

# Gambaran Pelaksanaan Pos Pembinaan Terpadu (Posbindu) Penyakit Tidak Menular (PTM) di Puskesmas Madiun Kabupaten Madiun Tahun 2024

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## Abstrak

Salah satu upaya pemerintah dalam rangka pencegahan dan pengendalian PTM adalah deteksi dini faktor risiko PTM melalui program UKBM yang disebut dengan Posbindu PTM. Penelitian ini bertujuan untuk menggali informasi secara mendalam mengenai gambaran pelaksanaan Posbindu PTM di Puskesmas Madiun Kabupaten Madiun. Penelitian ini dilakukan secara kualitatif dengan desain studi kasus. Teknik pengumpulan data wawancara mendalam dilakukan kepada informan PJ Posbindu PTM, Kepala Puskesmas, Kader Kesehatan, Dinas Kesehatan, Kepala Urusan Keuangan Desa, sedangkan FGD dilakukan kepada peserta Posbindu PTM di wilayah Puskesmas Madiun. Sementara untuk data sekunder, dilakukan observasi pada sarana dan prasarana dan telaah dokumen pada dokumen ketenagaan dan pendanaan. Hasil penelitian menunjukkan komponen input untuk kegiatan Posbindu PTM sudah tersedia baik dana, sarana, prasarana, dan SOP. Namun, jumlah petugas puskesmas masih terbatas dan peran kader kesehatan kurang optimal. Dalam komponen process, kegiatan Posbindu PTM meliputi wawancara faktor risiko, pengukuran antropometri, pemeriksaan laboratorium, konsultasi dan edukasi atau penyuluhan serta rujukan bila diperlukan. Namun pada kegiatan pelaporan masih belum dilakukan secara maksimal. Pada komponen output ditemukan masalah yaitu terkait alokasi dana, kurangnya pengetahuan masyarakat dan kurangnya sosialisasi oleh kader dan petugas puskesmas serta waktu pelaksanaannya. Oleh karena itu, disarankan bagi pihak puskesmas untuk meningkatkan sosialisasi Posbindu PTM dan mungkin dapat melakukan kegiatan Posbindu PTM di luar jam kerja. Dinkes diharapkan dapat memastikan Posbindu Kit diberikan tepat waktu, lebih perhatikan expired date BHP dan meningkatkan pengawasannya. Kemudian pemerintah desa atau kelurahan disarankan turut membantu memotivasi masyarakat untuk datang dan meningkatkan pemanfaatan ADD untuk bidang kesehatan.

Non-Communicable Diseases (NCDs) are the main cause of death in the world (74%), in Southeast Asia (55%) and even in Indonesia (73%). One of the government's efforts to prevent and control PTM is early detection of PTM risk factors through the UKBM program called Posbindu PTM. This research aims to explore in-depth information regarding the implementation of Posbindu PTM at the Madiun Health Center, Madiun Regency. This research was conducted qualitatively with a case study design. In-depth interview data collection techniques were carried out with PJ Posbindu PTM informants, Heads of Health Centers, Health Cadres, Health Services, Heads of Village Financial Affairs, while FGDs were carried out with Posbindu PTM participants in the Madiun Health Center area. Meanwhile, for secondary data, observations were made on facilities and infrastructure and documents reviewed on personnel and funding documents. The research results show components input For Posbindu PTM activities, funds, facilities, infrastructure and SOPs are available. However, the number of community health center officers is still limited and the role of health cadres is less than optimal. In components process, Posbindu PTM activities include risk factor interviews, anthropometric measurements, laboratory examinations, consultations and education or counseling as well as referrals if necessary. However, reporting activities are still not carried out optimally. On components output Problems were

found, namely related to fund allocation, lack of community knowledge and lack of socialization by cadres and health center officers and the timing of implementation. Therefore, it is recommended for the health center to increase socialization of Posbindu PTM and carry out activities outside working hours. It is hoped that the Public Health office can ensure that the Posbindu Kit is provided on time, so pay more attention expired date BHP and increase its supervision. Then it is recommended that the village or sub-district government help motivate the community to come and increase the use of ADD for the health sector.