

## Posyandu Elderly As An Alternative Health Care Program

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### *Abstract.*

*The elderly population continues to increase from year to year, so it takes the optimization of vehicle services for the elderly as the elderly posyandu (poslan). The purpose of this community is to overcome the problems of health care programs in the Village of T. Flush considered not optimal. In addition to the program services poslan that is not optimal, the limitations of the health facilities that support the program are also still to be dep. Method of problem solving is done by forming a cadre of poslan, socialization poslan, training on the task 5 of the table (physical examination and independence of the elderly, charging KMS and laboratory skills simple), the practice of implementation of poslan, the provision of facilities medical devices and simple laboratory and carry out activities supporting the health of the elderly such as gymnastics elderly. The results of the activities of Science and technology For Society (IbM) which was conducted on both the partners is the availability of the health care system 5 the table on the second poslan and the availability of a cadre of elderly well-trained and the availability of means of medical equipment to conduct the examination of physical health and mental-emotional, the availability of a simple laboratory as a facility used for the early detection of the disease in the elderly. Conclusion of IbM activities can increase the range of health services for the elderly and is formed of the health service in accordance with the needs of the elderly so that can improve the health of the elderly.*

**Keywords:** *Elderly health care, Health Services, Benefits Ibc.*

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### 1. INTRODUCTION

The number of the elderly population in Kabupaten Labuhanbatu with a range of age 60 years and above in the year 2011 recorded 190.000 the elderly, then increased in 2012 to 298.263 the elderly. The number of the elderly population with age over 60 years in Labuhanbatu in 2011 was recorded 31.566 the elderly and in Labuhanbatu recorded 11.753 elderly (Central bureau of Statistics, 2017). The number of elderly continues to increase causing morbidity of the elderly (AKL) is also increased, because the more we age, the function of the organs of the body will decrease, which can cause various health problems and diseases. Health problems of the elderly is generally in the form of malnutrition, cognitive decline and disabilities as well as chronic diseases such as hypertension, heart disease, and diabetes mellitus (Ministry of Health, 2013).

Data BPS tahun 2014 stated Labuhanbatu is the province with the AKL is quite high in Indonesia Morbidity of the Elderly in the Province of Aceh is higher in rural areas (39,64%) than urban areas (30,23%) (Central bureau of Statistics, 2014). One of the efforts to lower the AKL is to improve the health of the elderly through the optimization of the elderly posyandu (poslan) (Ministry of Health, 2006; Maas, 2008; Tabloski, 2006). Elderly health care is a vehicle services for the elderly who are focused on promotive and preventive, without ignoring the efforts of curative and rehabilitative (Anderson, 2007; Notoatmodjo, 2007). Health services Program poslan include an examination of the physical and mental health emotional recorded and monitored with Kartu Menuju Sehat (KMS) to know is the beginning of the illness (early detection) or the threat of health problems faced by the (Ministry of Health RI, 2003; Setiti, 2006). Based on the Ministry of Health (2006), the program in health services poslan includes the registration of the elderly, the measurement of the height (TB) and weighing (BB), health services (treatment of simple cases and referral), extension activities or counseling and nutritional counseling.

There are several categories in organizer poslan, which consists of implementing the activities and the manager poslan. The committee is a member of the community who have been trained to be a cadre of local health under the guidance of the health center. Manager poslan is a board established by the chairman of the RW, which is derived from the PKK members, community leaders, formal and informal as well as health workers in the region (Ministry of Health, 2006).

Most of the elderly are poorly educated (graduate school of the people), not have a family and come from poor families. The activities of the elderly in nursing include recitals and activities of the religious lecture. Health

problems are often experienced by the elderly in nursing homes, among others, rheumatoid arthritis, hypertension, diabetes mellitus and hyperuricemia.

