

## **Establishment of Integrated Non-Communicable Disease Development Post (Posbindu PTM) in Muhammadiyah Branch Leadership (PCM) Area, Mangkubumi District, Tasikmalaya City**

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### **Abstract**

Non-Communicable Diseases (NCDs) are still a global problem that causes death every year. One of the efforts to prevent and control NCDs is by establishing Integrated Non-Communicable Disease Development Post (Posbindu PTM). The purpose of this activity is to initiate the formation of Posbindu PTM in the area of the Muhammadiyah Branch Manager/Pimpinan Cabang Muhammadiyah (PCM) Mangkubumi District, Tasikmalaya City. The strategies used are recruitment, outreach, formation, training of cadres and simulations of Posbindu PTM implementation. The method of implementing the activity is through participatory community empowerment, the Participatory Rural Appraisal model in collaboration with PKM Sambongpari, PCM and PCA, Mangkubumi District, Tasikmalaya City. This activity was attended by 10 cadres from members of the Aisyiyah Branch Manager/Pimpinan Cabang Muhammadiyah (PCA), Mangkubumi District, Tasikmalaya City. While the Posbindu participants came from the PCM and PCA monthly recitation congregation of Mangkubumi District, totaling 48 people. The evaluation results showed that knowledge about Posbindu, skills in using medical devices, and interview skills of all cadres increased. Likewise, the participants said that this Posbindu activity could make it easier for residents to access free health check services. The conclusion from this activity is that the formation of Posbindu PTM can increase the knowledge and skills of cadres and increase the accessibility of Muhammadiyah members in having their health checked.

**Keywords:** Non-Communicable Diseases, Pimpinan Cabang Muhammadiyah, Posbindu.

### **INTRODUCTION**

Non-transmitted Diseases (NCDs) are still a global problem. According to (World Health Organization, 2021b) NCDs kills 41 million people each year, which is equal to 71% of the total number of deaths globally. 77% of deaths due to NCDs occur in countries with middle and low incomes. And the number one cause of death from NCDs is cardiovascular disease, which is as many as 17.9 million each year, followed by cancer, respiratory disease and Diabetes Mellitus (World Health Organization, 2021b).

In Indonesia itself, the number of NCDs tends to increase (Badan Penelitian dan Pengembangan Kesehatan, 2008) (Badan Litbang Kesehatan, 2018). Results (Badan Litbang Kesehatan, 2018) the prevalence of NCDs increases with age. For West Java Province, the number of cases of hypertension was 9.67%, heart disease was 1.6% cases, cancer was 1.41% cases, asthma was 2.8% cases and diabetes was 1.3% cases.

NCDs is a chronic disease that lasts a long time and is the result of various factors including genetic, physiological, environmental and behavioral factors (World Health Organization, 2021b). The following are risk factors for NCDs, namely smoking, lack of physical activity, consumption of alcohol and unhealthy foods (World Health Organization, 2021a)(Soiza, Donaldson and Myint, 2018) (Malini, Lenggogeni, Adelirandy, 2023).

According to (Purnamasari, 2018) NCDs is often asymptomatic or without symptoms and is progressive over time so sufferers rarely feel it until signs and symptoms of complications

appear. The complications that arise due to NCDs are: Acute myocardial infarction, stroke, kidney failure, cardiac arrest, decreased quality of life due to organ loss due to amputation, airway obstruction, diabetic ketoacidosis, coma and so on (Purnamasari, 2018). These complications if left unchecked will lead to death. Therefore, it is very important to carry out detection, screening and early treatment as well as palliative care to overcome this NCDs (World Health Organization, 2021a).

One form of effort to control NCDs is the Integrated Development Post/Pos Pembinaan Terpadu (Posbindu PTM). This is in accordance with the opinion (P2PTM Kemenkes RI, 2017) that Posbindu is a form of promotion and prevention, as well as reducing NCDs risk factors through community empowerment. But for now, the number of posbindu in Indonesia has not reached 100% for each region. Based on data from the Directorate General of Prevention and Control of Non-Communicable Diseases (Dirjen P2PTM) and Directorate General of Disease Prevention and Control (Dirjen P2P) of the Ministry of Health of the Republic of Indonesia (Kemenkes RI) in 2017 that the number of Posbindu in Indonesia on average is still below 50% except the Province East Java (86.1%), West Java (78.5%) and East Kalimantan (73.5%) (Pengawasan Posbindu PTM, 2017). Therefore, there is a need for a movement to increase the number of Posbindu in Indonesia to reduce morbidity and morbidity due to NCDs.

