

Socialization of the Healthy Elderly Program at Posbindu RW 14 Ciwalen Village Garut City District

Udin Rosidin^{a)}, Nina Sumarni, Dadang Purnama,
Iwan Shalahuddin, Witdiawati

Faculty of Nursing, Padjadjaran University, Bandung, Indonesia

^{a)}Corresponding author: udin.rosidin@unpad.ac.id

ABSTRACT

Current developments in science and technology have a positive impact on increasing average life expectancy. This condition has resulted in an increased in the proportion of the population from adults to the elderly. The increase in population in this age group has good potential, although there are still many adults and elderly people who experience negative impacts from this development. These negative impacts include the increase in the adult and elderly population experiencing non-communicable diseases. This is in line with the increasing risk factors for non-communicable diseases. One strategy for controlling risk factors for non-communicable diseases that is efficient and effective is the promotion of healthy elderly programs. This activity aims to increase the knowledge of the adult and elderly community in implementing healthy living behavior as a preventive effort to control risk factors for non-communicable diseases. The activity stages start with social preparation and administrative preparation. Then it continues with the implementation and evaluation stages of activities. The results of the activity showed an increase in public knowledge of controlling risk factors for non-communicable diseases by 18.7 points. The average pretest score was 64.3 points and the average posttest score was 83 points. Activities ran smoothly according to the planned time. It is hoped that the socialization activities for the healthy elderly program that have been implemented can be continued periodically by the Guntur Community Health Center and Ciwalen Village

ARTICLE INFO

Article History:

Submitted/Received 9 Mar 2024

First Revised 29 Apr 2024

Accepted 30 Apr 2024

First Available online 30 Apr 2024

Publication Date 30 Apr 2024

Keyword :

Healthy Elderly

Non-Communicable Diseases

Socialization

INTRODUCTION

The development of science and technology is currently getting better in all areas of human life. The positive impact of this development is an increase in average life expectancy. This condition ensures that the proportion of the adult to elderly population will increase. The increase in the elderly population has the potential to address health problems, although currently there are still many elderly people who experience negative impacts from this development. These negative impacts include the increase in the adult and elderly population experiencing non-communicable diseases (Wulandari, 2023). Basic Health Research in 2013 showed that there were still many cases of diabetes mellitus and cases of hypertension that had not been diagnosed. Undiagnosed diabetes mellitus cases reached 69.6% and hypertension cases reached 63.2% (Purdiyani, 2016).

The increase in the incidence of non-communicable diseases in the adult and elderly groups is in line with the increase in risk factors for non-communicable diseases. These risk factors include an increase in people experiencing increased blood pressure, blood sugar, body mass index or obesity, unhealthy eating patterns, lack of physical activity, smoking alcohol. According to (Pradono, 2018) the increase in risk factors for cases of non-communicable diseases is caused by several factors such as smoking habits, lack of physical activity, body mass index and obesity. This situation is reinforced by the results of Basic Health Research in 2018 which stated that there was an increase in risk factors for non-communicable diseases such as: 1). The prevalence of high blood pressure in residents aged 18 years and over increased from 25.8% to 34.1%; 2). The prevalence of obesity in people aged 18 years and over increased from 14.8% to 21.8%; 3). The prevalence of smoking among residents aged ≤ 18 years increased from 7.2% to 9.1%; 4). Stroke prevalence in residents aged ≥ 15 years increased from 7 to 10.9 per mile; 5). The prevalence of chronic kidney disease ≥ 15 years increased from 2.0 per mil to 3.8 per mil; 6). The prevalence of Diabetes Mellitus in the population aged ≥ 15 years increased from 6.9% to 10.9%; 7). The prevalence of insufficient physical activity in the population aged ≥ 10 years increased from 26.1% to 33.5%; and 8). The prevalence of insufficient fruit/vegetable consumption in the population aged ≥ 5 years increased from 93.5% to 95.5% (Eriyani, Witdiawati, & Rosidin, 2020).

