



HEALTH SERVICES AND EMPOWERMENT OF THE ELDERLY BASED ON LEGAL ASSURANCE PERSPECTIVE IN BOJONGLOA KALER, BANDUNG CITY

Wintari Hariningsih*

STIKES Immanuel Bandung, Indonesia

Research Report

ABSTRACT

Introduction: The Elderly people's prosperity as mentioned in Indonesia's Law No. 13 1998 article 1 verse (2) is those who are 60 years old or more. In this level, it happens the decrease process of relations among people, income and basic needs. Therefore, they require support from various parties in order to remain capable and adaptable so that they can live properly. To do that, integrated service posts (Posyandu) managed by community and governments indeed have an important role in improving elderly people's health. **Methods:** This research aims especially to explore problems of giving services of health for the elderly in Posyandu and apply some efforts to solve the problem. Qualitative descriptive research design is the type of this research to explore more about sociological law which legal materials used are primary, secondary and tertiary legislation. **Results:** of this study shows giving health services to elderly people held at Posyandu such as only measurements of weight, height and abdominal circumference due to the limited competence of cadres and health workers. Meanwhile those elderly have not got empowerment in their Posyandu service activities. **Conclusions:** it is recommended to take cross-sectoral collaboration for health care and empowerment of the elderly in the context of legal certainty, as well as, Ners as the ones who are in charge of the elderly program at the community health center.

ARTICLE INFO

Received March 01, 2023

Accepted May 02, 2023

Online May 31, 2023

*Correspondence:

Wintari
Hariningsih

*Email:

wintari_stiki@yahoo.co.id

Keywords:

Health Services, Elderly, Legal Certainty

INTRODUCTION

To get better health is a right for everyone. This is the big desire for most of Indonesian people to improve the welfare of the community as declared in the 1945 Constitution. Integrated health care efforts for the elderly will increase health status, in order to obtain more useful life value. Posyandu is conducted by community and its implementation is directed by public health center (Puskesmas), cross-sectoral and other institutions. In 2021, population of Indonesia is noted 273,879,750 people. West Java it-self has population about 49,316,712 people. Meanwhile, the city of Bandung in 2020 kept population for about 2510,103. The number of elderly people is 294,178. Furthermore, the total population is 113,253 people and the number of elderly people is 9,000.

From observation, it is found that there are 3 health centers in Bojongloa Kaler sub-district, namely Citarip, Babakan Tarogong and Sukapakir. It has also 5 villages, like Sukaasih,

Babakan Asih, Jamika, Kopo and Babakan Tarogong Village. There are also 70 Posyandu and 514 health cadres. Health services for elderly during the Covid-19 pandemic are facing obstacles. To solve the problems, Bandung City Government recommends that health services should be carried out through home visits for those who are at high risk. Posyandu at the RW (surroundings community) level conducted by inspection activities of basic health care for the elderly. It is done by health cadres includes checking weight, height and abdominal circumference. Meanwhile, blood pressure measurements and counseling are not applied. Posyandu activities for the elderly are held after Posyandu for toddlers. Home visits cannot be done because they still do not know what to do. Besides, the number of health workers at public health center is still limited. As a result, their arrival to Posyandu is rare which is only once in a month.

MATERIALS AND METHODS

This study used Qualitative descriptive reserach design to explore about sociological law. Legal materials used like laws that have authority (primary legal sources) consisting of laws and regulations on health, higher education, local governments and other supplement legal sources such as textbooks and dictionaries of law. To get data, they were obtained from Posyandu in the District of Bojongloa Kaler Bandung City, through interviews to the policy makers, health workers, health cadres, and several elderly people. Observations was also conducted to observe activities at Posyandu. This was carried out inductively, namely the determination of truth regarding implementation of health and empowerment of the elderly in the context of legal certainty.

