



## Improving Posyandu Utilization among the Elderly: The Critical Role of Family Support and Access

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### ABSTRACT

This study explores the factors influencing Posyandu utilization among elderly individuals in Palembang, Indonesia. Data were collected from 125 pre-elderly and elderly individuals across eight health centers. Univariate, bivariate, and multivariate analyses identified significant determinants of Posyandu use, including family support, ownership of Kartu Menuju Sehat (KMS), and access to Posyandu. The results showed that family support was the most influential factor, with an odds ratio (OR) of 3.893 (95% CI: 1.673 – 9.261), indicating that individuals with good family support were nearly four times more likely to utilize Posyandu services. Ownership of KMS (OR = 2.982, 95% CI: 1.192 – 7.460) and easy access to Posyandu (OR = 3.231, 95% CI: 1.301 – 8.022) were also significantly associated with higher service utilization. These findings highlight the need for policies that strengthen family support, improve healthcare access, and expand health insurance coverage for elderly populations to increase Posyandu utilization and improve health outcomes. The implications of this study suggest that enhancing family involvement, improving infrastructure for healthcare access, and expanding health insurance programs can significantly contribute to the utilization of health services among elderly individuals, thus promoting better overall health outcomes for this population.

**Keywords:** elderly health services, family support, healthcare access, kartu menuju sehat (KMS), posyandu utilization

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### BACKGROUND

Population ageing presents significant public health and social care challenges globally, particularly in low- and middle-income countries such as Indonesia. The increasing proportion of older adults necessitates the development of accessible and sustainable healthcare services to address their physical, psychological, and social needs. One of Indonesia's key community-based strategies is the Pos Pelayanan Terpadu (Posyandu) Lansia, which aims to provide integrated health services, including routine check-ups, preventive care, and health education, for the elderly at the community level (Yuniati, 2023; Yuniati et al., 2017; Yuniati, 2014; Mulyadi et al., 2023). However, despite its potential, the utilization rate of Posyandu Lansia remains suboptimal, suggesting the presence of various individual and systemic barriers to access and participation (Wang et al., 2023; Liu et al., 2020).

Empirical research from both Indonesian and international contexts has highlighted several determinants that influence elderly engagement with community health services. For example, studies in the Philippines and Nepal identified accessibility, family support, and perceived benefits as key factors shaping health service utilization among older adults (Bai et al., 2023; Joshi et al., 2023). Furthermore, evidence from Sleman and North Jakarta confirms



that consistent service delivery and community-based outreach enhance the elderly's participation in preventive health programs such as Posyandu (Bae et al., 2023; Suryani et al., 2020). These findings collectively underscore the importance of exploring the factors influencing Posyandu utilization, particularly within Indonesia's urban settings where Posyandu programs coexist with broader healthcare infrastructure.

Despite the institutional presence of Posyandu Lansia in many urban regions, a significant portion of elderly individuals remain disengaged from these services. This underutilization limits the program's potential to reduce preventable health risks, detect chronic illnesses early, and improve the overall well-being of elderly populations (Yuniati & Kamsu, 2020). The root of this problem is multifactorial, encompassing demographic disparities, social isolation, poor health literacy, lack of family support, and logistical constraints such as distance or transportation costs (Zhao et al., 2021; Zhang et al., 2022).

To address this gap, a systematic examination of both enabling and hindering factors is essential. A general solution lies in identifying not only demographic characteristics but also the influence of contextual elements such as family involvement, accessibility, healthcare personnel engagement, and health system tools like the Kartu Menuju Sehat (KMS). Previous research has shown that these components significantly shape elderly health behaviors, especially when integrated into community-based care models (Zhang & Tan, 2020; Li et al., 2022). Therefore, a comprehensive approach that incorporates these variables is required to formulate effective policies and interventions for improved Posyandu participation.

Numerous studies have emphasized the importance of family support as a determinant of elderly health service utilization. In China and Indonesia, social support systems—particularly those involving spouses or children—have been shown to play a decisive role in motivating the elderly to attend community health services (Chen et al., 2023; Suryani et al., 2022). Families not only assist with logistical arrangements such as transportation but also serve as emotional and motivational anchors that reinforce health-seeking behavior (Yuniati, 2017; Yuniati, Shobur, & Kumalasari, 2023). In the context of Posyandu, this translates to increased attendance and continuity of care when families are actively engaged.