The results of a survey conducted by students from the Faculty of Nursing, Padjadjaran University in several RWs in Ciwalen Subdistrict, found that there were still many families who said they did not know how to control blood pressure. As many as 5.8% experienced hypertension in the last three months and 43.5% of people rarely took hypertension medication. It was found that 13.1% had pre-hypertension detected 7% detected grade 1 hypertension and 4% detected grade 2 hypertension. In addition, it was found that 11.2% of diabetes mellitus sufferers had a history of the disease in the last three months. Health cadres said that many adults and elderly people did not participate in posbindu. The community has not yet taken advantage of the posbindu program in the area where they live. According to health cadres, some people do not understand the importance of checking blood pressure regularly. There are still many people who consume excess salt, excess sugar and excess fat. Healthy living behavior in the RW 14 community is mostly in the unhealthy range.

The significant increase in cases of non-communicable diseases is expected to increase the burden on society and the government, because handling them requires large costs and requires high technology (Duha, Utami, & Rifai, 2021). The increase in the prevalence of non-communicable diseases has an impact on increasing the burden of health financing that must be borne by the State and society (Lasmaysa, 2021). People with non-communicable diseases require relatively expensive costs, especially if the condition develops into a chronic condition and complications occur. Data from the Center for Health Insurance Maintenance of the Indonesian Ministry of Health in 2012 shows that non-communicable diseases require

quite large medical costs when compared to the highest medical costs of all infectious diseases (Rahajeng et al., 2013).

Seeing this phenomenon, a joint commitment between community leaders, Ciwalen Village Guntur Health Center, the entire community of RW 14 is really needed in reducing morbidity, mortality and disability due to non-communicable diseases. One important commitment is the Socialization of the Healthy Elderly Program at Posbindu RW 14, Ciwalen Village, Garut District. Garut Regency City. The aim of this service activity is that it is hoped that the community of RW 14 Ciwalen Village, especially the adult and elderly groups, will have good knowledge in implementing healthy living behavior as a preventive effort in controlling risk factors for non-communicable diseases.

METHODS

The first stage to overcome partner problems is to take a social approach. Before the service activities were carried out, the implementing team first held a meeting with the Head of RW 14, the Head of Ciwalen Subdistrict the Head of Guntur Community Health Center. Then students carry out an introspective survey (SMD) to find out current health problems. One of the survey results shows the high rate of hypertension and low knowledge of the community, especially adults and the elderly, in implementing healthy living behavior as an effort to control risk factors for non-communicable diseases. The survey results were discussed at the Ciwalen sub-district community meeting. Deliberation participants consisted of community leaders from RW 14, health cadres, Guntur Community Health Center and those in charge of the area, Ciwalen sub-district, PPM implementing lecturers PPN 45 students.

After completing social preparations, continue with administrative preparations. Administrative preparation begins with compiling and submitting a permit letter for community service activities. The next stage is the implementation stage, namely; 1). Carry out outreach activities to the community about various non-communicable diseases that often occur in the community; 2). Carrying out health education about healthy living as an effort to control non-communicable diseases. The activity method can be seen in the following picture.

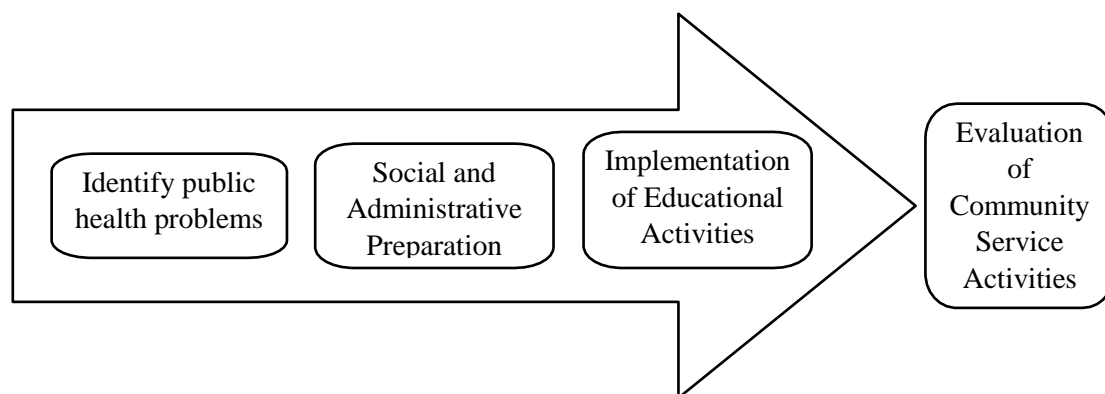


FIGURE 1. Activity method flow

RESULT

The socialization of the healthy elderly program at Posbindu RW 14, Ciwalen sub-district was held for two days, namely September 17 and 18 2023, which was attended by 43 community members. Program