RESULTS

Posyandu in Bojongloa Kaler District holds health services not only for kids but also for elderly ages. They come to Posyandu to check out their health. The elderly especially the ones who can still come there alone. Giving services to them are applied on the same day as Toddler Posyandu activities. During the Covid-19 pandemic, Puskesmas officers do not always come to location. Health workers who are assigned are nurses, midwives, public health scholars, analysts, and nutritionists in turn. There are 10-20 elderly people who can still come alone or independently every month at each Posyandu. However, they are not empowered. Fortunately, many of them come there to check a blood sugar and cholesterol.

In spite of increasing number of patients visiting Puskesmas, health services which are conducted by health workers for elderly people only measuring blood pressure. If they do not come, the cadres will only measure their height and weight. The important problem is that they do not provide health education. In terms of coaching, health center in Bojongloa Kaler Sub-district Bandung City holds a meeting for health workers of elderly people every month by inviting PKK, cadres, and health workers from Puskesmas. Fortunately, it is supported by local government.

In line with the problem above, West Java Provincial Government has several programs for the elderly, namely home visits once a week to create happiness. This purposes to give attention and support for them from young people. The activity is intended especially for those who are lonely elderly people by bringing them food or picnics. The central and local government empower the elderly to be creative and productive based on

their abilities in order to increase their skill capacity and income.

Some innovations for elderly program in West Java include, "Jabar nyaah ka kolot" (West Java loves parents and old people) and the Community Health Center for the Elderly. The head of the West Java Elderly Institute (LLI), Nu`man Abdul Hakim said that Bandung City Government's services for the elderly are considered the best in Indonesia. Puskesmas strive for quality standardized services and cooperation with various parties. Secretariat officials explained that city of Bandung gives health services to the elderly efficiently and effectively to build convenience with priority care programs. If needed, health workers from Puskesmas will visit their house to help.

An appeal from Bandung City Health Office, elderly people can take advantage of health services from the nearest health center. Unfortunately, only some health centers in the city of Bandung conduct activities of the Elderly Courtesy Health Center. It happens due to being constrained by unrepresentative health center building and inadequate number of health workers who handle them. Each Elderly Posyandu is completed with an elderly kit which contains: a meter and a simple laboratory for checking blood sugar and cholesterol. Furthermore, Bandung City Health Office keeps program to apply preventive efforts, and conducts screening for people aged 60 years and over. To do this, a promotive efforts held, they are assisted by health cadres to give counseling, while curative efforts are conducted at Puskesmas.

Those who are involved for Elderly program at the Puskesmas in Bojongloa Kaler District, Bandung City are nurses and midwives with Diploma 3 graduates. The Regional Government and sub-district officers in Bojongloa Kaler provide guidance and supervision. Guidance is done by holding monthly meetings at the sub-district level which are attended by PKK, cadres, health workers from Puskesmas. Meanwhile, officers from the sub-district and local village government come to Posyandu where is doing supervision.

DISCUSSION

Head of Puskesmas stated that health efforts have been carried out outside Puskesmas building. They are more focused on promotive and preventive efforts. The aim is to improve health status of community. This is in line with Muninjaya's statement in 2018, that quality health efforts will improve the quality of public health status. There are some factors to measure the quality of services including outcome of health services from competent

health workers based on their scientific fields and authority. This hopefully will determine the quality of health services. Promotive efforts are intended to improve health and disease prevention and provide health education about healthy living behavior towards optimal health (Siyoto, 2016). Preventive and promotive efforts include primary prevention in healthy elderly against risk factors by improving health through age-appropriate exercise and regulating eating, resting and sleeping patterns needed. That problems faced by the elderly people such as decrease in physical strength, behavior, and relationships between humans and materials (Siyoto, 2016). As a result, this will affect barriers to human relationships. To solve this problem, it should be created very helpful activities especially in giving health service for the elderly Posyandu. For example, they can explain health education through their experiences how to fill healthy life in old age. Then, teach young mother how to care children under five years old so that they become healthy. Healthy children will show more enthusiastic behavior, attitude, and well growth because they feel needed and appreciated. This is relevant with the basic human needs according to Maslow that is self-actualization.

Supervision and development activities for elderly Posyandu are in line with the government program regarding to a task of coaching, working in group, and coordinating. A task to implement team in local village government applied by making assistance during Posyandu activities, like sports activities, meetings among communities in deliberation and bridging between community and health workers at Puskesmas.