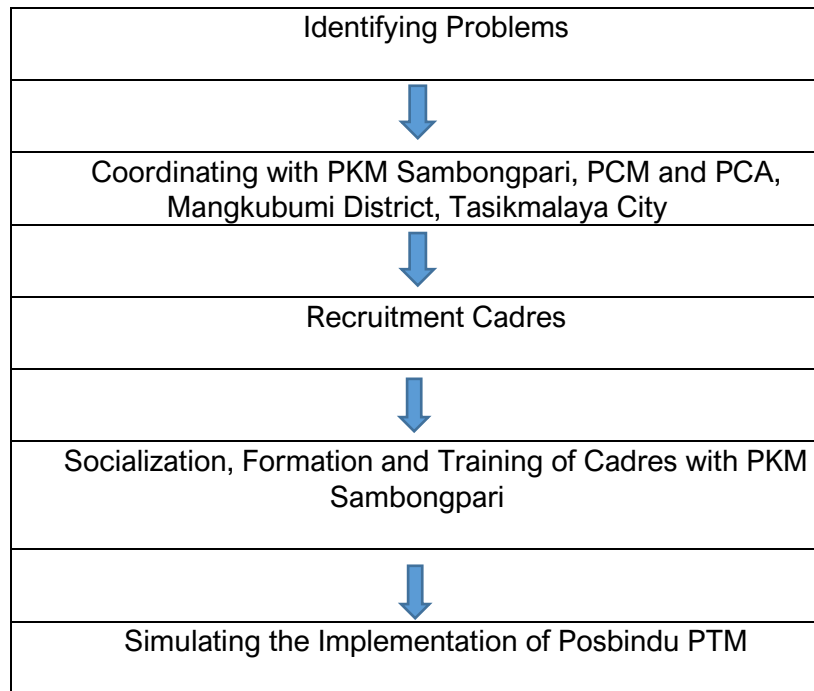
Based on the results of an examination in an area in Mangkubumi District on December 12, 2021 of 27 people. There are 12 people with hypertension and 3 people with Diabetes Mellitus. This data is in line with the high NCDs rate in the Mangkubumi District, Tasikmalaya City, namely: 9369 people with hypertension and 209 people with Diabetes Mellitus. While the number of Posbindu PTM in the Mangkubumi District, Tasikmalaya City, only has 3 points in each village, namely Mangkubumi Village, Cigantang Village and Karikil Village.

In conditions like this, it is necessary not only for the role of health workers and health education institutions but also for the active participation of the community to be able to increase awareness about the importance of preventing and controlling NCDs (Setiawan, Suhandu, Rosliati, Firmansyah, and Fitriani, 2018). One of them is by involving the role of the Muhammadiyah Branch Manager (PCM) Mangkubumi Tasikmalaya City. In accordance with research (Sidik, 2015) that PCM has roles in society as planners, implementers, supervisors, evaluators, teachers, mentors, directors and coaches. Thus, it is hoped that the collaboration between the Universitas Muhammadiyah Tasikmalaya campus and PCM Mangkubumi Tasikmalaya City is expected to help prevent and control efforts by establishing Posbindu PTM.

## **METHOD**

The method of implementing the activity is through participatory community empowerment, the Participatory Rural Appraisal model which consists of identifying problems experienced by the community, formulating existing problems and prioritizing problem solving, then planning activities, implementing activities and monitoring evaluation. This activity is in collaboration with PKM Sambongpari, PCM and PCA, Mangkubumi District, Tasikmalaya City. The strategies used are recruiting, socializing, forming, training cadres and simulating the implementation of Posbindu PTM.

