

Factors Influence The Utilization Of Community Participation (POSBINDU)

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Factors Influence The Utilization Of Community Participation (POSBINDU)

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Abstract

Introduction: Posbindu is a form of public participation to conduct early detection and monitoring of risk factors for non-communicable diseases (NCD), and where it was carried out in as an integrated-manner, routine and periodic event. Posbindu itself aimed to promote the community participation in prevention and early detection of risk factors for non-communicable disease (NCD). Non-communicable diseases is the biggest killer in the world, causing approximately 60% of global deaths. More than 9 millions of all deaths related to NCD occurred under the age 60 years old, and 90% premature deaths incidence occurs in countries where significant number of population were low income-population. In Indonesia, death related to NCD are growing in an alarming rate, from approximately 41% at the year 1995, striking 59.5% at year 2007. According to Basic Health Survey of 2007, NCD related deaths ranked number 6 in a top ten Death list. The growing rate of NCD prevalence are to become a serious threat upon national Development, death risk from disease related condition will negatively impact human resources nationwide, which the effect will surely not limited to health aspect only but expanded to economic aspect. Meanwhile, Posbindu program had not reach its popularity as it should have been. In some region, posbindu visits by locals has decreased. At the study area, existing data showed that, only as much as 10% of the local population was using Posbindu service. In many regions, Posbindu were deemed to merge with geriatric social health care, as the major user was the geriatric population.

Objective: to determine the factors that influence utilization of posbindu

Methods: This study was a cross-sectional study of 120 people in productive age (aged between 18-59 years) including individuals who never visit posbindu. In this study there were 3 groups of factors that can affect utilization of posbindu, the predisposing factors (age, sex, education level, occupation, knowledge from kader counsels, understanding about posbindu, awareness, distance to posbindu, administration fee), and the reinforcing factors (family support, socialization of posbindu). Data were collected from February 2015 through to March 2015.

Results: Respondents who do not utilize posbindu service are as many as 25% while 75% of respondents utilize posbindu. At bivariate analysis, we found several significant relationship between independent variable and utilization of posbindu : age (OR=3.46 ; 95% Confidence interval 0.96-12.43), education level (OR=0.17 ; 95% Confidence interval 0.03-0.772), knowledge (OR=3.82 ; 95% Confidence interval 1.60-9.09), awareness (OR=3.76 ; 95% Confidence interval 1.44-9.82), family support (OR=1.84 ; 95% Confidence interval 0.79-4.27), significant relationship between socialization of posbindu and utilization of posbindu (p=0.000), and also administration fee (OR=4.57 ; 95% Confidence interval 1.88-11.06). Multivariate analysis shows that respondent with higher education tend not to utilize posbindu service (OR=0.17 ; 95% Confidence interval 0.03-0.89), and those who did not mind for administration fee have the greater possibility to utilize posbindu service (OR=3.79 ; 95% Confidence interval 0.133-10.80)

Conclusion: Several factors were conceived as aspects that affected the utilization of the Posbindu, but the level of education and administration fee are more prominent. Necessary efforts

need to be conducted for people in productive age to promote their health, especially in community participation.

Keywords: Community participation, Non-communicable Diseases, Posbindu, Productive age, Utilization

Introduction

Non-communicable diseases (NCD) is the biggest killer in the world, causing more than 60% of global deaths [1,2]. World Health Organization (WHO) estimated that at 2020 NCD will be the cause of at least 73% mortality rate and 60% of the total morbidity rate. Of the estimated 14.5 million total deaths in 2008 in SEAR, 7.9 million (55%) were due to NCDs. Deaths from NCD are expected to increase by 21% over the next decade. Of the 7.9 million annual NCD deaths in SEAR, 34% occurred before the age of 60 years compared to 23% in the rest of the world [3]. In Indonesia, death related to NCD were growing in an alarming rate, from approximately 41% at the year 1995, striking 59.5% at year 2007. [4]