The government program for elderly health services at Posyandu is basic health services. It is more focused on preventive and promotive health efforts, namely by measuring height, weight, blood pressure, laboratory examinations (blood sugar, protein, cholesterol, uric acid) and education. Related to problems found, it is a must for health workers from Puskesmas to visit the elderly's homes, while curative health efforts held at Puskesmas. Laboratory checks are carried out once a year in July. Meanwhile, for daily checks, mental status, laboratory examinations: Hb, protein, uric acid, are conducted at Puskesmas if there are some indications of disease. Some activities that still have not been implemented yet for the elderly, such as provision of supplementary food, sport activities, leisure walks in surroundings. Fortunately, at village and sub-district levels those activities have been implemented. The cadres have not been carried out home visit activities to the elderly.

Based on information, they have not received knowledge about home care or confuse with their role. In fact, practically the Elderly Posyandu cadres are same people. The lack of health workers becomes big problem to do some activities in order to help the elderly people programs.

Besides that, other Government programs for elderly activities outside of health, based on the results of observations, namely non-health activities in the form of spirituality. Muslim community actively participates in religious activities. For example, on Friday there is a recitation of mothers, children, and other religious activities. Then, discussion forums are held at RW (surrounding environment) level. Next, hobby implementation is carried out at the RW level like dancing and singing activities for teenagers. Two things like regular social gathering for saving money and economic development of society have not been implemented yet. Imagine, these activities are conducted in the situation of corona pandemic. Hence, it has not still fulfilled standard yet on how to give services of health to the Elderly people at community health centers based on the Health Minister's regulation No. 67 2015, article 4 verse (2) point (c): Proactive services can reach as many as possible the target of the elderly, through activities outside the building; (d) Cross-program coordination; (e) cross-sectoral cooperation on principle of partnership. Meanwhile, some activities can be done as long as health workers and community adhere to health protocols that have been set by the government. Like monthly meetings are held among cadres, PKK women, and manager of the Elderly Posyandu at the RW level, district and sub-district. It is also added by activities such as joining recreation, eating together, and repairing uninhabitable houses.

According to government regulations, namely: the Indonesian Health Minister No. 67 2015 about the implementation of giving services of health to the Elderly at health centers community article 8 verse (3), cross-sectoral coordination as referred to involve all elements of stakeholders like government, private sector, and community organizations. However, in District of Bojongloa Kaler, implementation of elderly health has not involved cross-sectoral. Health services at the Posyandu will be more useful and reach on target if they apply health facilities and health workers based on their needs. Regarding to this, Bojongloa Kaler sub-district, Bandung City keeps health facilities, including private hospital physician clinics and independent practice midwives. Considering its roles, health facilities

can use their functions, including services outside health facility building and/or community service. Existing health workers can be utilized to provide health services to community through Posyandu services.

Posyandu health cadres in Bojongloa Sub-district, Bandung City, have limited competence. They are able to measure weight and height, but have not been able to conduct health counseling/education. If a problem or abnormal weight and height comes up, cadres can measure blood pressure using an electric blood pressure meter. Unfortunately, the device is not available. Fortunately, there is a Posyandu that has an electric blood pressure meter. Otherwise, if there is an abnormal blood pressure the cadre cannot provide health education, because they do not know what they need. They will be able to carry out health service as their authority if they receive adequate training to obtain the needs of basic health services for the elderly. This will help job of Puskesmas in conducting health services outside the building. Cadres's supports and participation have been very beneficial in every government activity. However, it is still limited because of their capabilities.

Long Term Care (PJP) for Elderly is relevant with Ministry of Health guidelines (2018) including: well coordinated, every elderly health need is detected, handled, and evaluated by professionals. The elderly health services are urgently needed and implemented continuously by applying an integrated manner, through cross-program and cross-sectoral. They need to be directed or guided in an effort to improve health. The elderly health services require comprehensive care which carried out by competent health workers and supported by volunteers who are willing to serve others (Stanley & Beare, 2016). Seniors remain productive and independent.