In parallel, accessibility remains a prominent barrier and enabler in elderly service utilization. Studies have documented that even when services are available, factors such as travel distance, unclear directions, and lack of transportation significantly hinder access (Wang et al., 2023; Zhao et al., 2020). In response, countries have implemented various strategies such as mobile health services and localized community centers. Posyandu's model aligns with this principle but requires optimization in urban areas where traffic, mobility limitations, and competing services may still reduce effective access (Bai et al., 2024).

Furthermore, systemic tools like the KMS card have demonstrated utility not only in recording health histories but also in reinforcing elderly engagement with health services. Studies from Indonesia and other countries have shown that possession of a health record or access card is associated with better continuity of care, especially when linked with family support and proactive outreach by healthcare workers (Zhao et al., 2021; Zhang et al., 2020). The card's physical presence often serves as a tangible reminder of service eligibility and schedules, indirectly promoting participation in programs such as Posyandu Lansia.

While the literature has established various determinants of elderly service utilization, most studies have analyzed these factors in isolation. There is a lack of integrated models that assess the simultaneous impact of family support, access, and systemic tools on Posyandu utilization. Moreover, many existing studies focus on rural populations, leaving a gap in understanding the unique challenges and facilitators present in urban environments like Palembang, where service infrastructure may be more complex and layered (Lee et al., 2022; Li et al., 2023).



Additionally, recent literature has called for more empirical studies using multivariate models to identify the dominant factors among various interacting variables (Xia et al., 2023; Wang et al., 2024). While qualitative findings point to family support and accessibility as key drivers, there is insufficient quantitative data to confirm the strength and independence of these associations in Indonesia's urban contexts.

## **METHODS**

This study employed a cross-sectional design using primary data collected through structured interviews. The target population consisted of pre-elderly and elderly individuals aged 45 years and above who participated in Posyandu Lansia activities at eight public health centers (Puskesmas) in the city of Palembang. A total of 125 respondents were recruited using purposive sampling with inclusion criteria: age  $\geq 45$  years and willingness to participate in the study. The structured questionnaire, developed based on existing literature and contextual relevance, captured the dependent and independent variables related to the utilization of Posyandu services (Joshi et al., 2023; Liu et al., 2023; Yuniati & Dewi, 2012).

The dependent variable was the utilization of Posyandu Lansia, classified as “utilizing” if the respondent had visited the Posyandu in the last three months, or “not utilizing” otherwise. Independent variables included age, gender, educational attainment, occupational status, marital status, KMS ownership, reason for attending Posyandu, knowledge about Posyandu, level of family support, perception of health personnel roles, and access to Posyandu. The structure of the questionnaire was informed by prior validated tools and adapted for the local context (Zhao et al., 2021; Suryani et al., 2022).

Respondents were approached during routine Posyandu Lansia service sessions. Prior to the interviews, informed consent was obtained after a brief explanation of the study's objectives and confidentiality assurance. Interviewers received standardized training to ensure consistency in the administration of the questionnaire. Each interview lasted approximately 20–30 minutes and was conducted in the local language.

The questionnaire consisted of both closed and scaled questions. To assess knowledge, 10 multiple-choice questions were used, and each correct response was scored as one point. Family support and the role of health personnel were measured using Likert-scale items that were adapted from previous elderly care studies (Zhao et al., 2020; Zhang et al., 2022). Accessibility was assessed through questions on travel time, distance, and ease of reaching the Posyandu. All instruments underwent pre-testing for clarity and cultural appropriateness.

The operational definition for Posyandu utilization served as the study's primary outcome. Respondents who had attended Posyandu in the past three months were categorized as “utilizing,” while those who had not were categorized as “not utilizing.” The independent variables were categorized as follows: age ( $\leq 60$  years,  $> 60$  years), gender (male, female), education level (primary, junior secondary, senior secondary), employment status (unemployed, employed, retired), and marital status (married, unmarried).

KMS ownership was recorded as either “yes” or “no.” The main reason for attending Posyandu was dichotomized into “treatment/control” or “routine health check.” Knowledge scores were calculated out of 10 and dichotomized using the median split ( $\geq 5$  = good knowledge). Family support was assessed through six Likert-scale items, while health personnel roles were measured through seven similar items. Accessibility was evaluated via six indicators (e.g., distance, transportation) and categorized into “easy” or “difficult” based on the median total score ( $\geq 18$  = easy access) (Bai et al., 2025; Cheng et al., 2024).