According to Basic Health Survey of 2007, NCD related deaths ranked number 6 in a top ten Death list. In respect of the regional condition and type, in rural area, infectious disease holds the largest percentage mortality rate in the group of 45-54 years old (25%) compared to the urban area (14%), meanwhile NCD related mortality rate is larger in urban area (62%) compared to rural area (48%). At group age 45-54 years the proportion of NCD is significantly larger compared to the female counterpart. The most common cause of mortality in female group for NCD is Diabetes Mellitus (16%), where the largest mortality cause in male group for NCD is stroke attack (16%) [5]. In conducted interviews, it is shown that there is an increase of hypertension prevalence (this is acquired from asking the survey group whether or not they are diagnosed of hypertension from a medical worker, or in hypertension medication regime) from 7.6 % in 2007 to 9.5% in 2013 (Based on their answers and symptoms). There is also surge in Diabetes mellitus rate (also acquired via interview) from 1.1 % (2007) to 2.1 % (2013) [5,6]. Several factors were already well-known as risk-factors inducing NCD. In public health context, emphasis in any surveillance system should be given to those risk factors that are amenable to modified. Surveillance of just eight selected risk factors (smoking, alcohol, nutrition, physical inactivity, obesity, blood pressure, blood glucose, blood lipids), which reflect a large part of future NCD burden can provide a measure of the success of interventions. [7]

World Health Organization (WHO) central and regional office in collaboration with other member countries have developed an intervention program to control risk factors of major NCDs (cardiovascular diseases, diabetes mellitus, and particular cancer) through an integrated community based program. Process evaluation showed that the Community Based Intervention (CBI) approach brings 'Posbindu PTM' as potential activities for NCD control and prevention program. Outcome evaluation resulted that the community based intervention of NCD prevention and control program that had been conducted for three years in Depok, Indonesia, had significantly reduced the prevalence of several common risk factors, such as obesity, hypertension, hyperglycemia, hypercholesterol, and high risk or combined risk factors (having three or more risk factors) and also considerably reduced the prevalence of diabetes mellitus. Meanwhile, smoking, less physical activity, and fruits and vegetable consumption also decreased but not significantly [8].

Posbindu is a form of public participation to conduct early detection and monitoring of risk factors for non-communicable diseases (NCD), and where it was carried out in an integrated-manner, routine and periodic event. Posbindu itself aimed to promote the community participation in prevention and early detection of risk factors for non-communicable disease (NCD) [9]. Published research about Posbindu is still rare, but preliminary study at the study area, showed that, only as much as 10% of the local population was using Posbindu service. In many regions, Posbindu were deemed to merge with geriatric social health care, as the major user was the geriatric population.

The objective of this study is to determine factors associated with the utilization of Posbindu, and limited to internal factors from the study subject.

Methods

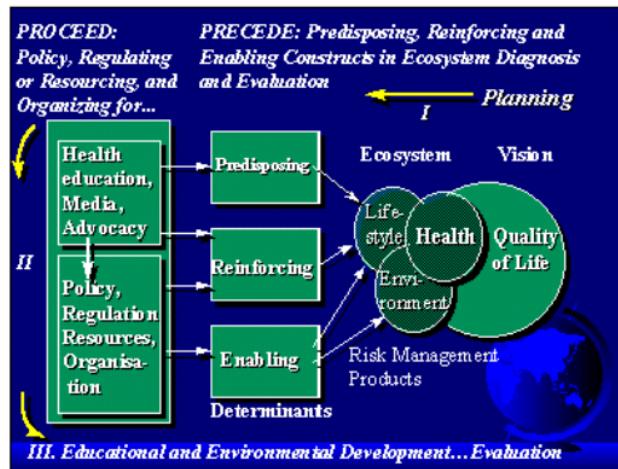
The design used in this study was a cross sectional study. The study was conducted in one of the region in the Mampang subdistricts, South Jakarta. South Jakarta was one of the municipality that already have Posbindu running in its subdistricts. Ultimately this particular region was chosen for the reason that posbindu was already carried out as a program for approximately one year.

Inclusion criteria were age 18-59 years old, permanent resident of the district for at least one year, daily mobile activity. Exclusion criteria were cadres of Posbindu/posyandu, residents with mental health issues. 120 subjects were chosen according to cluster random sampling and simple random sampling.

Factors associated with the utilization of Posbindu in this study were derived from PRECEDE Theory (PRECEDE : Predisposing, Reinforcing, and Enabling Construct in Ecosystem Diagnosis and environment) and Behavioral Model of Health Services Use (BM) [10.11].