Elderly in Posyandu activities needs to be empowered considering that they are parents who should be respected in the community and they have experienced. It is expected that during the implementation of Posyandu activities they can share experiences. This idea is in line with the principle of empowering the elderly. Volunteerism, self-reliance, participation, democracy, accountability, decentralization are given authority to each region (sub-district, village/kelurahan) (Soedijanti, 2001). The elderly empowerment can improve family health through experience, so they can share experiences with mothers of toddlers. They are taking children for health checks at Toddler Posyandu, namely in terms of experience in 5 group. As stated in government program on

empowering the elderly in the community, there are five groups, namely "age group" is (a) pregnant women, mothers of giving birth, and postpartum mothers; (b) Toddlers and pre-school children; (c) school-age children and adolescents; (d) adults and pre-elderly (e). At this time, Posyandu has not been implemented yet. This appears because Posyandu for the elderly has not been established for a long time. It is also added by low understanding of cadres and health workers from Puskesmas. That influence of social aspects and culture includes two main aspects of human life (Sumarsono, 2016). As social human beings, people must cooperate for their survival. Cultural aspects cover whole value system and way of life which manifested in the attitude and results of institutionalized behavior. As declared in the 1945 Constitution in the 4th (fourth) paragraph, it is said that Pancasila as an open ideology has an important function and role for security and order. This is also as a source of laws and regulations, also moral standars of the Indonesian nation.

The second moral principle is just and civilized humanity. This principle means that Indonesian people are dignified, fair and civilized. They have intention and desire to live in a healthy life, and create a conducive environment. Health is a shared responsibility, namely individuals, families/ communities, and health services. This more emphasizes as a media on preventive and to promote services of health in the community. Health efforts (Bandung City Health Profile held in 2020) are conducted to increase status of health of the community. This statement is similar with Indonesian Law No. 36 in 2009 about effort of health article 11. It is stipulated that efforts of health in Indonesia are held by the government and community to create a manner in orde to be integrated and sustainable maintaining and increasing community status of health including effort to prevent disease and its treatment, also increase and restore health.

Indonesian state respects elderly by continuing to empower them in health development activities in the context of their welfare. Based on the health profile in 2020, the elderly are grouped into three categories, namely: the level of mild (autonomous level A); moderate (autonomous level B); and the degree of severe and total dependence (autonomous level C). Posyandu is under the responsibility of Puskesmas in Bojongloa Kaler District. This health center only provides services for the elderly to autonomous level A or for those who want to check their general light health condition like blood sugar and cholesterol.

According to Notonagoro (1975:49) as cited in Kaelan (2004), Pancasila is based on the foundation of moral principle, namely: God, human, unity, citizenship and wisdom, and justice. The fifth principle of "Justice" therefore, in this case, the state must be fair. Justice for all Indonesian people has main meaning, namely nature of conformity with the nature of justice. The justice itself is as a result of existence of the state. Meanwhile, social justice is the goal of the other four Pancasila. Moreover, empowering the elderly is a form of justice for all Indonesian people.

Indonesian health workers should also implement the values of Pancasila in health services. Their behavior and attitude must rely on the Indonesian state's laws and regulations. The second moral principle of Pancasila is "just and civilized humanity". It is a form of moral awareness and behavior that comes out of conscience as a manifestation of Indonesian cultural norms. It aims generally for individuals, families and communities in order to create a conducive environment. Therefore, it is necessary to continue implementing a culture of mutual respect everyday, even though, we have different views. We should live in harmony and peace because cultured humans must be fair. A just sense of humanity fosters a sense of togetherness so that relationships among people will be stronger. The implementation of fair attitudes should be reflected in health workers daily duties according to standards. The 27th article of the Law No. 36 2009 also talks the same matter of health. It is mentioned that worker of health get protection of law if they do their duties professionally. The similar statement also confirmed at the Law No. 36 2014 focusing on worker of health in the article 26th verse (1), that workers of health are placed in public health centers relevant to their competence and authority. Then in article 58 verse (1) point a, workers of health should give services of health to society based on standard of profession, service, operational procedures, professional ethics, health needs of society. In terms of legal certainty, workers of health receive legal protection, because in the Law No. 36 of 2014 article 82 verse (1), it is explained that if they do not implement provisions, they will be given administrative sanctions (Article 58 paragraph 1).

