program availability, funding, quality and quantity of Posbindu PTM coordinators, cadre knowledge and skills, incentives for cadres, and facilities. Process issues include physical and emotional health checks, lack of quality and quantity in counseling and health education, documentation and reporting problems, unimplemented elderly exercise sessions, insufficient home visits to sick elderly individuals, and low elderly visits to Posbindu PTM. Output issues included the inadequate control of physical and emotional health, and insufficient improvements in the knowledge, attitudes, and abilities of the elderly and their families.

d. Facilities and Infrastructure

In the implementation of Posbindu PTM in the working area of Puskesmas Tinggimoncong in 2018, the facilities and infrastructure were still insufficient, as some Posbindu PTM sessions were still held in people's homes. There is a need to add and improve facilities to support public health, especially in non-communicable disease screenings. The local government and the health center are responsible for these improvements, which were proposed in village Musrenbang (development planning meetings) and village coordination meetings in 2019.

Based on observations, some tools, such as the APE (Active Participation Examination) tool, were missing, and there was no report submitted for the amphetamine examination tool. Additionally, the Posbindu participants did not yet have a "Healthy Pathway Card for Non-Communicable Disease Risk Factors (KMS FR PTM)" issued by the local government and Puskesmas Tinggimoncong.

To ensure the readiness of facilities and staff at the health center for receiving referrals to Posbindu PTM, it is important to prepare necessary resources, including logistics and medical supplies (Posbindu PTM General Guidelines, Ministry of Health, 2014).

Earlier research by Erni Dwi Astuti et al. (2017) found that the Posbindu PTM activities at Al-Mubarak Health Center in Sempu differed from the guidelines due to issues with resources, such as the lack of available human resources, inadequate training, insufficient facilities, lack of community awareness, unsteady funding, and irregular implementation.

e. Obstacles in the Implementation of Posbindu PTM

In the implementation of Posbindu PTM in the working area of Puskesmas Tinggimoncong in 2018, there were no communication barriers related to the Makassar language, as the majority of the community in Tinggimoncong is from the Makassar ethnic group. Based on previous research by Febrianti Soleha (2017) in Kelurahan Jawa, Samarinda Ulu, the participation communication in Posbindu PTM faced issues in several indicators.

The first indicator was the lack of gender and age diversity, with especially men and youth being inactive in the Posbindu PTM activities. The second indicator was the lack of dialogue, as there was insufficient participation from cadres in receiving Posbindu PTM information. The third indicator was the lack of polyphony, meaning there was little community participation in asking questions, voicing complaints, and sharing ideas or opinions during Posbindu PTM meetings. The fourth indicator was the lack of media delivery about Posbindu PTM.

f. Supportive Factors for Posbindu PTM

In 2018, the implementation of Posbindu PTM in the working area of Puskesmas Tinggimoncong received strong support from cross-sector stakeholders, who assisted in the success of Posbindu PTM in the Tinggimoncong sub-district. Support came from various sectors, including PKK (Family Welfare), BKKBN (National Population and Family Planning Board), Customs, Transportation, Mining, Forestry, Agriculture, Fisheries, and other stakeholders, including the private sector, from national to provincial levels and at the village and community levels (Posbindu PTM General Guidelines, Ministry of Health, 2014).

Earlier research by Lutfy Laksita Pranandari (2017) found that the Posbindu PTM program in Banguntapan Subdistrict, Bantul Regency, had not been optimally implemented due to irregular implementation, suboptimal cross-sector partnerships, and incomplete implementation of the five key service stages: registration, risk factor interviews, measurement, risk factor examinations, follow-up, and counseling. This was influenced by variables such as communication, resources, attitudes/dispositions, and bureaucratic structure, as defined by G. Edward III.

CONCLUSION

Based on the results of the research on the implementation of Integrated Non-Communicable Disease Counseling Posts (Posbindu PTM) in the working area of Puskesmas Tinggimoncong in 2018, the following conclusions can be drawn: a) The socialization of Posbindu PTM in the working area of Puskesmas Tinggimoncong in 2018 has been well-executed with the support of cross-sector stakeholders, community leaders, Posbindu PTM cadres, and school principals. This effort involved religious study groups (majelis taklim), Posbindu PTM locations, schools, social gatherings (arisan), and sports groups as platforms for Posbindu PTM socialization; b) In the advocacy process of Posbindu PTM in the working area of Puskesmas Tinggimoncong in 2018, there was support from various cross-sector stakeholders, especially the sub-district head, village heads, and the issuance of cadre decrees (SK) by these local authorities; c) Counseling and education activities for Posbindu PTM in the working area of Puskesmas Tinggimoncong in 2018 were carried out by Posbindu staff and trained cadres, both individually and in groups, followed by question-and-answer sessions or discussions; d) The facilities and infrastructure for Posbindu PTM in the working area of Puskesmas Tinggimoncong in 2018 were still insufficient, as some activities were still held in residents' homes. The addition and improvement of facilities and infrastructure by the local government and health center were proposed in the village Musrenbang and village coordination meetings in 2019; e) In the implementation of Posbindu PTM in the working area of Puskesmas Tinggimoncong in 2018, there were no communication barriers in the Makassar language, as the majority of the community in Tinggimoncong Sub-district, Gowa Regency, is from the native Makassar ethnic group; f) In the implementation of Posbindu PTM in the working area of Puskesmas Tinggimoncong in 2018, there was support from various cross-sector stakeholders to ensure the success of Posbindu PTM.

The study's findings highlight several practical implications for local governments and health centers in designing collaborative policies for community-based hypertension control. First, improving Posbindu PTM facilities is crucial, as some activities are still held in residents' homes. Local governments should allocate resources for better infrastructure. Second, ongoing training for

health workers and Posbindu cadres is essential to enhance early detection and education. Third, strengthening inter-sector collaboration is necessary to expand the program's reach. Fourth, improving health education efforts, especially for vulnerable groups, is vital. Finally, local governments should develop a data-driven monitoring system to assess hypertension prevalence and intervention effectiveness, supporting evidence-based policy planning.

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