

POSYANDU PROGRAM FOR THE ELDERLY AT THE RANTAU DISTRICT PUBLIC HEALTH CENTER REGENCY ACEH TAMIANG

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Received : 25 November 2025

Published : 19 January 2026

Revised : 05 December 2025

DOI : <https://doi.org/10.54443/ijset.v5i1.1589>

Accepted : 30 December 2025

Publish Link : <https://www.ijset.org/index.php/ijset/index>

Abstract

This study is a descriptive qualitative research that examines the Implementation of the Elderly Health Service Program at the Rantau Subdistrict Community Health Center (Puskesmas), Aceh Tamiang Regency. The focus of this research is to analyze the program's mechanism, its implementation, and the obstacles faced in providing elderly health services. This study employs Grindle's theory of policy implementation, which emphasizes that the success of implementation is influenced by the content of the policy and the context of its implementation. The method used in this research is descriptive qualitative with data collected through interviews, observations, and documentation. The data were analyzed by combining field findings with the theoretical framework. The results show that the elderly health program at the Rantau Subdistrict Puskesmas has been implemented through planning, organizing, implementation, and monitoring and evaluation, which are realized in activities such as the Elderly Clinic (Poli Lansia), Elderly Integrated Service Post (Posyandu Lansia), elderly gymnastics, health counseling, and home visits. The program implementation has followed the guidelines and increased elderly participation; however, it remains limited to basic health services. The main obstacles in implementation include a shortage of medical personnel, inadequate facilities and infrastructure, limited accessibility for elderly in remote areas, and suboptimal cross-sectoral coordination. Based on these findings, this research recommends strengthening the implementation mechanism through data-based planning, capacity building for health workers and elderly health cadres, provision of more complete health facilities and infrastructure, and the establishment of cross-sectoral coordination forums. Furthermore, the role of families and communities needs to be enhanced to support the sustainability of elderly health services.

Keywords : *Implementation, Health Services, Elderly, Senior Citizen*

INTRODUCTION

In general, implementation in the Indonesian dictionary means execution or application. The term "implementation" is usually associated with an activity carried out to achieve a specific goal. Implementation is the placement of an idea, concept, policy, or innovation into a practical action, resulting in an impact, whether in the form of changes in knowledge, skills, values, or attitudes (Haji, 2020). According to McLaughlin and Schubert, as cited by Nurdin and Basyiruddin in Magdalena et al. (2020), implementation is defined as a mutually adaptive activity. Implementation is an engineered system. These definitions demonstrate that the word "implementation" refers to activity, the presence of action, or the mechanism of a system. The term "mechanism" implies that implementation is not merely an activity but a planned and rigorously executed activity based on specific norms to achieve the activity's objectives. Demographic transformation in Indonesia marks a significant shift in the population structure, with an increasingly complex increase in the number of elderly people. According to data released by the Central Statistics Agency (2022), the projected elderly population in Indonesia is estimated to reach 10.7% of the total population, indicating a significant increase over the past decade. Rantau District, Aceh Tamiang Regency, reflects this phenomenon national demographics where the proportion of the elderly population continues to experience growth which requires comprehensive attention in the fields of health and social services. Presidential Regulation Number 88 of 2021 concerning the Empowerment of the Elderly serves as a strategic legal basis for

addressing the complex challenges of elderly needs. As stated by the Indonesian Ministry of Social Affairs (2022), this regulation has fundamental significance in guaranteeing the rights of the elderly. Article 4 of the regulation explicitly states that elderly empowerment is implemented through efforts to improve the quality of elderly health, social security for the elderly, economic empowerment, social protection, and potential and capacity development. Successful programs implemented to date include elderly health services at community health centers (Puskesmas) and elderly integrated health posts (Posyandu) in villages, implemented by the Puskesmas and assisted by elderly Posyandu cadres in each village. Furthermore, Qanun Number 11 of 2013 concerning the social welfare of the Aceh government, in which the handling of social problems is a mandatory affair that is the authority of the Aceh government and district/city governments in order to realize social welfare for the community. This Qanun is a regional legal instrument that regulates the implementation of social welfare as a whole. Although directly Qanun Aceh Number 11 of 2013 does not mention Posyandu Lansia, the substance of the qanun emphasizes the importance of regional government participation in guaranteeing the rights of the elderly through guaranteed social and health service activities.

Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2015 concerning the implementation of elderly health services in community health centers. Based on the Minister of Health's regulation, elderly services can be carried out outside the Community Health Center building such as services at integrated health posts (Posyandu) to increase access and coverage of elderly health services. Community Health Centers as the frontline unit in public health services are expected to be able to carry out promotive, preventive and curative efforts for the elderly by paying attention to the guidelines for elderly health services. In the regulation it is also emphasized that before carrying out Posyandu activities, cadres must first conduct socialization so that the community understands more deeply about the objectives of implementing the Posyandu elderly program. Conceptually, elderly health services at the Rantau District Community Health Center (Puskesmas) are not merely medical issues, but rather represent a holistic intervention that considers social, psychological, and cultural dimensions. This multidimensional approach is supported by a study by the Indonesian Ministry of Health (2022), which emphasized the importance of integrated elderly health services.

Problems in implementing elderly health programs include limited human resources for health, minimal service budgets, low service accessibility, the complexity of elderly health needs, and minimal cross-sectoral coordination. In implementing the elderly health program, many actors are involved from various levels and sectors to ensure comprehensive and sustainable services. The main actors are the Central and Regional Governments as national and regional policy makers, regulators, and guideline and standard makers, as well as budget allocation. The Regional Health Office is tasked with developing the local-level elderly health program, allocating the budget, and mentoring Community Health Centers (Puskesmas) and Elderly Integrated Health Posts (Posyandu). Furthermore, the Puskesmas are involved as the party implementing the elderly health service program. Finally, the Posyandu elderly cadres in the villages act as implementing agents for the elderly health program. The Rantau Community Health Center (Puskesmas) faces serious challenges in implementing its elderly health program due to a shortage of medical personnel, particularly internal medicine specialists. This shortage directly impacts the quality of care received by the elderly, particularly those suffering from chronic diseases such as diabetes, hypertension, and heart disease. Without adequate specialist availability, diagnoses are less accurate and treatment of complex illnesses is often delayed. Existing health workers are forced to work beyond capacity, treating cases that actually require specialized expertise. As a result, many elderly are referred to distant hospitals, increasing the physical and financial burden on them and their families. This situation creates a significant gap in healthcare services and has the potential to worsen the health conditions of the region's elderly population.

Based on initial observations, it was discovered that community health centers (Puskesmas) are experiencing a shortage of specialist doctors, particularly in internal medicine. Yet, most of our elderly have chronic illnesses that require specialized care. One doctor must treat dozens of patients daily, which becomes inefficient. Often, community health centers are forced to choose between providing minimal care or referring patients to more comprehensive, but far-flung facilities. This isn't just about quantity, but also about the quality of care the elderly deserve. The elderly health program at the Rantau Community Health Center faces several interrelated obstacles. A lack of facilities is a major factor hindering its optimal implementation. Special rooms for elderly examinations are still limited, medical equipment for detecting degenerative diseases is inadequate, and comfortable rehabilitation areas for the elderly are lacking. This situation is exacerbated by the lack of operational funds allocated for the elderly health program. Budget constraints make it difficult for community health centers (Puskesmas) to conduct routine outreach activities, provide sufficient quantities of specialized medications for the elderly, and conduct home visits for elderly people with limited mobility. Furthermore, external factors such as a lack of family support also pose a challenge. Without family

support, health workers' efforts to improve the quality of life for the elderly are less effective, despite the crucial role of families in providing daily support and care for the elderly.

Table 1.1 1of Elderly Population in Rantau District, Aceh Tamiang Regency (2019-2024)

No.	Year	Number of Elderly	Percentage of Total Population
1.	2019	3,245	3,245
2.	2020	3,412	3,412
3.	2021	3,589	3,589
4.	2022	3,768	3,768
5.	2023	3,956	3,956
6.	2024	4,160	4,160

Source: BPS Aceh Tamiang Regency, 2024

This data shows a consistent increase in the number and percentage of elderly residents in Rantau District from 2019 to 2024. This trend indicates the need to improve healthcare services for the elderly to anticipate the growing needs. The following data illustrates the various types of healthcare services provided to the elderly by the Rantau Community Health Center in 2024.