The PRECEDE (Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation) framework, categorizes psychosocial variables into 3 main categories: predisposing, reinforcing, and enabling factors.

Predisposing factors are antecedents that influence the likelihood of how one will behave and include the individuals' knowledge, attitudes, beliefs, and self-efficacy. Reinforcing factors are incentives following a behavior that may affect the likelihood that this behavior will be repeated over time, such as social support, peer influence, and rewards. Enabling factors help facilitate behavior and include programs, services, and resources necessary for a behavior to occur [10].



Adapted from Green L. <http://www.lgreen.net/precede.htm>

Behavioral Model of Health Services Use (BM) from Andersen proposed that the use of health care services is a function of three sets of individual characteristics: (i) predisposing characteristics, e.g. age, household size, education, number of previous pregnancies, health-related attitude; (ii) enabling characteristics, i.e. income, characteristics of health care system and accesses, and availability of health facilities; and (iii) need characteristics, i.e. characteristics of illness, perceived health status, and expected benefit from treatments [11].

Dependent variable of this study were : attendance/utilization of Posbindu, meanwhile the independent variable were the predisposing factors (age, gender, education level, occupation, individual's knowledge of Posbindu, individual's perception of health), enabling factors (transportation mode to Posbindu, distance to Posbindu, administration fee), reinforcing factors (family support, socialization of posbindu). Interviews conducted by the manner of door-to-door, by trained cadres. The attendance/utilization of Posbindu was considered as done if the local interviewed, have utilized the posbindu as many as once a year to follow through the posbindu activity roster. Univariate analysis were done by frequency distribution in percentage, bivariate analysis using Chi-square test and Fisher exact test. Multivariate test was run using Regressive logistic analysis.

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Result

Table 1 : Characteristic of Predisposing, Enabling and Reinforcing factors

Predisposing, Enabling and Reinforcing factors		n	%
Age	45 - 59 years	28	23.3
	< 45 years	92	76.7
Gender	Male	26	21.7
	Female	94	78.3
Education	Higher education	8	6.7
	Middle-Lower education	112	93.3
Employment	Employe	53	44.2
	Unemploye	67	55.8
Knowledge about Posbindu	better	73	60.8
	less	47	39.2
Health perception	aware	97	80.8
	unaware	23	19.2
Understanding consultation	better	79	87.8
	less	11	12.2
Enabling factors			
Transportation to Posbindu	easy	114	95.0
	difficult	6	5.0
Distance	near	114	95.0
	far	6	5.0
Administration fee	no reluctance	86	71.7
	reluctance	34	28.3
Reinforcing Factors			
Family support	supported	77	64.2
	unsupported	43	35.8
Socialization of Posbindu	Yes	112	93.3
	No	8	6.7
Total		120	100.0

Table 1 shows that majority of respondent is female (78.3%), at age <45 years (76.7%), in the middle-low education (from not educated until junior high school). There were 55.8% of them unemploye. But 60.8% have better/sufficient knowledge about Posbindu, and most of the respondent (80.8%) were already aware about health and prevention (but this was just from their perception about their health, disease and the prevention). Among they who had visited the Posbindu, 87.8% have better understanding of the consultation that made according their health problem. Most of them consider that distance and transportation were not major problems. Not all of them recieved support from the family (just only 64,2% who have support from their family). Majority of the respondent have heard about Posbindu through the socialization of Posbindu. Only 6.7% said that there weren't any socialization about Posbindu.

