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MOBILE HEALTH CHECKUP FOR THE OLDER PERSON TO IMPROVE QUALITY OF LIFE: EFFORTS TO IMPLEMENT SDGS GOAL 3

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ABSTRACT

Introduction: Health service programs in an area can help improve the health quality of the older people. The importance of maintaining the quality of life of the older people include optimizing the productivity of the older people, increasing public awareness, and early screening for non-communicable diseases. Mobile inspection is one form of implementing sustainable development goals goal 3 . The purpose of this program is to improve the quality of public health, especially the older people with disabilities as the implementation of goal 3 in the SDGs.

Methods: This program is a mobile inspection program which is a follow-up program from the older people Integrated Healthcare Center. The location of the program is in Dadapan Village, Kabat, Banyuwangi. Characteristics of the target older people are the older people who have degenerative diseases with special needs so they cannot visit health facilities. The older people are given free health checks, blood pressure checks, then health counseling is provided, and finally the older people are given PMT for the older people to support their nutritional needs.

Results: There were three target older people, then the Village Nurse and the team headed to the target older people home. The examination includes checking the blood pressure of the older people, providing health counseling for natural patients as well as recommendations for healthy living behaviors which include drinking enough water, getting enough sleep, not thinking too much, eating nutritious food in accordance with the recommended diet based on health status.

Conclusion: Mobile examinations for the older people are very much needed, but the limited number of health workers in the local area is an obstacle that needs attention. The urgency of the older people mobile examination, among others, is to provide nutrition screening, delay the acceleration of the progression of degenerative diseases, and increase education related to health and nutrition for the older people. Moreover, mobile inspection is a program that is suitable for SDGs goal 3, namely good health and well-being.

KEYWORDS

older people; quality of life, SDGs

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1. INTRODUCTION

Humans are known as holistic beings, namely whole or comprehensive creatures consisting of biological, psychological, and social elements. an older person is someone who has reached the age of 60 years (Perpres, 2021). The older people population is increasing from year to year according to WHO. In

2017, according to the Central Statistics Agency in Indonesia, the number of older people increased by 8.97%, namely 23.4 million. It is dominated by older people, women aged 60-69 years. The percentage of older people in East Java has reached 11.8% of the total population (Vibriyanti, 2019).

Life expectancy is one of the parameters of quality of life. The higher of life expectancy is, the better the quality of life. The quality of life of the older people is important because it is associated with morbidity. The morbidity rate continues to increase, both communicable disease and non-communicable disease. The morbidity rate in Indonesia reaches 14,46% (BPS, 2020). This number of morbidity rate will interfere with the quality of life of older people. Therefore, in an effort to improve the quality of life on the older people, certain efforts are needed.

The increase in the number of older people is due to the improvement in the health quality of the older people (Mawaddah, Syundari, dan basahi, 2018). The urgency of the quality of the older people's health itself includes keeping the body healthy in old age, optimizing the productivity of the older people, increasing public awareness, and early screening for non-communicable diseases (Firmansyah et al, 2021). The health quality of the elderly can be influenced by various factors. One of them is because of the health service program in one area. (Intarti & Khoriah, 2018). Areas that have integrated health care programs have been shown to have a high quality of life for the older person. (Hasanah & Nasution, 2020) This is evidenced by the life expectancy of the older person. (Idem, 2020). One example of an older person health service program is the integrated healthcare center for the older person. (Intarti & Khoriah, 2018).

Another factor is the environment where the older people live. The living environment is one of the factors that influence the quality of life of older people, as stated in study by Ardiani (2019). In line with the sustainable development goals, or what is familiarly called the SDGs (Sustainable Development Goals) on the third point, namely good health and well being, efforts to prosper and improve the quality of life are needed (Hikmah & Fitriana, 2017). One of the efforts that can be done is to prosper and improve the quality of life. With this, one of the optimizations that

can be done is optimizing health services through health programs.