outreach activities take the form of health education about healthy elderly programs that can be implemented in the environment where they live. Other activities carried out during health education were hypertension exercises and checking blood pressure, glucose and cholesterol. Health education material is knowledge about non-communicable diseases such as hypertension, diabetes mellitus and cholesterol. Before health education is carried out, a pretest is carried out first and after health education is carried out a posttest is carried out. The average pretest score was 64.3 points and the average posttest score was 83 points. There was an increase in knowledge after health education of 18.7 points. Activities ran smoothly according to the planned time.

DISCUSSION

Based on the problems found in the target areas above, the socialization of the healthy elderly program in the adult and elderly community is a very appropriate effort to carry out. These outreach activities can increase the community's understanding and ability to manage risk factors for non-communicable diseases. The results of this activity show that the average knowledge score of adults and elderly people in RW 14, Ciwalen Village shows an increase in knowledge of 18.7 points. The average knowledge score before the socialization was carried out was 64.3 and after the socialization was carried out it was 83. The socialization that has been carried out is very appropriate using health education activities because according to (Suhendar, et al 2020) one of the efforts to increase this knowledge is to carry out program socialization through activities in health education. By increasing public knowledge, there will be good potential for the community to control risk factors for non-communicable diseases. The success of this activity is by following perunder with previous service activities which showed that there was an increase in the average knowledge score before and after the program socialization was implemented (Rosidin, et al 2021).

Increased knowledge resulting from this outreach activity will increase community participation in preventing the prevalence of non-communicable diseases (Sumarna, et al 2023) . Because with good knowledge it is possible for the community can develop behavior in implementing disease prevention. Community behavior will support the resolution of health problems if the community has a good understanding of this behavior. According to L Green's theory (Notoatmodjo, 2019) health behavior can be influenced by predisposing factors, enabling factors and reinforcing factors. One of the predisposing factors is knowledge or understanding of expected health behavior (Sasmiyanto, 2020).

One of the successes of this service activity is because this program is a community need for healthy living and the activities are carried out directly according to the time planned together with the community. Because the community felt there was a need for information on this problem, the people who attended the meeting paid attention to every health education material provided (Tapung, et al 2020). Apart from that, activity participants were very active in asking questions in the question and answer session. This situation shows that the community is very enthusiastic and serious about participating in the activities. According to (Safri, 2017) activities that are based on needs and carried out in a planned manner will produce goals as expected.

After participating in socialization activities for the healthy elderly program, the community understands better how to implement healthy living behavior and will more regularly utilize the presence of posbindu in the RW. Healthy living behaviors such as doing physical activity every day, not smoking at home and healthy eating patterns can be implemented by the whole community. Meanwhile, the use of Posbindu is to always come to Posbindu for routine health checks such as blood pressure checks, blood sugar and cholesterol checks. Healthy living behavior and utilizing posbindu services are the right strategies for controlling risk factors for non-communicable diseases (Rahadjeng & Nurhotimah, 2020).

Healthy behaviors to manage risk factors for non-communicable diseases include not smoking, a healthy diet, doing physical activity every day and not consuming alcoholic drinks. With the knowledge that the RW 14 community has about managing these risk factors, it is possible for the community can implement healthy behavior in preventing non-communicable diseases. According to (Siswanto & Lestari, 2020) good knowledge about risk factors for non-communicable diseases can encourage people's behavior towards healthy living. Various literature shows that non-communicable diseases occur due to unhealthy diet, lack of physical activity, active and passive smoking, and alcohol consumption (Permatasari & Wijayanti, 2022). With good knowledge, apart from managing risk factors with healthy living behavior at home, people will also get used to going to posbindu.

Posbindu is a form of community participation in controlling risk factors for non-communicable diseases (Sirait & Purba, 2021). The community's habit of using posbindu is a highly desirable behavior as a form of controlling risk factors for infectious diseases. People who come to the posyandu will receive health services such as blood pressure checks, blood sugar and other health checks (Rosidin et al., 2022). With health checks at posbindu, it is hoped that the community can increase their awareness of risk factors for non-communicable diseases (Indarjo, et al 2019). This introspective attitude is demonstrated by changes in people's behavior towards being healthier and the use of health service facilities not only when they are sick, but also when they are healthy. Posbindu is the community's role in carrying out early detection and monitoring of risk factors for non-communicable diseases which are carried out in an integrated, routine and periodic manner (Sicilia, et al 2018).