	Utilization of Posbindu		p	OR	95 % CI
	Attended	Not attended			
Age					
45 - 59 years	25 (89.3%)	3 (10.7%)	0.046*	3.46	(0.96 – 12.43)
< 45 years	65 (70.7%)	27 (29.3%)			
Gender					
Male	19 (73.1%)	7 (26.9%)	0.79	0.87	(0.33 – 2.36)
Female	71 (75.5%)	23 (24.5%)			
Education					
Higher education	3 (37.5%)	5 (62.5%)	0.011*	0.17	(0.04 – 0.77)
Middle and lower education	87 (77.7%)	25 (22.3%)			
Occupation					
Employed	39 (73.6%)	14 (26.4%)	0.75	0.87	(0.38 – 2.0)
Unemploye	51 (76.1%)	16 (23.9%)			
Knowledge about Posbindu					
Better	62 (84.9%)	11 (15.1%)	0.002*	3.82	(1.61 – 9.09)
Less	28 (59.6%)	19 (40.4%)			
Health perception					
Aware	78 (80.4%)	19 (19.8%)	0.005*	3.76	(1.44 – 9.82)
Unaware	12 (52.2%)	11 (47.8%)			
Transportation					
Easy	87 (76.3%)	27 (23.7%)	0.164 ^b	3.22	(0.61 – 16.90)
Difficult	3 (50%)	3 (50%)			
Distance					
Near	87 (76.3%)	27 (23.7%)	0.164 ^b	3.22	(0.61 – 16.90)
Far	3 (50%)	3 (50%)			
Family support					
Supported	61 (79.2%)	16 (20.8%)	0.153	1.84	(0.79 – 4.27)
Unsupported	29 (67.4%)	14 (32.6%)			
Socialization of Posbindu					
Yes	90 (80.4%)	22 (19.6%)	0.000 ^{tb}	-	-
No	0	8 (100%)			
Administration fee					
No reluctance	72 (83.7%)	14 (16.3%)	0.000*	4.57	(1.89 – 11.06)
Reluctance	18 (52.9%)	30 (25.0%)			

Table 2 : Factors associated with the utilization of Posbindu

* significant at < 0.005

^b Fisher exact test

Table 2 shows that there were some significant relationship that influence utilization of Posbindu (age, education, knowledge about Posbindu, health perception, socialization about Posbindu, and administration fee), although two of them didn't support by the 95 % confidence interval (age, and socialization of Posbindu). Seven factors with p value > 0.25 were enter the multivariate analysis through logistic regression analysis. Age, education, knowledge about Posbindu, health perception, family support, socialization of Posbindu, and administration fee were enter logistic regression analysis to determine which was the factors that most influence the utilization of Posbindu. In table 3, Logistic regression analysis show that only two factors have more prominent significant association with the utilization of Posbindu, namely education and administration fee. They who had middle-lower education have the protective effect to not utilize the Posbindu (OR = 0.178 95% CI 0.03– 0.89) if compare with they who had higher education. They who reluctant to administration fee have probability 3,79 higher to not utilize the Posbindu.

Table 3 : Relationship between education level and administration fee with utilization of Posbindu

	B	Sig.	Exp(B)	95% C.I.for EXP(B)	
				Lower	Upper
Education(1)	-1.728	.036	.178	.035	.892
Administration(1)	1.333	.013	3.791	1.331	10.802
Constant	-21.994	.999	.000		

Discussion

In this study the most prominent variable which associated with utilization of Posbindu is education level and administration fee. In this study, Posbindu service seems to be more utilized by group with lower level of education. This fact actually contradicts the theory that suggests the higher level education local group the higher the possibility to attend public health facilities. Chakraborty et al (2003) in her study showed that women with secondary or higher education are almost 1.8 times more likely to seek treatment from doctors/nurses to treat their antepartum morbidities [12]. But Bovet et al (2008) in his prospective study found no significant association between education level and utilization of health care services following screening for hypertension, although there was a slightly decrease in the attendance regarding the increase of their level of education [13]. In this study, level of education is not always determine people's behavior, because there is a knowledge that can derived not only for education, but from socialization, because the percentage socialization is high in this study (as much as 93.3% of respondent said there were any socialization about Posbindu in their area, so maybe this can improve their knowledge about Posbindu, although, there is a fact too, that people with higher education can more easy to receive information/something new [14]. The second problem is administration fee, this study shows they who reluctant to administration fee have probability 3,79 higher to not utilize the Posbindu. Administration fee in Posbindu were used for example to buy stick for glucose blood, cholesterol blood, triglycerid blood, for IVA examination, and other examination. Actually, not every type of Posbindu has to do the blood examination. Posbindu is classified into 2 groups : basic and main. In basic Posbindu, there're just early detection for risk factors by doing interview, and by measurements of BMI, abdominal circumference, blood pressure, and there is counseling/consultation about risk factors. In main Posbindu, just like basic Posbindu, and for additional, there are blood examination (blood glucose, cholesterol, triglycerid), Clinical Breast Examination (CBE), spirometry, urinary amphetamine and alcohol test.