The major problems faced on both partners are the same, namely, ineffective health services where there is the formation of the health services center is held regularly, the absence of a cadre of health as well as the unavailability of facilities to support the health checks such as tool checks blood pressure, equipment to measure weight and height. Laboratory facilities are also not available as a tool of checking blood sugar, cholesterol, uric acid and hemoglobin as well as the examination of the urine. The purpose of the community service activity is to overcome the problem of optimal health services to the elderly posyandu through a series of activities covering the formation and training of a cadre of poslan to the activities of the implementation of the health examination for the elderly with system 5 table. The importance of the mechanism of the service system 5 table are expected to be able to include posyandu services are according to the program of health services poslan according to the Ministry of health 2021 which focuses on promotive and preventive, without ignoring the efforts of curative and rehabilitative as a vehicle of services for the elderly.

## II. METHODS

Community service activity is performed in the Village of T. Flush that coordinate with the cadre of the health center.

The method implemented by the executive team activities served to the community through several approaches, namely:

### 1. Aspects of the health services program

Health services poslan which is not optimal, not in spite of the limited number of cadre of elderly well-trained and the lack of skills of the cadres in the administration of the poslan, provide health information on the elderly and activities poslan in accordance with the system

health services 5 table. This approach is implemented through a :

- a. Form a cadre poslan and socialization about the importance of poslan on the cadre that will be formed
- b. Counseling and training on the task 5 of the table in poslan

In this activity cadre of elderly will be explained about how the recording/registration of demographic data and health data of the elderly (table 1), health examination including measuring TB, BB and body mass index, checking blood pressure, pulse and temperature, the results of which are recorded on the cards health status of the elderly and an explanation of how to read and fill in the KMS, the assessment of the katz/the independence of the elderly (table 2), the examination of hemoglobin, blood sugar levels, total cholesterol, uric acid levels, urine protein and glucose in the urine (table 3), counseling and the provision of extra food the elderly (table 4) and health services/treatment of the elderly (table 5).

### c. The practice of implementation of poslan

In practice the implementation of poslan each cadre of elderly people who have been trained will be accompanied by students and health workers. Each cadre will observe and practice their duties in accordance with the tasks of the 5 tables.

### 1. Aspects of facilities and infrastructure supporting the health service

The unavailability of facilities and infrastructure supporting the health service on both partners to be one of the causes of ineffective health services poslan the appropriate standards of the Ministry of Health. According to Departemmen Health AFFAIRS 2006 mentioned that the standard of health services program poslan includes the registration of the elderly, the measurement of the height (TB) and weighing (BB), health services (treatment of simple cases and referral), extension activities or counseling and nutritional counseling.

This activity is carried out through the :

#### a. The provision of facilities medical devices and simple laboratory

This activity is carried out with the fulfillment facilities health tools include stethoscope, sphygmomanometer, thermometer, scales adult, gauges height respectively as 1 set. Laboratory facilities in the form of 1 unit inspection tools hemoglobin, blood sugar levels, total cholesterol and uric acid levels. One set of urine examination examination of glucose in the urine as early detection of diabetes mellitus and examination of protein in the urine as early detection of kidney disease.

#### b. Activities supporting the health of the elderly

The activities carried out by training a cadre of elderly to be able to become an instructor of gymnastics of the elderly, so this activity can be routinely carried out in both partners in order to improve the fitness of the elderly. This activity is supported by the provision of facilities for electronic devices in the form of 1 unit of USB speakers that support the activities of the elderly exercise.

The final part of problem solving solutions partners is the evaluation of the implementation and sustainability of the program. The evaluation was conducted by a team of IBM and the parties to assess and monitor partner for the sake of the sustainability of the program. The participation of health centers for the availability of a cadre of health workers and medicines is also a form of support for sustainability poslan in both partners.

## II. RESULTS AND DISCUSSION

The results that have been achieved through this program, it is in accordance with the target that had been planned before the:

### 1. Formation cadre poslan and socialization program poslan

The activities of the formation of cadres in the Village of T. Flush kader puskesmas, kader students. Socialization program dismpaikan by a team of Faculty service. The form of presentation of the solution offered related problems have not yet optimal health services poslan both parlors. The solution offered by the team in the form of increased health care of the elderly and the availability of facilities that support the health services in both parlors. Homes approved to facilitate the availability of the room poslan and cadres will be trained. Cadres from each of the orphanage consists of three people that will help health care in the poslan such.