A respected, recognized and proud government is a state that has charisma and runs its government properly. They should work effectively, efficiently, keep responsible and accountable to empower community as a strategic partner, and as a form of responsibility. It can be realized by improving people's welfare. Good governance includes

law enforcement, as stated by Ubaidilah and Rozak (2009) that is law enforcers should support government in order to be professionalism in managing the state. It can be strengthened by legal certainty so that the government commits to its role. In connection to it, the government should prioritize preparation of human resources by developing innovative government. Success starts from building human beings themselves.

In line with the statement from health policy makers of the city of Bandung, that is, not all existing health centers carry out "Santun Elderly" program. It is due to the unrepresentative condition of Puskesmas and constraints on the inadequate number of health workers and officers's knowledge about the elderly health. According to Sedarmayanti (2011), human resources are those whose desire to be empowered in order to contribute. They are motivated to participate in organizational success, alert, skillful and expertise, so that their performance as a measurement of success. Besides that, they should be knowledgeable by keeping good attitude. A skillfull person has performance as a capital so that they try to behave and act to achieve high performance. Organizational behavior is a culture developed by the organization itself to overcome both internal and external problems and adapt to new things. States that cultural products include values and beliefs (David, 2011). To achieve good cultural product, it needs organizing which is an art to determine attitudes from the basic values and beliefs in reality. If potential of culture can be empowered, such as a high work ethic upholding norms and leadership will quickly adapt to change. Success is often determined by the link between culture and strategy.

Health professionals consist of nurses, midwives, nutritionists, and public health scholars. Based on regulation of President No.8 2012 about KKNP (reference curriculum for university to develop qualification of human resource) stipulated Article 1 verse (8) states that a profession is a field of work that has certain competencies recognized by community. Article 2 verse (2) point b, level 4 to 6 are classified for positions of technician. Meanwhile, level 7 to 9 are categorized for positions of expert.

Health workers who are in charge of the elderly program at Public health center in Bojongloa Kaler District are a nurse and midwife with Diploma 3 degree. This qualification is managed in Indonesian Law No. 36 2014 article 9 verse (1) namely: those who work in the field of health must have a minimum qualification of a Diploma 3. Meanwhile,

Indonesian President has also stated this matter in KKNi as mentioned in article 5 point e and point l. Next, regulation No. 8/2012 mentions that Diploma 3 is similar to level 5 and level 7 is for professional graduates.

Next, description of qualification level according to KKNi is that health workers should have good morals, ethics, personality and high social sensitivity concerning on society and environment in doing their duties, and able to work together. Qualification level 5 explains that they should be able to perform well capabilities for both quality and quantity, to be responsible for one's own work and to show achievement of group work results. Finally, qualification level 7 mentions that they should be able to design and regulate resources which become their responsibility and comprehensively control their work applying science, technology, and/or art to plan strategies of development steps and decisions, related to the things of its accountability and responsibility of their job. Based on the Law No. 36 2014 focusing on health workers who devote themselves to the health sector and for certain types require authority; and professional standards are the minimum capabilities that must be mastered by an individual. Meanwhile, article 2 point f mentions that the principle of the law on workers of health is fair. Article 3 point e also declares that the law of health worker purposes to give law certainty for society and health workers themselves.