The program is a home visit program for the older people. This program helps improve the quality of life of the older people by early detection of communicable disease and non-communicable disease. Last July, a program for mobile older people health checks was carried out. The purpose of this program is to improve the quality of public health, especially the older people with special conditions as the implementation of goal 3 in the SDGs. In addition, this program helps identify specific health problems for the older people because the approach taken is a direct approach to the target house.

2. MATERIAL AND METHODS

This program is a mobile inspection program which is a follow-up program from the older people Integrated Healthcare Center. Elderly Posyandu is a program that already existed at the elderly Posyandu. This mobile inspection program is targeted at the elderly. Our focus is in Dadapan Village, Kabat District, Banyuwangi Regency. The mobile examination is carried out by home visits for the older people with limitations, so that the older people cannot go to local health facilities. The activity starts at 08.00 WIB - 11.00 WIB. If the elderly can not join the Integrated Healthcare Center, healthcare providers will visit. The approach taken is through interviews accompanied by local village nurses then blood pressure checks are carried out, then the older people with a history of certain diseases are followed by checking blood sugar levels and checking cholesterol. These periodic checks are carried out to monitor the special conditions of the older people. Then at the end of the older people activity, the older people PMTe is given to the target older people. the older people PMT is the provision of additional nutrients through food support . This PMT can be milk or fruit.

3. RESULTS

There are three targets in this mobile inspection program. We obtained data regarding the older people through interviews with village officials and older people Integrated Healthcare Center cadres. Integrated Healthcare Center for the Elderly is a health program from the Kabat Health Center which is translated into an auxiliary public health center in Dadapan Village. Integrated Healthcare Center activities for the older people in Dadapan Village occur once a month. Then from the Integrated Healthcare Center activities for the older people, who were unable to attend, the team held this mobile examination program. The program was implemented well and in accordance with the initial plan. The obstacle faced by the team was that when conducting interviews, the team could not explore problems more freely due to language limitations. The language used by the target is a typical Banyuwangi language, namely Osing. Even though they had prepared an interpreter, they still had difficulty understanding the dialogue with the target.

From the results of visits to three older people people, the following results were obtained:

1. The first older person is a woman who lives only with an unmarried son, the economic status is classified as lower middle class. She is 86 years old. The last education is elementary school. Blood pressure is quite high, rarely consuming water for fear of being troublesome when urinating. All day just sleeping in bed. Have kyphosis of the spine.
2. The second older person is a woman who lives with her partner, middle to lower economic status. She is 70 years old. Normal blood pressure. The daily habit is taking care of the household. Unable to visit the health facility due to an accident one week ago, so his leg had to be in a cast.
3. The third older people are men who live alone because his son is in a foreign country. Late 80 years old. Normal blood pressure. Daily habits are sleeping and sitting in bed.

4. DISCUSSION

Analysis of Problems in The Older People in Dadapan Village

Older people is a period when humans experience setbacks in their lives. (Maryam, 2008). older people and their problems are things that must be considered because aging problems in the older people can cause new diseases in their old life. The following is an analysis of the problems of the older people in the village of Dadapan, Kabat Banyuwangi :

The first older person are older people with degenerative diseases and have nutritional problems. The decrease in physical ability is clearly seen when the older people can only sit and sleep in bed. However, this first senior has an extraordinary closeness to the creator, seen when the team conducted interviews with the older people. The older people have a strong belief that God is always with him and keeps him healthy. The main problem in the older people that can be observed in the near future is the lack of nutrient intake and consumption of mineral water. The older people are very vulnerable to nutritional deficiencies, ranging from those who are picky eaters, do not want to eat because of difficulty swallowing and chewing, or because their bodies cannot absorb the nutrients provided. To overcome this, feeding the older people needs to be considered. How to feed the older people should be given a soft texture and easy to digest (Anna & Chusniatun, 2017) (Wulandari & Wildayani, 2021). There are some older people who eat in small portions but often. Then choose the color of the material. It would be nice if the older people feeding has three primary color compositions that are easily recognized by the older people, namely red, yellow, green (Wulandari & Wildayani, 2021). The three primary color compositions, in addition to making it easier for the older people to recognize food, are also expected to have a balanced nutritional composition to help meet the nutritional needs of the older people (Idem, 2021).