Table 1. 2Types of Elderly Health Services at Rantau Community Health Center (2024)

No.	Type of Service	Frequency	Number of participants
1.	Routine Health Checkup	Weekly	200
2.	Senior Gymnastics	2x a Week	100
3.	Health Counseling	Monthly	200
4.	Giving Additional Food	Monthly	75
5	Home Visit	According to the needs	50

Source: Rantau Community Health Center Elderly Program Report, 2025

There are five main types of services, each with varying frequency and number of participants. Monthly health counseling attracted the most interest, with 200 participants, demonstrating the high demand and enthusiasm of older adults for health information. This was followed by weekly routine health checks with 200 participants, indicating the importance of regular health monitoring for the elderly population. Twice-weekly elderly exercise sessions attracted 150 participants, demonstrating the awareness of the importance of physical activity among older adults. Although smaller than the health education programs, this high level of participation indicates that many seniors recognize the health benefits of exercise. Meanwhile, the monthly supplementary feeding program, with 75 participants, and the personalized home visits with 50 participants demonstrate a special focus on nutrition and individualized care for seniors who may have mobility limitations or special needs.

This situation is exacerbated by the perception that elderly health programs are less beneficial due to the lack of direct assistance in the form of basic necessities or cash. Community health centers have attempted outreach through health cadres, but are hampered by limited human resources and operational budgets. This situation requires serious attention, given that elderly health programs are essential services for improving the quality of life and well-being of the elderly population in the region. Given the complexity and urgency of this problem, an in-depth study of the implementation of elderly health care programs at community health centers (Puskesmas), particularly in Rantau District, Aceh Tamiang, is needed. This study aims to comprehensively analyze how elderly health care programs are implemented, identify factors influencing their effectiveness, and formulate recommendations for optimizing elderly health care services in the future.

LITERATURE REVIEW

Name, Year, Title, Research Location	Results Study	Differences and Focus of Research	Equality
Rukimini, Tumaji, and Lusi Kristiana (2021), Title "Implementation of the Elderly Health Service Program at the West Java Provincial Health Office"	<p>The study results show that healthcare services for the elderly in East Java face various challenges, including limited infrastructure, budget, and human resources. Despite the development of healthcare programs for the elderly, such as the Yankestrad program at the Made Community Health Center in Surabaya, service coverage remains uneven. Only a small number of hospitals and community health centers provide services specifically for the elderly. Other obstacles include low service integration and low awareness among the elderly about utilizing existing services. Improvements are being made through enhancing the competence of healthcare workers, procuring facilities, and developing service models. The government continues to provide guidance and supervision to ensure good services for the elderly.</p>	<p>This study focuses on analyzing the implementation of the elderly health service program at the East Java Provincial Health Office. The primary focus is on program policies, implementation barriers, and improvement efforts. The main differences between these studies lie in the observational approach with a cross-sectional design, and the data collection methods used were in-depth interviews and focus group discussions (FGDs). This study also highlights differences in the coverage of elderly health services, such as the availability of Integrated Geriatric Team services in hospitals and the integration of Posyandu Lansia (Lansia Integrated Health Posts).</p>	<p>The similarity between this study and the previous study lies in the focus of both, which is to evaluate the implementation of health service programs for the elderly in community health centers.</p>
Andi Yulia Kasma, Andi Yumar, and Kartina Nur (2019), Title "Evaluation of the Implementation of the Elderly Posyandu"	<p>The results of the study indicate that the implementation of the elderly integrated health service (Posyandu) program at the Batua Community Health Center in Makassar City generally went well.</p>	<p>This study focused on evaluating the implementation of the Posyandu (Integrated Health Post) program for the elderly at the Batua Community Health Center in Makassar City. The study aimed to assess</p>	<p>The similarity between this study and the previous study lies in their focus on evaluating the implementation of healthcare programs for the elderly in</p>