The socialization of this healthy elderly program has been proven to be able to increase public knowledge. This is because the participants who attended felt very happy and needed this information. Participants who attended expressed great hope that the Ciwalen Village and Guntur Community Health Center would regularly carry out this healthy elderly program activity in the community. Participants said that hopefully in the future hypertension exercises will be carried out regularly, and counseling and discussions like this will be very useful and enjoyable because previously there was no counseling like this. Participants said that with education about hypertension, DM, and hypercholesterolemia, they understood better about these three diseases. Participants said that with the outreach that had been carried out, they could take action to control the condition of the disease so that it did not get worse. Seeing the community's expectations, it is very necessary to coordinate with related parties such as the Guntur Community Health Center and Ciwalen Village. So that the socialization of the healthy elderly program that has been implemented can be continued periodically by the Guntur Community Health Center and Ciwalen Village.

CONCLUSION AND RECOMMENDATION

Community service with the theme: Socialization of the healthy elderly program at Posbindu RW 14, Ciwalen Village, Garut District, Garut City, consists of two activities, namely community health education about non-communicable diseases and implementing healthy living behavior. The conclusions from this activity are:

- There has been an increase in public knowledge about non-communicable diseases by 18.7 points.
- There is an increase in visits by adults and the elderly to posbindu RW 14 to participate in group exercise, and check blood pressure, blood sugar and cholesterol.

It is hoped that the activities that have been carried out can be sustained independently by the community of RW 14 Ciwalen Village, Garut City with the support of the Guntur Community Health Center and Ciwalen Village.