To ensure measurement consistency, all independent variables were transformed into categorical data where applicable. Knowledge of Posyandu was assessed using a 10-item scale encompassing awareness of services, schedules, and benefits. Each correct answer was scored 1



point, with scores  $\geq 5$  indicating “good” knowledge. Family support was evaluated using a 4-point Likert scale ranging from “never” to “always” for six items related to emotional, informational, and logistical support. A total support score was derived and categorized based on the median value.

The perceived role of health personnel was measured using seven statements, each scored from 1 (never) to 4 (always), covering aspects such as education, motivation, recording, and referrals. Scores above the median were considered indicative of a “strong” health personnel role. Accessibility was assessed by combining travel time, transportation mode, costs, and distance across six items, with each item scored 1–4. The total score determined the ease of access classification. These parameterization methods were consistent with prior models in elderly healthcare evaluation (Liu et al., 2022; Zhao et al., 2020).

Data were analyzed using three sequential approaches: univariate, bivariate, and multivariate analysis. Univariate analysis was used to describe the frequency distribution of all variables. Bivariate analysis employed the chi-square test to assess associations between independent variables and Posyandu utilization. A significance threshold of  $p < 0.05$  was used. Variables with  $p$ -values  $< 0.25$  in bivariate testing were retained for multivariate analysis.

Multivariate analysis was conducted using binary logistic regression to identify independent predictors of Posyandu utilization. Adjusted odds ratios (AORs) with 95% confidence intervals were calculated. Variables with significant aOR ( $p < 0.05$ ) were considered key determinants. The analysis allowed for identification of the dominant predictor among correlated variables, enhancing the robustness of findings.

## RESULTS

The univariate analysis of 125 respondents reveals key factors influencing the utilization of Posyandu services (Table 1). Of the participants, 67.2% utilized Posyandu, while 32.8% used it less. Most respondents (85.6%) were over 60 years old, with a fairly balanced gender distribution (45.6% male, 54.4% female). In terms of education, 59.2% had at least senior high school education, while 23.2% had primary school education or less. Regarding occupation, 39.2% were not working, 38.4% were employed, and 22.4% were retired. The majority (84%) were married, and most visits to Posyandu were for treatment or control (53.6%), with 46.4% visiting for health checks. Ownership of the Kartu Menuju Sehat (KMS) was reported by 72.8%, and 92.8% had good knowledge about Posyandu. Family support for attending Posyandu was reported as good by 63.2%, and 75.2% of respondents felt that health workers performed well. Lastly, 72% reported good access to Posyandu. These findings highlight the important demographic and situational factors that influence Posyandu utilization among pre-elderly and elderly populations.

**Table 1.** Characteristics of the Elderly and Factors Related to the Utilization of Posyandu

Variable	N	Percentage (%)
Utilization of Posyandu		
Utilize	84	67.2
Less utilization	41	32.8
Age (years)		
$\leq 60$	18	14.4
$> 60$	107	85.6
Gender		
Male	57	45.6



Variable	N	Percentage (%)
Female	68	54.4
Education		
≤ Primary school	29	23.2
Junior high school	22	17.6
≥ Senior high school	74	59.2
Occupation		
Not working	49	39.2
Working	48	38.4
Retired	28	22.4
Marital status		
With partner	105	84.0
Without partner	20	16.0
Reason for visiting Posyandu		
Control/treatment	67	53.6
Health check	58	46.4
Ownership of KMS		
Yes	91	72.8
No	34	27.2
Knowledge		
Good	116	92.8
Poor	9	7.2
Family support		
Good	79	63.2
Poor	46	36.8
Role of health workers		
Good	94	75.2
Poor	31	24.8
Access to Posyandu		
Good	90	72.0
Poor	35	28.0

The bivariate analysis of factors influencing the utilization of Posyandu services among 125 respondents highlights several significant associations (Table 2). Age emerged as a key factor, with individuals over 60 years old showing higher utilization ( $p = 0.048$ ). Gender, education, and occupation did not show strong associations, with  $p$ -values of 0.095, 0.049, and 0.606, respectively. However, marital status showed a trend toward significance ( $p = 0.074$ ), with those living with a partner using Posyandu more frequently. The reason for visiting Posyandu, whether for treatment or health checks, was not significantly different ( $p = 0.129$ ). Ownership of Kartu Menuju Sehat (KMS) was strongly associated with higher utilization ( $p = 0.001$ ), with 82.1% of KMS owners utilizing the service. Family support and the role of health workers were also significantly related to utilization ( $p = 0.000$ ), with good family support and positive health worker involvement leading to higher utilization. Lastly, access to Posyandu had



a significant impact, with easier access correlating with more frequent use ( $p = 0.000$ ). These findings underscore the importance of factors such as age, KMS ownership, family support, the role of health workers, and access to Posyandu in encouraging utilization of these services.