### 2. Counseling and Training on the task 5 of the table in poslan.

In this activity has been done counseling and training a cadre of poslan about how the recording/registration of demographic data and health data of the elderly (table 1), health examination including measuring TB, BB and body mass index, checking blood pressure, pulse and temperature, and shame about how to read and fill KMS as well as the assessment index katz/ the independence of the elderly (table 2), the examination of hemoglobin, blood sugar levels, total cholesterol, uric acid levels, urine protein and glucose in the urine (table 3), counseling and the provision of extra food the elderly (table 4) and health services/treatment of the elderly (table 5).

### 3. Simulation gymnastics elderly

The activities carried out by training a cadre of elderly to be able to become an instructor of gymnastics of the elderly, so this activity can be routinely carried out in both partners in order to improve the fitness of the elderly. This activity has been supported by the provision of facilities electronic devices that support the activities of the elderly exercise. The implementation of simulation gymnastics elderly have been implemented in both nursing homes with the involvement of all cadres and the elderly dipanti nursing home is.

### 4. The simulation program poslan system 5 table

Elderly health care in both the Nursing home was held in the room that has been facilitated by the nursing and has been compiled 5 of the table along with the needs of the health care includes facilities medical devices and laboratory simple to support health services poslan. In practice the implementation of poslan each cadre of elderly people who have been trained accompanied by students and health workers. Each cadre will observe and practice their duties in accordance with the tasks of the 5 tables.

The Elderly Posyandu (Effendi and Nasrul, 1998), is a community center in an effort

health services and family planning. Ihc is the center of family planning services and health-managed and organized for and by people with the technical support of health care workers in order to achieve the Norm of a Small Family Happy Prosperous (NKKBS).

Program in health services and the provision of supporting facilities poslan that has been implemented is expected to increase the range of services the health of the elderly in both partners and formed health services in accordance with the needs of the elderly so that can improve the health of the elderly. In addition it is expected to increase the participation of cadres of the elderly in health care as well as improve communication between the elderly in the nursing home.

Health services 5 tables that have been implemented include the registration of the elderly, physical examination and mental measurements of TB, BB and blood pressure, recording and charging KMS, health counseling and provision of additional food as well as treatment. In addition it has also carried out activities to support health sports such as gymnastics for the elderly to improve the fitness of the elderly. For the smooth implementation of the activities poslan has provided the means and the supporting infrastructure, namely a place of activity (building/ room or open space), table and chairs, stationery, books recording the activities of, scales adult, tape measure measurement TB, stethoscope, thermometer, laboratory equipment simple, and KMS elderly, so that the whole series of activities poslan is expected to meet the standard service program poslan in accordance with the Depkes RI 2006.

In general, according to the Moh (2006), the purpose of the formation of the elderly posyandu as follows :

1. Increase the range of services the health of the elderly in the community, so that it formed health services in accordance with the needs of the elderly

2. Service closer and increase the participation of public and private sector in health care as well as enhancing the communication between the community and the elderly.

The fulfillment of the target outcomes of the activities of IBM is demonstrated through the availability of health care of the elderly and the presence of facilities utilization that support the health services that are needed on both of the orphanage.

Elderly exercise is a series of motion regular and purposeful tone as well as planned, followed by elderly people performed with the intent of improving the ability to improve the functional ability of the body to achieve these goals. Benefits of exercise for the elderly according to Nugroho (2000), among others :

1. Expedite the process of degeneration due to age changes.
2. Easy to adjust the physical health in life (adaptation)
3. Protect function, which is to improve the energy reserves in its function to the increasing demands, misalya hospital. Pad(a further age there is a decrease in muscle mass and strength, maximal heart rate, exercise tolerance, aerobic capacity and an increase in body fat. Sports such as gymnastics elderly can prevent or slow the loss of the functional. A variety of research shows that exercise/sports such as gymnastics elderly dapatmengeliminasi a variety of risk of diseases such as hypertension, diabetes mellitus, coronary artery disease and accidents. (Darmojo, 2006) so it is expected that the elderly can carry out activities supporting this.

