

Enhancement of The Participation of Elderly people in Posyandu Health Services in Sunggal District Towards Healthy Living

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Abstract. Elderly people have susceptible to degenerative diseases that increase with their age. In Sunggal District, the number of elderly people is quite high as much as 8759 people, however, elderly people who have utilized the posyandu health services are still low. This impacted on the risk of degenerative diseases. The aim of this activity was trained cadres of posyandu to improve their performance, monitor the health status of elderly people, and educate them on the importance of monitoring health status. In this activity, training was carried out for the cadres to improve their performance in the implementation of posyandu. From the health status examination of elderly people, we found that many elderly people have a risk of metabolic syndrome, 47.76% of elderly people with obese, 40.30% of elderly people with systolic hypertension and 28.36% with diastolic hypertension, 20.90% of elderly people with high blood glucose levels, and 32.84% of elderly people with high cholesterol. Health education regarding monitoring health status through posyandu health services and improvement of the performance of cadres in the implementation of posyandu is necessary to enhance the participation of the elderly people in healthy living. Furthermore, it was expected that the performance of cadres in the implementation of posyandu will increase and the elderly people will regularly check their health status.

Keyword: Elderly people, Posyandu, monitoring, health status, Cadres

Abstrak Lansia rentan terhadap penyakit degeneratif yang meningkat seiring bertambahnya usia. Di Kecamatan Sunggal jumlah lansia cukup tinggi sebanyak 8759 orang, namun lansia yang memanfaatkan pelayanan kesehatan posyandu masih sedikit. Hal ini berdampak pada risiko penyakit degeneratif. Tujuan dari kegiatan ini adalah melatih kader posyandu untuk meningkatkan kinerja, memantau status kesehatan lansia, dan mengedukasi pentingnya pemantauan status kesehatan. Dalam kegiatan ini dilakukan pelatihan kepada para kader untuk meningkatkan kinerjanya dalam pelaksanaan posyandu. Dari pemeriksaan status kesehatan lansia, ditemukan banyak lansia yang memiliki risiko sindrom metabolik. Sebanyak 47,76% lansia dengan obesitas, 40,30% lansia dengan hipertensi sistolik dan 28,36% dengan hipertensi diastolik, 20,90% lansia dengan kadar glukosa darah tinggi, dan 32,84% lansia dengan Kolesterol Tinggi. Penyuluhan kesehatan tentang pemantauan status kesehatan melalui pelayanan kesehatan posyandu dan peningkatan kinerja kader dalam pelaksanaan posyandu diperlukan untuk meningkatkan partisipasi lansia dalam hidup sehat. Selanjutnya diharapkan kinerja kader dalam pelaksanaan posyandu meningkat dan lansia rutin memeriksakan kesehatannya.

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Kata Kunci : *Lansia, Posyandu, Pemantauan, Status kesehatan, Kader Posyandu*

Received [7 January 2022] | Revised 15 March 2022] | Accepted [30 April 2022]

1. Introduction

Elderly is a condition that occurs in the life cycle of a human being. The elderly people are a group that is susceptible to health problems that that there is a physical function decline, and a decrease in the function of the five senses. Data from the World Health Organization (WHO) showed that the proportion of the elderly has increased from 7.49% in 2009 to 28.8 million people in 2020, and it was estimated that the number of elderly people will reach 1.2 billion in 2025[1,2,].

The aging process has an impact on various aspects of life, including health aspects. Elderly people are susceptible to various kinds of diseases. In an effort to overcome various problems in the elderly, the government held a Posyandu program for the elderly [3] with an emphasis on promotive and preventive efforts to achieve a healthy, and productive old age [4,5]. Promotive efforts are in the form of educational activities, elderly gymnastics, and health examinations [6].