The local government through sub-district and local village officers in Bojongloa Kaler District conduct guidance and supervision. Guidance is carried out by holding monthly meetings at the sub-district level which are attended by PKK (creative women education), cadres, health workers from Puskesmas. Otherwise, during the Covid-19 pandemic the officers from sub-districts and local village government do not come to Posyandu for supervision. The law No. 36 2014 about health workers, stipulates article 4 point a, that both government and local village officers should conduct guidance or supervision. Then in article 13, it is mentioned that they are obliged to meet the needs of health workers, both in type and number according to their needs and competencies equally to ensure continuity of health development. Furthermore, article 2 point b, it is explained that the regulation of health workers must provide maximum benefit to humanity and a healthy life for everyone. Next, article 10 verse (4) states that types of nurses include geriatric nurses. Therefore, those who work in the field of health should have capability in authority and competence, like explained in

regulation No. 3 2020 from the Indonesian Minister of Education and Culture about National Standards for Higher Education. In line to this, article 5 verse (1) also clarifies that competency standards include: attitudes, knowledge, and skills.

CONCLUSIONS

Posyandu, Bojongloa Kaler District, Bandung has main matters in implementing health services to society. First, not all activities have been carried out because of lack of health officers. Second, because of limited knowledge about elderly health, the elderly health care has only been implemented across programs and has not been fully implemented across sectors. Due to minimum standard of education qualification of health workers, that is, Diploma 3 health graduates, namely midwives and nurses, they are only working in health facilities. As a result, they have not played a maximum role yet related to their authority and competence. It means that to fulfill health workers can not be obtained for this time. It is recommended especially for government and the local ones to pay attention much on the elderly health service. To do that, it is important placing professional staffs at health centers. Nurses (Nurse Profession) or doctors are needed as stated in the KKNi that those professions includes level 7 grouped in expert positions. They are suggested to be able to plan and manage in order to play their role in developing a juridical study of government policies and role of universities in efforts to improve public health.

REFERENCES

- Abdul Muhith Suyoto (2016), *Pendidikan Keperawatan Gerontik*, Yogyakarta, ANDI.
- Alexander Lukas Slamet Riyadi (2016), *Ilmu Kesehatan Masyarakat*, Yogyakarta, ANDI.
- A. Ubaidah dan Abdul Rozak (2009), *Pendidikan Kewarganegaraan, Demokrasi Hak Asasi Manusia, Masyarakat Madani*, Jakarta, ICCE.
- Fred R David (2011), *Manajemen Strategi*, Edisi 2, Jakarta, Salemba Empat.
- Elisabeth Nurhaeni (2018), *Metode Penelitian Hukum*, Bandung, Refika Aditama, Cetakan Kesatu.
- Elisabet B. Hurlock (2013), *Psikologi Perkembangan Satuan Pendekatan Sepanjang Rentang Kehidupan*, Jakarta, Erlangga.
- Hamidi (2010), *Penelitian Kualitatif*, Cetakan Kedua, Malang, Umm Press.