**Table 2.** Factors Associated with the Utilization of Elderly Posyandu

Variable (n = 125)	Utilization of Posyandu		P-value	aOR (95% CI)
	Utilize n (%)	Less n (%)		
Age				0.048
≤ 60 years	13 (15.5)	5 (12.2)		
> 60 years	71 (84.5)	36 (87.8)		
Gender				0.095
Male	37 (44.0)	20 (48.8)		
Female	47 (56.0)	21 (51.2)		
Education				0.049
Primary school	22 (26.2)	7 (17.1)		
Junior high school	10 (11.9)	12 (29.3)		
≥ Senior high school	52 (61.9)	22 (53.7)		
Occupation				0.606
Not working	32 (38.1)	17 (41.5)		
Working	31 (36.9)	17 (41.5)		
Retired	21 (25.0)	7 (17.1)		
Marital status				0.074
With partner	74 (88.1)	31 (75.6)		
Without partner	10 (11.9)	10 (24.4)		
Reason for visiting Posyandu				0.129
Control/treatment	49 (58.3)	18 (43.9)		
Health check	35 (41.7)	23 (56.1)		
Ownership of KMS				0.001
Yes	69 (82.1)	22 (53.7)		
No	15 (17.9)	19 (46.3)		
Knowledge about Posyandu				0.131
Good	80 (95.2)	36 (87.8)		
Poor	4 (4.8)	5 (12.2)		
Family support				0.000
Good	64 (76.2)	15 (36.6)		
Poor	20 (23.8)	26 (63.4)		
Role of health workers				0.000
Good	72 (85.7)	22 (53.7)		
Poor	12 (14.3)	19 (46.3)		
Access to Posyandu				0.000
Easy	69 (82.1)	21 (51.2)		



Variable (n = 125)	Utilization of Posyandu	P-value	aOR (95% CI)
Difficult	15 (23.5)	20 (48.8)	

*P-value = Chi-Square Test; OR = Odds Ratio.*

In the logistic regression analysis (Table 3), several variables were initially included to assess their association with the utilization of Posyandu services. These variables were education, marital status, ownership of Kartu Menuju Sehat (KMS), reason for visiting Posyandu, knowledge, family support, role of health workers, and access to Posyandu. In this model, the analysis found that none of the education levels (junior high school or  $\geq$  senior high school), marital status, reason for visiting Posyandu, or knowledge about Posyandu were significantly associated with service utilization. However, family support, role of health workers, and access to Posyandu approached statistical significance, with access to Posyandu showing the strongest association (OR = 2.866; 95% CI: 1.058 – 7.762).

The final model included only the three variables that showed significant relationships: ownership of KMS ( $p = 0.020$ ), family support ( $p = 0.002$ ), and access to Posyandu ( $p = 0.011$ ). Among these, family support was the most dominant factor, with an odds ratio (OR) of 3.893 (95% CI: 1.637 – 9.261), indicating that individuals with good family support were nearly four times more likely to utilize Posyandu services. Additionally, ownership of KMS (OR = 2.982; 95% CI: 1.192 – 7.460) and access to Posyandu (OR = 3.231; 95% CI: 1.301 – 8.022) also remained significant predictors of utilization. These findings emphasize that factors such as social support, access, and having KMS are crucial in encouraging the elderly to engage with Posyandu services.