In Sunggal sub-district there are 8759 elderly people over 4 villages that have posyandu for the elderly people: 3732, 3797, 1125, and 105 elders in Sunggal, Tanjung Rejo, Babura, and Simpang Tanjung villages, respectively. Many elderly people have health problems such as hypertension, diabetes mellitus and osteoarthritis. Meanwhile, the Elderly people have not participated in Posyandu in Sunggal sub-district to monitor and check their health regularly, due to the lack of knowledge in the use of posyandu. In addition, the role of the elderly posyandu cadres in providing motivation and support also contributes to the utilization of the elderly posyandu [5,7].

To achieve a healthy and quality life and the ability to overcome problems in the elders' health sector, it was necessary to improve health services for them. Therefore, it was necessary to enhance the participation of elderly people in posyandu and increase the roles and skills of the elderly cadres. It is necessary to carry out training activities for elderly posyandu cadres to improve their roles and skills, and education for the elderly on the need for regular health checks and examination activities.

2. Method

To realize healthy and productive elderly, health services for the elderly need to be improved. Therefore, the role and skills of cadres in implementing the elderly posyandu need to be increased, as well as the participation of the elderly in the elderly posyandu health services.

There were some activities necessary to carry out;

- a. Training activities for elderly posyandu cadres include the implementation of five tables at the posyandu for the elderly people, identifying health problems in the elderly, and motivating them to monitor their health status regularly. Training the implementation of five tables at posyandu began with providing material about the implementation of five tables of posyandu and then a video screening of the implementation of five tables at posyandu for the elderly people and simulating the implementation of five tables at posyandu for the elderly people. Then training is followed by education related to health problems in the elderly and the importance of monitoring health status. This training aims to improve the performance and skills of posyandu cadres in implementing posyandu for the elderly.
- b. Health status examination for elderly people, including blood pressure, blood glucose, and blood cholesterol. Also, height and weight were measured to determine body mass index (BMI).
- c. Education for the elderly people regarding the importance of regular health status examinations for the elderly people. In this activity, the elderly people had been given information regarding health problems especially the disease that was common for elderly people, the complication due to the diseases, and how to prevent complications of the disease and monitor their health status regularly.

3. Results and Discussion

The implementation of community service activities in Sunggal District was carried out through several activities, including training for elderly posyandu cadres, and educating the elderly people on the importance of regular health examinations and health examination activities for the elderly people.

- a. The cadre training activity involved cadres from 8 elderly posyandu cadres in Sunggal District and 4 health facilities staff in Sunggal District. The training activities included the implementation of five tables at posyandu for the elderly, health problems in the elderly, and the importance of monitoring the health status of elderly people. This activity began with the provision of material related to the implementation of five tables at posyandu for the elderly, followed by a video screening of the implementation of five tables at posyandu for the elderly people and simulating the implementation of five tables at posyandu for the elderly people. After the simulation, the material was given related to recognizing health problems in elderly people and the importance of monitoring health status. From this activity, it was concluded that the provision of training will increase the knowledge of cadres about various health problems in the elderly and the application of the five tables in the implementation of the elderly posyandu. It was expected the implementation of posyandu services for the elderly will increase in the future, both from the participation of the elderly in regular health checks

as well as the role of cadres in motivating the elderly and the performance of cadres in implementing the posyandu for the elderly..



Figure 1. Training for elderly posyandu cadres on health problems in the elderly and the implementation of 5 tables at the elderly posyandu