- Hans Kelsen, Tanpa Tahun, *Teori Umum tentang Hukum dan Negara*, Cetakan ke-VII, Bandung, Nusa Media.
- Jalaludin Rahmat & Idi Subandy Ibrahim (2016), *Metode Penelitian Komunikasi*, Edisi Revisi, Bandung, Simbiosia Rekatama Media.
- Jonaedi Efendi dan Johnny Ibrahim, 2020, *Metode Penelitian Hukum Normatif dan Empiris*, Cetakan ke 3, Jakarta, Kencana.
- Joni Lumintang dkk. (Tim Pengarah) dan Sumarsono dkk. (Tim Penyusun) (2005), *Pendidikan Kewarganegaraan*, Jakarta, Gramedia Pustaka.
- Kaelan (2004), *Pendidikan Pancasila*, Yogyakarta, Paradigma.
- Kementerian Kesehatan RI (2018), *Pedoman untuk Puskesmas dalam Perawatan Jangka Panjang bagi Lanjut Usia*, Jakarta.
- Kementerian Kesehatan RI (2018), *Penyelenggaraan Pelayanan Kesehatan Lanjut Usia di Pusat Kesehatan Masyarakat*, Jakarta.
- Kementerian Kesehatan RI (2018), *Pedoman untuk Puskesmas dalam Pemberdayaan Lanjut Usia*, Jakarta.
- Kementerian Kesehatan RI (2021), *Profil Kesehatan Indonesia Tahun 2020*, Jakarta.
- Lexy J. Melong (2012), *Metode Penelitian Kualitatif*, cCetakan Ketigapuluh, Bandung Rosdakarya.
- Mickey Stanley dan Patricia Gauntlett Beare, Alih Bahasa oleh Nety Juniarti dan Sari Kurniasih (2007), *Keperawatan Gerontik (Gerontological Nursing)*, Jakarta, EGC.
- Ni`matul Huda (2007), *Hukum Tata Negara*, Jakarta, Raja Gravindo Persada.
- Peter Mahmud Marzuki (2014), *Penelitian Hukum*, Edisi ke-7, Jakarta, Prenadamedia.
- Pusat Data dan Informasi Kesehatan Republik Indonesia (2018), *Profil Kesehatan Indonesia Tahun 2017*, Jakarta.
- Rian Nugroho (2014), Public Policy, *Teori, Manajemen, Dinamika, Analisis, Konvergensi, dan Kimia Kebijakan*, Edisi Kelima, Jakarta, Elex Media Komputindo Kelompok Gramedia.
- Sedarmayanti (2011), *Membangun dan Mengembangkan Kepemimpinan Serta Meningkatkan Kinerja untuk Meraih Keberhasilan*, Bandung, Refika Aditama.
- Sugiono (2018), *Metode Penelitian Kualitatif*, Edisi Ketiga, Bandung, Alfabeta.
- Sudarsono (2005), *Kamus Hukum*, Edisi baru, Cetakan Keempat, Jakarta, Adi Mahasatya.
- Sugiyono (2017), *Metode Penelitian Kombinasi*, Edisi Ke-9, Bandung, Alfabeta.
- Srijanti A. Rahman H. I. Purwanto S.K (2009), *Pendidikan Kewarganegaraan di Perguruan Tinggi, Pengembangan Etika Berwarga Negara*, Jakarta, Salemba Empat.
- Suhartini Arikunto (2013), *Prosedur Penelitian*, Jakarta, Rineka Cipta.
- Sumarsono dkk. (2005), *Pendidikan Moral Pancasila*, Jakarta, Gramedia Pustaka.
- Ubaidillah dan Abdul Rozak (2009), *Demokrasi, Hak Asasi Manusia dan Masyarakat Madani*, Edisi Keempat, Jakarta, Indonesian Center for Civil Education, (ICCE).
- Umar Fahmi Achmadi (2013), *Kesehatan Masyarakat Teori dan Aplikasi*, Jakarta, Raja Grafindo Persada.
- Wintari Hariningsih dan kawan- kawan (2022), *Posyandu pada Masa Pandemi Covid-19 Masalah dan Solusinya*, Bandung, Irsyad Baitus Salam.
- Ketua Tim Penggerak PKK Provinsi Jawa Barat, Atalia Praratya, dalam acara *Launching Jabar Ramah Lansia*, tanggal 17 Maret 2019 di Aula Kampus UNPAS, Setiabudi Bandung.
- <https://kolom.tempo.co/read/1154467/keadilan-dalam-kepastian-hukum>, Retrieved February 26 Februari, 2019, 14.20PM.
- Undang-Undang Dasar Republik Indonesia Tahun 1945
- Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan
- Undang-Undang Nomor 36 Tahun 2014 tentang Tenaga Kesehatan
- Undang-Undang Republik Indonesia Nomor 13 Tahun 1998 tentang Kesejahteraan Lanjut Usia
- Peraturan Pemerintah Republik Indonesia Nomor 67 Tahun 2015 tentang Penyelenggaraan Kesehatan Lanjut Usia di Puskesmas
- Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2012 tentang Sistem Kesehatan Nasional (SKN)

Peraturan Presiden Republik Indonesia Nomor
8 Tahun 2012 tentang Kerangka
Kualifikasi Nasional Indonesia

Peraturan Menteri Pendidikan dan
Kebudayaan Nomor 3 Tahun 2020
tentang Standar Nasional Pendidikan
Tinggi.

Peter Mahmud Marzuku, 2014, *Penelitian
Hukum*, Cetakan ke-
9, Jakarta, Prenadamedia.