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<p>Program at the Batua Community Health Center, Makassar City"</p>	<p>Most respondents assessed the availability of human resources (HR) as good, although there were shortcomings in facilities and infrastructure and implementation guidelines. The program implementation process was considered good by 75% of respondents, and the program's outputs also showed positive results. However, there were recommendations for increased monitoring by the head of the community health center and improvements to infrastructure to support elderly integrated health service (Posyandu) activities.</p>	<p>various aspects of the program, including the availability of human resources (HR), facilities and infrastructure, and the program's achievements or outcomes. The difference is that this research uses a quantitative approach with a descriptive survey.</p>	<p>community health centers. Both studies assessed aspects such as the availability of human resources, facilities and infrastructure, and program performance in providing healthcare to the elderly. Furthermore, both aimed to identify factors influencing the effectiveness of these programs.</p>
<p>Darmin Tuwu and La Tarifu (2023), title "Implementation of the Elderly Posyandu Program to Maintain the Health of the Elderly", Kendari, Southeast Sulawesi,</p>	<p>The study found that the Posyandu Lansia program plays a significant role in improving the health and quality of life of older adults in Indonesia. With the increasing number of elderly residents, the program provides health services, supplementary feeding, sports activities, and social interactions, held monthly at the local village office. This qualitative case study found that Posyandu Lansia, supported by health workers and community volunteers, provides significant health and social benefits for older adults. However,</p>	<p>This study focused on exploring and explaining the role of Posyandu Lansia (Elderly Community Health Post) in maintaining physical and mental health and improving the quality of life of the elderly. The limitation lies in the sample size, which involved only 10 elderly individuals as the unit of analysis. This may affect the generalizability of the study findings to the broader population.</p>	<p>Both use qualitative research methods.</p>

	increasing participation remains a challenge, necessitating awareness campaigns to encourage their participation.		
Dita Aninastasya (2018), Title "Implementation of the Elderly Health Service Program at the Sabokingking Community Health Center, Palembang City in 2018", Sabokingking Community Health Center, Palembang City	<p>This study found that the implementation of the elderly health service program at the Sabokingking Community Health Center in Palembang City is suboptimal. The coverage of elderly health services at this community health center is the lowest in Ilir Timur II District, at 41.9%. Programs such as the elderly Integrated Health Post (Posyandu) and home care are not yet implemented routinely. Several factors contributing to this low coverage include lack of training for staff, limited funding, and inadequate facilities. The study recommends improvements in program planning and implementation, as well as better outreach to the elderly community.</p>	<p>This study focuses on analyzing the implementation of the elderly health service program at the Sabokingking Community Health Center in Palembang City. The aim of this study is to evaluate the planning, organization, implementation, and evaluation processes of the program, as well as to identify factors influencing the low coverage of elderly health services at the community health center.</p>	<p>This study uses a qualitative approach to gain an in-depth understanding of program implementation.</p>

Source: Research Processed 2025

This previous research examines the Implementation of Health Service Programs that have been studied by previous research that is conceptualized in the Analysis of the Implementation of Elderly Health Services (Rukimi, 2021), Evaluation of the Implementation of the Elderly Posyandu Program (Yulia, 2019), Implementation of the Elderly Posyandu Program to Maintain Health (Darwin Tawu, 2023), and the Elderly Health Service Program (Dita Aninastasya, 2018). All of these studies examine the Implementation of Elderly Health Services with a research focus on the differences and similarities of the research .

METHOD

The research location is a place where scientific research is conducted, to obtain data and facilitate the objects that are the targets of the research. The location of this research will be carried out at the Rantau District Health Center, located at Jl. Ir. H. Juanda No. 1, Rantau city, Rantau district, Aceh Tamiang Regency, Aceh Province. The selection of this location is based on several important considerations. First, Rantau District has a significant composition of the elderly population, reaching 8.3% of the total population according to BPS Aceh Tamiang data (2023), slightly above the national average, making it representative for the study of elderly health services.

This research was conducted because the Rantau Community Health Center (Puskesmas) was the policy implementer, and the information the researcher needed could be obtained from the center, supported by the

researcher's observations in the field. The author also observed how the Puskesmas staff carried out their daily duties serving the community and the elderly. This study employed a qualitative approach with descriptive observation (Nur Hafni, 2024). This study emphasized detailed, complete, and in-depth descriptive notes to illustrate the actual situation and support data presentation. Furthermore, the researcher attempted to analyze the data faithfully, as is recorded and collected. According to Anggara (2015:21), states that the descriptive method is research that explains the research target in depth, which means that the research is carried out to reveal everything or various aspects of the research target.