REFERENCES

- Ambarwati, A., & Ferianto, F. (2019). Evaluasi Pelaksanaan Pos Pembinaan Terpadu Penyakit Tidak Menular (POSBINDU PTM). *Jurnal Profesi Keperawatan (JPK)*, 6(1).
- Duha, S., Utami, T. N., & Rifai, A. (2021). Analisis Faktor Yang Memengaruhi Minat Berkunjung Masyarakat Ke Pos Pembinaan Terpadu Penyakit Tidak Menular Di UPTD Puskesmas Lahusa Kecamatan Lahusa Kabupaten Nias Selatan. *Jurnal Kesmas Prima Indonesia*, 5(2), 52–61.
- Eriyani, T., Witdiawati, W., & Rosidin, U. (2020). Deteksi Dini Faktor Resiko Penyakit Tidak Menular Di RW 12 Desa Jayaraga Kecamatan Tarogong Kidul Kabupaten Garut. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 3(1), 135–141.
- Indarjo, S., Hermawati, B., & Nugraha, E. (2019). Upaya Pelatihan Pos Pembinaan Terpadu Penyakit Tidak Menular (posbindu ptm) pada Kader Posyandu Di Desa Kalikayen, Kec. Ungaran Timur, Kab. Semarang. *Jurnal Abdimas*, 23(2), 134–138.
- Lasmaysa, S. (2021). Partisipasi Masyarakat dalam Program Pos Pembinaan Terpadu Penyakit Tidak Menular di Kabupaten Samosir Tahun 2020. Universitas Sumatera Utara.
- Notoatmodjo, S. (2019). Promosi kesehatan dan ilmu perilaku.
- Permatasari, A., & Wijayanti, A. C. (2022). Pola Makan Dan Aktivitas Fisik Sebagai Faktor Risiko Ptm Hipertensi, Dm, Stroke Dan Jantung Pada Siswa Di Smk N 6 Sukoharjo: Studi Deskriptif. Universitas Muhammadiyah Surakarta.
- Pradono, J. (2018). Prevalensi Penyakit Tidak Menular di Indonesia Menurut Pendekatan STEPS Faktor Risiko (Data Study Morbiditas).
- Purdiyani, F. (2016). Pemanfaatan Pos Pembinaan Terpadu Penyakit Tidak Menular (Posbindu Ptm) Oleh Wanita Lansia Dalam Rangka Mencegah Penyakit Tidak Menular Di Wilayah Kerja Puskesmas Cilogok 1. *Jurnal Kesehatan Masyarakat (Undip)*, 4(1), 470–480.
- Rahadjeng, E., & Nurhotimah, E. (2020). Evaluasi pelaksanaan posbindu penyakit tidak menular (Posbindu PTM) di lingkungan tempat tinggal. *Jurnal Ekologi Kesehatan*, 19(2), 134–147.
- Rahajeng, E., Renowati, T. S., Yosephin, P., Palupi, N. W., Rivai, L. B., Mustikawati, D. E., & Sianipar, D. R. (2013). Pedoman Umum Pos Pembinaan Terpadu Penyakit Tidak Menular. *Kementerian Kesehatan RI*.
- Rosidin, U., Purnama, D., Shalahuddin, I., Sumarni, N., Sumarna, U., & Noor, R. M. (2022). Empowerment of The Community Health Workers in Management of Posbindu for Non-Communicable Deases in Sukamentri Village, Garut Kota District, Garut Regency. *ABDIMAS: Jurnal Pengabdian Masyarakat*, 5(2), 2416–2423.
- Rosidin, U., Sumarni, N., & Suhendar, I. (2021). Pendidikan Kesehatan Tentang Personal Hygiene Pada Siswa SMK Al Halim Garut. *Jurnal Abdimas BSI: Jurnal Pengabdian Kepada Masyarakat*, 4(2), 181–190.
- Safri, H. (2017). Manajemen dan organisasi dalam pandangan Islam. *Kelola: Journal of Islamic Education Management*, 2(2).
- Sasmiyanto, S. (2020). Faktor Predisposisi Perilaku Kesehatan Penderita Diabetes Mellitus Tipe 2. *Jurnal Keperawatan Silampari*, 3(2), 466–476.
- Sicilia, G., Dewi, F. S. T., & Padmawati, R. S. (2018). Evaluasi kualitatif program pengendalian penyakit tidak menular berbasis Posbindu di wilayah kerja Puskesmas Muara Bungo I. *Jurnal Kebijakan Kesehatan Indonesia: JKKI*, 7(2), 88–92.
- Sirait, R. A., & Purba, A. S. G. (2021). Penyuluhan Pemanfaatan Posbindu Untuk Mendeteksi Penyakit Tidak Menular. *Jurnal Pengmas Kestra (JPK)*, 1(2), 315–322.
- Siswanto, Y., & Lestari, I. P. (2020). Pengetahuan Penyakit Tidak Menular dan Faktor Risiko Perilaku pada Remaja. *Pro Health Jurnal Ilmiah Kesehatan*, 2(1), 1–6.

- Suhendar, I., Rosidin, U., & Sumarni, N. (2020). Pendidikan Kesehatan Tentang Hidup Bersih dan Sehat di Lembaga Kesejahteraan Sosial Anak Al-Amin Garut. *JPKMI (Jurnal Pengabdian Kepada Masyarakat Indonesia)*, 1(3), 135–145.
- Sumarna, U., Rosidin, U., Sumarni, N., Shalahuddin, I., Noor, R. M., Ariyani, A. P., & Luthfiyani, N. (2023). Socialization About The Benefits Of Using BPJS Kesehatan In 15th Hamlet Sukamentri Urban Village Garut Kota District, Garut Regency. *ABDIMAS: Jurnal Pengabdian Masyarakat*, 6(2), 3767–3772.
- Tapung, M., Regus, M., Payong, M., & Rahmat, S. T. (2020). Bantuan sosial dan pendidikan kesehatan bagi masyarakat pesisir yang terdampak sosial-ekonomi selama patogenesis Covid-19 di Manggarai. <https://Journal.Uinmataram.Ac.Id/Index.Php/Transformasi/Article/View/2067>, 6(1), 12–26.
- Wulandari, S. R. (2023). Peningkatan Derajat Kesehatan Lansia Melalui Penyuluhan dan Pemeriksaan Kesehatan Lansia di Dusun Mrisi Yogyakarta. *Pengabdian Masyarakat Cendekia (PMC)*, 2(2), 58–61.

APPENDIX



FIGURE 2. a,b,c,d is preparation stage



FIGURE 3. Implementation of Health Education



(a)



(b)



(c)



(d)

FIGURE 4. Implementation of PHBS