**Table 3.** Factors Associated with the Utilization of Elderly Posyandu

Factor	B	P-value	aOR (95% CI)
<b>First Model</b>			
Education			
Primary school (Ref)	Ref	Ref	Ref
Junior high school	0.910	0.343	2.485 (0.605 – 10.206)
$\geq$ Senior high school	0.055	0.207	1.056 (0.316 – 3.530)
Marital status	-0.088	0.929	0.915 (0.257 – 3.263)
Ownership of KMS	0.716	0.892	2.045 (0.722 – 5.795)
Reason for visiting Posyandu	0.632	0.178	1.881 (0.764 – 4.628)
Knowledge	0.393	0.169	1.481 (0.262 – 8.387)
Family support	1.099	0.657	3.002 (1.195 – 7.541)
Role of health workers	0.840	0.019	2.316 (0.791 – 6.778)
Access to Posyandu	1.053	0.038	2.866 (1.058 – 7.762)
<b>Final Model</b>			
Ownership of KMS	1.093	0.020	2.982 (1.192 – 7.460)
Family support	1.359	0.002	3.893 (1.673 – 9.261)
Access to Posyandu	1.173	0.011	3.231 (1.301 – 8.022)

*B = Coefficient, aOR = Adjusted OR*



The utilization of Posyandu services among the elderly is influenced by several demographic and social factors. The study revealed that age, family support, and access to Posyandu were significant predictors of service use. Age was particularly important, with individuals aged over 60 years more likely to utilize the services than those aged 60 and under ( $p = 0.048$ ). Family support was also a key factor; elderly individuals who reported having strong family support were significantly more likely to use Posyandu services ( $p = 0.000$ ). These findings align with the work of other researchers who emphasize the role of social support in encouraging elderly individuals to seek healthcare services (Yang et al., 2024; Tian et al., 2022). The accessibility of Posyandu services further contributed to utilization, where elderly individuals with better access to healthcare services reported higher utilization rates. Studies from other countries highlight that accessibility plays a crucial role in elderly healthcare usage (Wang et al., 2020; Yang et al., 2020). These results suggest that improving family involvement and reducing barriers to healthcare access could enhance Posyandu utilization among the elderly population.

Ownership of the Kartu Menuju Sehat (KMS), a health insurance card, was another important determinant in the use of Posyandu services. Individuals who owned KMS were more likely to attend Posyandu, with an odds ratio (OR) of 2.982 (95% CI: 1.192 – 7.460). This result reflects findings from other studies which show that health insurance increases elderly access to preventive health services (Zhang et al., 2021; Liu et al., 2022). The KMS provides not only financial coverage but also facilitates regular engagement with healthcare services, thus encouraging utilization of services like Posyandu. Expanding health insurance coverage to include more elderly individuals would likely result in improved healthcare access and a higher utilization rate of essential health services. As previous studies have shown, such coverage plays a pivotal role in enabling elderly individuals to access healthcare without financial barriers (Cheng et al., 2023; Hu et al., 2022).

The role of health workers was another factor that significantly influenced the utilization of Posyandu services. Those who had positive experiences with health workers were more likely to engage with Posyandu services, supporting findings from other studies where the quality of healthcare interactions was associated with increased service usage (Wang et al., 2021). In this study, health workers' involvement had a significant impact ( $p = 0.000$ ), suggesting that elderly individuals are more likely to use Posyandu services when they receive adequate support and encouragement from healthcare providers. This highlights the importance of training healthcare workers to engage effectively with elderly patients, as positive interactions can lead to improved health behaviors and higher healthcare utilization (Miller et al., 2020; Zhang & Tan, 2022). Moreover, as found by Lee et al. (2021), healthcare professionals are key to building trust and motivating the elderly to engage in preventive health services, such as Posyandu.

Family support emerged as the dominant factor in influencing the utilization of Posyandu services. The multivariate logistic regression analysis revealed that elderly individuals with good family support were nearly four times more likely to use Posyandu services, with an odds ratio (OR) of 3.893 (95% CI: 1.673 – 9.261). This finding is consistent with studies that emphasize the role of family caregivers in supporting elderly healthcare usage (Ng et al., 2020; Wu & Yu, 2021). Family support often extends beyond emotional encouragement, encompassing practical assistance, such as transportation to healthcare services, which facilitates elderly individuals' ability to attend services like Posyandu. This suggests that policies and interventions aimed at strengthening family involvement could significantly increase healthcare utilization among the elderly population. Family support is crucial, as it not only provides emotional encouragement but also addresses logistical barriers to healthcare access (Lin et al., 2022; Liu et al., 2020).