But in the field, usually we found basic Posbindu with additional blood examination, but only blood glucose and cholesterol, and usually, the people who visit Posbindu wants to know their blood examination. Technical guidance book of Posbindu said that Posbindu could cooperate with another sector to do the activity, like local clinic, non government organization (NGO), pharmacy [15], but it depends on the policies and ability of the posbindu and the team to gain the network. Actually, the examination of risk factors in Posbindu haven't always do all the time. There are some schedule for examination, like examinations for blood glucose at least every 1-3 years for healthy people, at least every 1-2 years for who have another risk factor for NCD, and at least one in a month for diabetes mellitus patients [4]. But, recording and reporting is still a problem for several Posbindu, so to know the individual schedule sometime could be difficult, even though the government through Ministry of Health has built the instruments for it. As a community participation, Posbindu program has been announced by the government through Ministry of Health to be done in Puskesmas (Primary Health Care). They have provide the needs of Posbindu and some regulations, but there must be another efforts, for example periodically training for those in the fields, and clear guidance to maintain the sustainability of the program. As describe above, and from another experience [16,17,18,19], community participation/community base program is an effective program to control risk factors of major NCDs, and it has significant contribute to global health. Health is a central goal and an important outcome of development. Development can only be sustainable if social and economic dimensions are considered at all levels and stages. A community or country cannot be graded as developed on the basis of high per capita income, if its people are illiterate, have poor health status and lack the infrastructure necessary for a healthy lifestyle. Therefore sustainable development should always be measured in terms of social indicators mainly health, reduction of absolute poverty and improvement in the quality of life. Health and poverty reduction has therefore assumed the highest priority on the agenda of most international development agencies [20]. Health promotion is included in one of the new agenda of 17 Sustainable Development Goals with 169 associated targets which are integrated and indivisible [21].

Limitation of this study was not included the external factor that influence the utilization of Posbindu, like mentioned above as PROCEED (Policy, Regulating and Resource, Organization, including health education, media, and advocacy), and just limited to narrow area..

Conclusion

This study demonstrated that the main factors associated with utilization in this study were education and administration fee. Education, socialization, and knowledge about Posbindu could help in the utilization of Posbindu. Administration fee should not be the big problem in the term of utilization, but there must be some efforts to be done, either by the authorized or the community.

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References

- [1] Boutayeb, A. (2006). The double burden of communicable and non-communicable diseases in developing countries. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 100, 191–199
- [2] Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., ...Weinstein, C. (2011) The Global economic burden of non-communicable diseases. *A report by the World Economic Forum and the Harvard School of Public Health*.
- [3] World Health Organization-Regional Office for South East Asia. (2002). Health situation in the South East Asia Region 1998 – 2000. New Delhi, India.
- [4] Kementerian Kesehatan Republik Indonesia. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan. (2014). Pedoman Umum Pos Pembinaan Terpadu Penyakit Tidak Menular. Jakarta: Kementerian Kesehatan RI.
- [5] Badan Penelitian dan Pengembangan Kesehatan Departemen Kesehatan, Republik Indonesia. (2008). Riset Kesehatan Dasar 2007. Jakarta: Departemen Kesehatan Republik Indonesia.
- [6] Badan Penelitian dan Pengembangan Kesehatan Departemen Kesehatan, Republik Indonesia. (2013). Riset Kesehatan Dasar 2013. Jakarta: Departemen Kesehatan Republik Indonesia.
- [7] Bonita, R., de Courten, M., Dwyer, T., Jamrozik, K., Winkelmann, R. (2001) Surveillance of risk factors for non communicable diseases: The WHO STEPwise approach. Summary. Geneva. World Health Organization.
- [8] Rahajeng, E., Kusumawardhani, N. (20). Monitoring and evaluation of the integrated community based intervention for the prevention of noncommunicable diseases in Depok, West Java, Indonesia.
- [9] Kementerian Kesehatan Republik Indonesia. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan. (2014). Petunjuk Teknis Penyelenggaraan Pos Pembinaan Terpadu Penyakit Tidak Menular. Jakarta: Kementerian Kesehatan RI
- [10] Li, Y., Cao, J., Lin, H., Li, D., Wang, Y., He, J. (2009). Community health needs assessment with precede-proceed model: a mixed methods study. *BMC Health Services Research*, 9,181.
- [11] Babitsch, B., Goh, D., Von Lengerke, T. (2012). Re-revisiting Andersen's Behavioral Model of Health Services Use: a systematic review of studies from 1998–2011. *GMS Psycho-Social-Medicine*, 9, ISSN 1860-5214.
- [12] Chakraborty, N., Islam, M. A., Islam, Chowdhury, R., Bari, W., Akhter, H. H. (2003). Determinants of the use of maternal health services in rural Bangladesh. *Health promotion international*, 18(4), 327-337
- [13] Bovet, P., Gervasoni, J. P., Mkamba, M., Balampama, M., Lengeler, C., Paccaud, F.(2008). Low utilization of health care services following screening for hypertension in Dar es Salaam (Tanzania): a prospective population-based study. *BMC Public Health*, 8, 407
- [14] Budiman, Riyanto, A. Kapita selekta Kuesioner pengetahuan Dan sikap dalam Penelitian kesehatan. (2013). Jakarta: Salemba Medika.
- [15] Kementerian Kesehatan Republik Indonesia. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan. (2007). POSBINDU PTM. Jakarta: Kementerian Kesehatan RI.
- [16] Leung, M. W., Yen, I. H., Minkler, M. (2004). Community-based participatory research: a promising approach for increasing epidemiology's relevance in the 21st century. *International Journal of Epidemiology*, 33, 499–506