RESULTS AND DISCUSSION

The study results show that the number of elderly people in Rantau District has consistently increased from 2019 to 2024, both among men and women. This situation requires the Rantau District Community Health Center to strengthen the implementation of the Elderly Health Program, particularly through the Elderly Integrated Health Post (Posyandu Lansia), to ensure sustainable access to the elderly's health needs. The Elderly Health Program at the Rantau District Community Health Center (Puskesmas) is implemented through planning, implementation, and monitoring and evaluation. During the planning stage, the community health center collects data on the number of elderly through village reports, community health post (Posyandu) cadres, and field surveys to identify elderly health needs. Based on this data, a service program is developed, including routine health checks, health education, elderly exercise activities, and home care services for elderly with limited mobility. The program is implemented through monthly Posyandu (Integrated Health Posts for the Elderly) activities in villages. Services provided include blood pressure, blood sugar, cholesterol, and weight checks, health education, and elderly exercise. Interviews indicate that the elderly and their families responded positively to the program, as it allows for closer access to healthcare services without having to visit the community health center. Furthermore, home care services are an effective solution for elderly individuals unable to attend in person.

In terms of resource support, the budget for the elderly health program is considered adequate and well-funded, particularly for medical equipment, medications, staff honoraria, and transportation. This demonstrates the Rantau District Community Health Center's commitment to implementing the program sustainably. The steady increase in elderly visits from January to May 2025 also indicates high public participation and trust in the services provided. However, program implementation still faces several challenges, such as limited healthcare personnel, inadequate screening tools, and access and transportation barriers for certain elderly people. To address these challenges, community health centers are collaborating across sectors with village governments and health cadres, and increasing the frequency of home visits and outreach to elderly families. The findings of this study align with those of Rukimin and Kristiana (2021), who stated that the elderly health program has been running but is still hampered by limited resources and inequitable service distribution. Furthermore, the results of this study support Grindle's (1980) policy implementation theory, which emphasizes that the success of policy implementation is influenced by both the policy's content and the context in which it is implemented. In the context of Rantau District, village government support, community participation, and community health center commitment are crucial factors in the successful implementation of the Elderly Health Program. Overall, the Elderly Health Program at the Rantau District Community Health Center has been implemented quite well and has had a positive impact on improving access to services and the quality of healthcare for the elderly. However, improved cross-sector coordination, increased resources, and strengthened family roles are still needed to optimize the program's sustainability.

CONCLUSION

Based on the results of the research that has been conducted, the following conclusions can be drawn:

- 1. Implementation Mechanism of the Elderly Posyandu Program**

The elderly health program is implemented in a structured manner through planning, organizing, implementing, and monitoring and evaluation. This mechanism is implemented through activities at the Elderly Polyclinic, the Elderly Integrated Health Post (Posyandu), elderly exercise programs, health education, supplementary feeding, and home visits. This mechanism is supported by health cadres and community health center staff, who are at the forefront of service delivery.

- 2. Implementation of the Elderly Posyandu Program**

The implementation of the Posyandu (Integrated Health Post) program for the elderly demonstrates that services are operating according to guidelines, providing routine health checks, promotive and preventive services through exercise and counseling, and simple curative services. Elderly participation is quite good, as evidenced by regular attendance at the Posyandu and their enthusiasm for participating in activities.

However, implementation still focuses more on basic services and has not fully addressed the complex health needs of the elderly, such as the management of chronic and degenerative diseases.

3. Obstacles to Implementing the Elderly Posyandu Program

Obstacles to program implementation include limited medical human resources and medical equipment, difficult accessibility, especially for the elderly in remote areas, and weak cross-sector coordination. Furthermore, the complex, multidimensional health needs of the elderly (physical, psychological, and social) have not been integrated into services, resulting in the program's suboptimal performance.

Overall, the implementation of the elderly posyandu program shows positive achievements, although there are still obstacles that require serious attention from various parties so that the program can be more effective, comprehensive, and sustainable.

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