This activity was carried out in RW 01 Sambongpari Village, Mangkubumi District, Tasikmalaya City in February – March 2023. In February the 3rd and 4th weeks recruited cadres, in March the 1st week of socialization, formation and training of cadres with PKM Sambongpari, In March, the 2nd week of the implementation simulation or implementation of Posbindu PTM. The stages of implementing activities are described in the following diagram:



**Figure 1.** The Implementation Stage of The Activity

## RESULT AND DICUSSION

### A. Recruitment of cadres

The cadre recruitment activity was carried out by coordinating in advance with the PCM Mangkubumi and the Head of PKM Sambongpari. Then PCM Mangkubumi recommended that Posbindu PTM cadres come from management or members of PCA Mangkubumi. After coordinating with PCA Mangkubumi, the names of 10 cadres emerged, which later, with the knowledge of the Sambongpari PKM head, these names were included in the Sambongpari Village Decree. The name of the Posbindu PTM that was formed is the Posbindu PTM "Boulevard".

### B. Socialization, formation and training

After the names of 10 Posbindu cadres appeared, a ceremonial event was held to form Posbindu PTM cadres in RW 01, Sambongpari Village, which was attended by the District, the leadership of the Faculty of Health Sciences, Universitas Muhammadiyah Tasikmalaya, Head of Sambongpari PKM, PCM and PCA Mangkubumi and Head of Sambongpari Village.



**Figure 2.** Formation of Posbindu PTM "Boulevard"

After the ceremonial event for the formation of the Posbindu PTM "Boulevard", the next step is the socialization of the Posbindu PTM from the Head of the Sambongpari PKM starting from policies, activities, goals, flow of activities, duties and functions of cadres, facilities and infrastructure and the implementation phase.

Furthermore, to increase the knowledge and skills of cadres in health checks and interviews, the team conducted training activities which consisted of: providing material on NCDs, demonstrating how to measure height, weight and check blood pressure. However, prior to the training, cadres were first assessed for their knowledge through pretest questions with the following results:

**Table 1.** Evaluation results of pre-test and post-test Posbindu PTM "Boulevard" Cadre Training

Kader	Score	
	Pre Test	Post Test
1	10	70
2	50	90
3	40	80
4	30	80
5	50	90
6	40	80
7	60	90
8	80	100
9	40	80
10	40	80

Source: Primary data

From the table above it appears that the cadres' knowledge increased after being given training materials on NCDs, demonstrations on how to measure height, weight and check blood pressure. This is in accordance with the opinion (Lismayanti and Rosidawati, 2018) (Maryam, 2023) and (Jamiat and Nurul Fadli, 2023) that the materials and training provided to cadres have a good influence on increasing their knowledge.

#### C. Implementation simulation of Posbindu PTM

After the formation and training of Posbindu PTM "Boulevard" cadres, then the team with parties from PKM Sambongpari and PCM Mangkubumi carried out the implementation of Posbindu PTM at Al Arqom Mosque with the target of monthly recitation congregations. From the results of the implementation it appears that the cadres have been able to carry out their duties as cadres. The number of participants who attended the implementation activity was 48 people. This is in accordance with the opinion (Umayana, Haniek Try & Cahyati, 2019) that with support from community leaders, namely from PCM, PCA Mangkubumi and PKM Sambongpari, it can increase community activity or participation in Posbindu PTM activities.

### CONCLUSION AND RECOMMENDATION

The conclusion from this activity is that the formation of Posbindu PTM can increase cadre knowledge about Posbindu, cadre skills in using medical devices, and cadre skills in conducting interviews. Likewise, for Posbindu participants who said that this Posbindu activity could make it easier for residents to access free health check services.

### ACKNOWLEDGEMENT

We would like to thank the Dikti Litbang Pimpinan Pusat Muhammadiyah who has provided financial support for this activity, LPPM Universitas Muhammadiyah Tasikmalaya, Fakultas Ilmu Kesehatan UMTAS, PKM Sambongpari, PCM Mangkubumi, PCA Mangkubumi who have helped carry out this activity and facilitated it well, and thank you infinitely to the government

of Sambongpari Village for their cooperation in supporting the smooth implementation of this activity.

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