- [17] Tetra Dewi, F. S., Stenlund, H., Marlinawati, V. U., Öhman, A., Weinehall, L. (2013). A community intervention for behaviour modification: an experience to control cardiovascular diseases in Yogyakarta, Indonesia. *BMC Public Health*, 4(13), 1043
- [18] Krishnan, A., Ekowati, R., Baridalyne, N., Kusumawardani, N., Suhardi, Kapoor, S. K., Leowski, J. (2011). Evaluation of community-based interventions for non-communicable diseases: experiences from India and Indonesia. *Health Promot Int*, 26(3), 276-89.
- [19] Khan, S. A., Zaman, T., Pervaiz, F., Zaidi, S. K., Abbas, S., Imran Majeed, S. M. (2015). Community based health promotion interventions for noncommunicable Diseases; a narrative review of global evidence. *Pak Armed Forces Med J*, 65(Suppl), S106-111
- [20] Sheikh, M., Mahmood, A. (2003). *Concepts and Methods of Community-Based Initiatives*. Cairo: World Health Organization Regional Office for the Eastern Mediterranean.
- [21] *The General Assembly*. (2015). Resolution adopted by the General Assembly, Transforming our world: the 2030 Agenda for Sustainable Development. United Nations.

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Previous Publications (If any). Include only latest 3 Publications

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- (2) Herwana E, Surjawidjaja JE, Salim O, **Indriani N**, Bukitwetan P, Lesmana M. Shigella-associated diarrhea in children in South Jakarta, Indonesia. *Southeast Asian J Trop Med Public Health*, No.2(41),2010
- (3) Salim O, **Sudharma IN**, Kusumaratna RK, Hidayat A. Validity and reliability World Health Organization Quality of life-Bref to assess the Quality of Life among the elderly. *Universa Medicina*, No.1(26),2007

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PUBLICATIONS

Occupational Health

Abikusno N, **Kusumaratna RK**. Occupational Hazard of Tofu and Tempe Industry in South Jakarta
Proceeding of International Conference on Occupational Health and Safety, 1997: 218-221

Abikusno N, **Kusumaratna RK** .Occupational Health and Safety Profile of a Fluor Mill in Jakarta
J Penelitian & Karya Ilmiah Lembaga Penelitian Universitas Trisakti No.7, 1999

Kusumaratna RK .Occupational Health and Safety Profile of a men's underwear factory in Jakarta
J Kedokter Trisakti, No.2 (24), 2002

Kusumaratna RK, Abikusno N.Occupational Health profile of informal crispy (krupu) and cow skin crackers
in South Jakarta.J Kedokter Trisakti, No.2(20),2001:66-73

Public Health

Kusumaratna RK .Traffic Accidents: Definition, Causes and Prevention . Widya, April 1998, No.151 .