The study also highlighted that access to Posyandu was a significant predictor of service utilization. The final model showed that individuals with easier access to Posyandu were more



likely to utilize the services (OR = 3.231; 95% CI: 1.301 – 8.022). This supports the findings of previous research, which have consistently shown that geographic and physical access to healthcare services is a critical factor in elderly healthcare utilization (Zhao et al., 2023; Cheng et al., 2022). For instance, a study conducted by Zhang et al. (2021) found that elderly individuals with better access to healthcare facilities were more likely to engage in preventive healthcare practices. Therefore, improving transportation, expanding the number of Posyandu centers, and ensuring that healthcare facilities are physically accessible to elderly individuals should be central components of health policies aimed at increasing service utilization.

The findings of this study have significant implications for health policy development. First, strengthening family support through education and community-based interventions could improve healthcare engagement for the elderly population. This aligns with the findings of recent studies that emphasize the importance of caregiver involvement in healthcare decision-making (Wang et al., 2020; Zeng et al., 2022). Additionally, improving access to healthcare services, particularly Posyandu, should be a priority for policymakers, especially in rural and underserved areas. This could include increasing the number of Posyandu centers, improving transportation options, and addressing physical barriers to healthcare access (Li et al., 2021; Yao et al., 2020).

Lastly, expanding health insurance coverage, such as through the KMS program, could significantly reduce financial barriers to healthcare, thus improving elderly engagement with preventive services like Posyandu. The policy recommendations in this study align with global research that emphasizes the need for integrated care systems designed to reduce barriers to healthcare access and improve health outcomes for the elderly (Liu et al., 2023; Zhang et al., 2022).

One of the most important findings from this study was the significant role of family support in facilitating the use of Posyandu services. Elderly individuals with strong family support were more likely to attend Posyandu, underscoring the importance of family involvement in healthcare decision-making. Previous research has shown that family caregivers often play a crucial role in helping elderly individuals navigate the healthcare system (Zhang & Tan, 2022; Sun et al., 2021). Therefore, policies that promote family involvement, such as caregiver support programs and family-oriented healthcare education, could help increase Posyandu utilization. Furthermore, it is important to create programs that assist family caregivers in providing physical and emotional support to elderly individuals, ensuring that they are able to access preventive services like Posyandu.

The study also demonstrated that KMS ownership was a significant factor in increasing Posyandu utilization. This finding is consistent with other studies that show health insurance programs like KMS provide elderly individuals with greater access to healthcare services (Liu et al., 2020; Wang et al., 2021). Expanding health insurance coverage, particularly for the elderly, would ensure that more individuals can access essential services without financial barriers. As noted by Zhang et al. (2021), increasing the affordability of healthcare through insurance programs is one of the most effective ways to improve elderly healthcare utilization. Policies aimed at expanding the KMS program could therefore be key to improving healthcare outcomes among elderly populations.

Finally, the study found that access to Posyandu services was a significant determinant of healthcare utilization. Elderly individuals with easier access to Posyandu services were significantly more likely to engage with the services. This finding underscores the need for policies that reduce barriers to healthcare access, particularly for elderly individuals in rural or remote areas. Improving transportation infrastructure, expanding the number of Posyandu centers, and ensuring that healthcare services are physically accessible to the elderly are crucial steps in increasing utilization. These recommendations align with global studies on the importance of healthcare accessibility in encouraging elderly individuals to engage in preventive



care (Cheng et al., 2022; Zhang et al., 2020). Expanding access to healthcare services is essential to ensuring that elderly populations, particularly those living in underserved areas, can benefit from essential healthcare services.

## CONCLUSION

This study highlights the critical factors influencing the utilization of Posyandu services among elderly populations in Palembang. The findings underscore the importance of family support, access to healthcare services, and ownership of Kartu Menuju Sehat (KMS) in encouraging elderly individuals to engage with preventive health services. Family support emerged as the most significant determinant, with individuals receiving strong family assistance being significantly more likely to utilize Posyandu services. Furthermore, the analysis revealed that improved access to healthcare facilities and health insurance coverage (such as KMS) significantly enhanced service utilization. These results emphasize the need for targeted policies to strengthen social support systems, improve healthcare access, and expand health insurance coverage for elderly populations. Addressing these factors could substantially increase healthcare engagement, leading to improved health outcomes for the elderly. Future studies should explore the long-term impacts of these factors on health outcomes and the effectiveness of policy interventions aimed at increasing Posyandu utilization.

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