The fulfillment of the target supporting activities for the elderly is to have the implementation of gymnastics for the elderly through the training cadre as the instructor and the availability of supporting tools to perform exercises that facilitated team devotion to carrying out these activities.

#### IV. CONCLUSION

Community service activities has facilitated the formation of a cadre of poslan in the Nursing home Darussa'adah and Nursing homes An-Nur. Through socialization program poslan in both nursing homes are also already skilled cadre poslan about recording/registration data in the health of the elderly as well as general physical examination/self-reliance of the elderly as well as training in the filling of the KMS and the skills of simple laboratory in both the nursing home.

Elderly health care in both nursing homes have been equipped with facilities medical devices and simple laboratory facilities, as well as electronic devices to support the activities of the elderly exercise. So that has been the achievement of the purpose of the end of the community service program, through the implementation of the simulation program posyandu lansia system with 5 tables and the availability of supporting facilities health services in both the nursing home.

Sustainability of the program posyandu elderly involves the support and the active role of the synergy between the Nursing home, Medical Faculty, Department of health, health centers and social organizations such as Health Education and Promotio (HEP). The Faculty and community health centers participate through the availability of health workers and drugs. The attention of the department of health provided in the form of monitoring and evaluation activities, while the Organization HEP assist with the implementation of the program with the availability of cadres. Party nursing homes participate in the maintenance of facilities, medical equipment and other supporting equipment, so that the health service for the elderly and facilities utilization to support health services for the elderly will continue to optimal.

#### REFERENCES

- [1] Anderson, MA. (2007). *Caring for older adults holistically*. 4<sup>th</sup> Edition. Philadelphia: FA Davis Company.
- [2] Badan Pusat Statistik. (2011). *Statistik penduduk lanjut usia 2011*. Diunduh 11 April 2016 dari: [http://www.bps.go.id/hasil\\_publicasi/stat\\_lansi\\_a\\_2011/files/search/searchtext.xml](http://www.bps.go.id/hasil_publicasi/stat_lansi_a_2011/files/search/searchtext.xml)
- [3] Badan Pusat Statistik. (2014). *Statistik penduduk lanjut usia 2014*. Diunduh 30 Maret 2016 dari: <http://www.bps.go.id>
- [4] Departemen Kesehatan Republik Indonesia. (2003). *Pedoman pengelolaan kesehatan di kelompok usia lanjut*. Jakarta: Departemen Kesehatan Republik Indonesia.
- [5] Departemen Kesehatan Republik Indonesia. (2006). *Pedoman pelatihan kader kelompok usia lanjut bagi petugas kesehatan*. Jakarta: Direktorat Kesehatan Keluarga.
- [6] Departemen Kesehatan Republik Indonesia. (2013). *Gambaran kesehatan lanjut usia di Indonesia*. Jakarta: Departemen Kesehatan Republik Indonesia.
- [7] Departemen Sosial Republik Indonesia. (2009). *Dukungan kelembagaan dalam kerangka, peningkatan kesejahteraan lansia*. Jakarta: Kantor Urusan Pemberdayaan Lansia Departemen Sosial Republik Indonesia.

- [8] Darmojo R.B. (2006). Buku Ajar Geriatri. Edisi ke-3, Balai Penerbit Fakultas Kedokteran Universitas Indonesia. Jakarta.
- [9] Effendi & Nasrul, (1998). Dasar-Dasar Perawatan Kesehatan Masyarakat, Jakarta. EGC.
- [10] Maas, ML. (2008). Asuhan keperawatan geriatrik, diagnosis NANDA, kriteria hasil NOC, intervensi NIC. Jakarta: EGC.
- [11] Notoatmodjo, S. 2007. Health science society and art and education and health behavior. Jakarta: Rineka Cipta.
- [12] Nugroho, W. (2000), Keperawatan Gerontik. Edisi ke- 2, Penerbit EGC, Jakarta.
- [13] Setiti, S.G. (2006). Pelayanan lanjut usia berbasis kekerabatan (studi kasus pada lima wilayah di Indonesia). Diunduh 3 Mei 2016 dari: <http://www.depsos.go.id> Tabloski, PA. (2006). Gerontological nursing. New Jersey: Pearson Prentice Hall.