Kusumaratna RK .Community Evaluation on High Rise Building: Case study in Rusun Kemayoran
(unpublish – report paper)

Hidayat A, Abikusno N, **Kusumaratna RK** Building Healthy Cities Through Healthy and Civilized Behavior
for Healthy Indonesia 2010. J Kedokter Trisakti, No.2 (22), 2003

Kusumaratna RK . Family income, antenatal care, nutrition and iron supplementation factor influencing
pregnant women in Cilandak South Jakarta. J Penelitian & Karya Ilmiah Lembaga Penelitian Universitas
Trisakti No.5, 1998

Kusumaratna RK . Reproductive Health Knowledge of High School Students in South Jakarta.
Proceeding of Temu Tahunan JEN IX, Jakarta Nov 6-9,2000

Kusumaratna RK . Management of health : before and after flooding disaster at Jakarta. J Kedokter
Trisakti, No.3(22),2003, 92-98.

Koh GC, Abikusno N, Kwing CS, Yee WT, **Kusumaratna RK**, Sundram M, Koh K, Eng CS, Koh D. Avian
influenza and South Jakarta primary healthcare workers: a controlled mixed-method study. Trop Med Int
Health, 14(7), 2009:817-829

Halliday D, Mahmood MA, Soerjoasmoro MA, **Kusumaratna RK** , Masitah, Raheel H. Adequate visits,
inadequate service: comprehensiveness of ANC in Samarinda & Balikpapan, East Kalimantan .Pak J Public
Health 2013,3(1):34-8

Community Participation

Abikusno N, **Kusumaratna RK** .Evaluation of Community Participation in Health Funding
J Kedokteran Trisakti, No.2 (19), 2000

Medical Education

Tan SB, Koh GCH, Ding YW, Malhotra R, Ha TC, Pietrobon R, **Kusumaratna RK**, Tie RN, Cunha G,
Martins H, Seim A, Altermatt F, Biderman A, Puaone T, Carvalho E, Østbye T. Inclination towards a
research career among first year medical students: an international study. South East Asian Journal of
Medical Education. 2011; 5(2): 49-59.

Gerontology

Abikusno N, **Kusumaratna RK** .Characteristic of Elderly Club Participants of Tebet Health Center South
Jakarta. Asia Pacific Jurnal Clinical Nutrition, 1998; 7(3):320-324

Abikusno N, **Kusumaratna RK** .Empowerment of the elderly in Informal sector. Proceeding of WHO
symposium, Kobe Nov 10-13, 1999

Kusumaratna RK, Abikusno N.Evaluation of Older Person Health Promotion in Health Centers in South

Jakarta. *J Penelitian & Karya Ilmiah Lembaga Penelitian Universitas Trisakti* No.9, 2000

Kusumaratna RK. Review paper : Nutrition and immune system in the elderly. *Universa Medicina*, No.3 (25),2006

Salim O, **Kusumaratna RK**, Sudharma IN .Knee-height as a predictor of height in the elderly *Universa Medicina*, No.1(25),2006

Kasran S, **Kusumaratna RK** .Pain Management in the elderly (auth). *Jurnal Universa Medicina*, No.1(25),2006

Salim O, Sudharma IN, **Kusumaratna RK** , Hidayat A.Validity and reliability World Health Organization Quality of life-BREF to assess the Quality of Life among the elderly. *Universa Medicina*, No.1(26), 2007

Kusumaratna RK ,Salim O,Hidayat A.Status zinc dan selenium pada masyarakat lanjut usia di DKI Jakarta. In: *Gambaran Kesehatan pada Masyarakat lanjut usia di DKI Jakarta dan hubungannya dengan determinannya. Monograf Fakultas Kedokteran UNIKA Atmajaya 2007: 89-97.*

Kusumaratna RK ,Salim O, Sudharma IN.Dietary zinc intake and zinc status differences between male and female elderly of South Jakarta. *Universa Medicina*, No.4(26),2007

Kusumaratna RK .Impact of physical activity on quality of life in the elderly. *Universa Medicina* No.2(27), 2008

Kusumaratna RK .Gender differences in nutritional intake and status in healthy free-living elderly.*Universa Medicina* No.3(27), 2008.

Kusumaratna RK, Hidayat A .Body mass index and quality of life among the elderly *Universa Medicina* No.1(28), 2009.

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