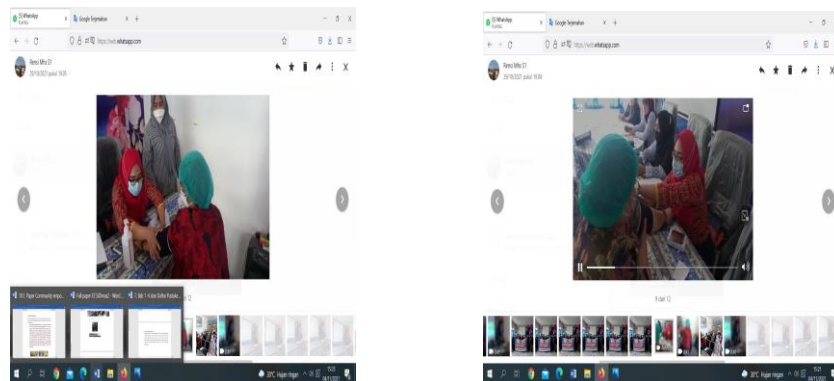


Figure 2. Simulation of the implementation of 5 posyandu tables for the elderly

- b. The next community service activity is a health examination of the elderly measuring height, weight, blood pressure, blood sugar levels, and blood cholesterol levels. Health examinations were carried out at 2 elderly posyandu, namely the elderly posyandu in Lk VI on Balai Desa street in Sunggal Village which was attended by 38 elderly people, and the elderly posyandu LK XXII Perjuangan Street Tanjung Rejo Village, Sunggal District, which was attended by 29 elderly people. Therefore the total of elderly people who participated in this community service was 67 elderly people. The results of the examination are presented in tablet 1 to table 4.

Table 1. Distribution of elderly people based on nutritional status

Body Mass Index (BMI)	Frequency	%
Underweight	3	4.48
Normal	19	28.36
Overweight	13	19.40
Obese	32	47.76
Total	67	100.0

Table 2. Distribution of elderly people based on blood pressure

Blood pressure	Sistolic		Diastolic	
Normal	25	37.32%	32	47.76%
Prehypertension	15	22.38%	16	23.88%
Hipertension	27	40.30%	19	28.36%
Total	67	100.0%	67	100.0%

Table 3. Distribution of elderly people based on blood glucose level

Blood glucose level	Frequency	%
Normal	53	79.10
High	14	20.90
Total	67	100.0

Table 4. Distribution of elderly people based on blood cholesterol level

Blood cholesterol	Frequency	%
Normal	45	67.16
High	22	32.84
Total	67	100.0

Based on Body mass index (BMI), 47.76% of elderly people with obese, and 19.40% with overweight. Based on blood pressure, as many as 40.30% with systolic hypertension and 22.38% with systolic prehypertension; as much as 28.36% with diastolic hypertension, and 23.88% with diastolic prehypertension. Based on blood glucose levels, as much as 20.90% of elderly people with high blood glucose levels. Based on blood cholesterol, as much as 32.84% of elderly people with high cholesterol.

**Figure 3.** Health examination for the elderly people

Educate the elderly people about the importance of regular health examinations. Education is carried out after health examinations including health problems/ diseases common in elderly people, complications due to the disease, and keeping the diet and physical activity that should be done by the elderly people in preventing degenerative diseases or reducing complications rising from degenerative diseases. The elderly people listened to the education seriously and asked if there was something they did not understand.



Figure 4. Counseling and education related to health problems in the elderly people

4. Conclusion

From this service activity, it can be concluded several things, namely:

- a. The cadres' understanding of implementing the five tables in the implementation of posyandu for the elderly and recognizing health problems that are often encountered in the elderly is necessary to be increased. This has an impact on the role of cadres in motivating the elderly and the use of posyandu by the elderly in regular health examination at the posyandu for the elderly.
- b. It was found that many elderly people were at risk of developing metabolic syndrome. A total of 47.76% of the elderly people were obese, and 19.40% with overweight. Based on blood pressure, as many as 40.30% with systolic hypertension and 22.38% with systolic prehypertension; as much as 28.36% with diastolic hypertension, and 23.88% with diastolic prehypertension. Based on blood glucose levels, as much as 20.90% of elderly people with high blood glucose levels. Based on blood cholesterol, as much as 32.84% of elderly people with high cholesterol.
- c. Training activities including the implementation of five tables in the posyandu, the health problem in the elderly, and motivate them to monitor their health status regularly. This training could increase the knowledge and performance of cadres in the implementation of health services for elderly people.

It was hoped that the cadres could apply knowledge and increase their performance in elderly health services at the elderly posyandu. For the elderly people, it was expected to motivate them to examine their health regularly at the posyandu for the elderly people.

Acknowledgments

We would like to thank the Institute for Research and Community Service at the Universitas Sumatera Utara for the financial support.

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