Figure 1. Interview with Older People

The second older person are older people who have decreased physical abilities and also have a history of degenerative diseases. Although the second older person has a younger age than the other two older people. This second older person has a psychological burden because he only lives with a partner. The second older person miss out for his children who have long gone abroad to wander out of town. Degenerative disease is a disease caused by an imbalance of metabolism in the body. Degenerative diseases make a person experience a decline in productivity (Nisak, Maimunah, Admadi: 2018). Degenerative diseases are prone to be experienced by the older people (Setiyorini & Wulandari, 2018). The degenerative diseases include Diabetes Mellitus, Hypertension, and Stroke. Prevention of degenerative diseases is done by increasing physical activity in the older people (Sembiring, 2017), and limiting the intake of sugar, salt and fat (Kemenkes, 2019). In addition, this second senior also has a decrease in physical ability. Decrease in physical ability occurs due to aging in the body of the older people. At that age, muscle mass also decreases (Suwarni, Setiawan, Syatibi: 2017). Bone strength is also not as good as when it was young. So injuries at an old age are more difficult to heal than at a young age. The nutrient needed to maintain bone muscle strength is calcium (Azzaky, 2022).

The third older person are older person with cognitive problems. The older person always feel that they live in an era before independence, so they give



Figure 2. Blood Pressure Check by Village Nurse

a message to everyone that the best place to take refuge is God Almighty. The third older person is not quite able to respond to conversations with other people. The decline in cognitive abilities in the older people is due to telomere shortening. Telomere shortening is unavoidable in the older people (Siregar, 2019). Telomere shortening causes the older people to quickly forget short-term memory and long-term memory (Winarno & Wida, 2015). The decline in cognitive abilities can be slowed down by meeting the needs of omega 3 in the body (Kiecot et.all.,2013).

Furthermore, related to psychological problems that often occur in the older people are feeling lonely in the midst of solitude (Annisa & Ifdil, 2016). The older person feel that no one can understand their needs and wants. The best countermeasure is to make the older people close to their creator (Sulandari, Wijayanti, Pornamasari: 2017). In this way, it can make the older people more calm in mind and have a busy life rather than just thinking about himself who is getting older every day.

The Urgency of the Mobile Examination Program on the Quality of Life for The Older People

As mentioned in the results of the above activity, the mobile inspection program is a continuation program of the older people Integrated Healthcare Center. The main purpose of the mobile examination is to improve the quality of life of the older people. With a direct approach like this, health workers can see firsthand the environment, real conditions, and other problems

that were not seen during the older people Integrated Healthcare Center. The following are some of the urgency of the mobile examination program on the quality of life of the older people:

1. Providing health screening for the older people.

This health screening is usually carried out at the beginning of the examination by measuring weight and height, checking blood pressure, checking GDS (current blood sugar), and checking other vital signs. The function of this screening is to find out the emergency that occurs in the older people. By carrying out this screening, both health workers, keeper guides from the older people, and the older people themselves can increase their awareness.

2. Delaying the accelerated progression of degenerative diseases explains old age

Degenerative disease is a disease that will continue to progress from its existence. Some degenerative diseases cannot be cured but are prevented or slowed down their progression such as diabetes mellitus, hypertension, cholesterol, and there are several other diseases. By doing regular health checks, the older people who experience degenerative diseases can slow down the growth of the disease itself.

3. Increased education related to health and nutrition for the older people

Education related to health and nutrition is important so that there are no misunderstandings in social life. Providing education has become part of the responsibility of health workers. However, often the provision of education does not hit the right target. Through this mobile inspection, the team, together with the village nurse, were able to slip in all knowledge related to health and nutrition.

Implementation of SDGs goal 3 (Good Health and Well Being)

Sustainable development goals have 17 goals that must be pursued, one of which is Good Health and

Well Being. Good Health and Wellbeing is a sustainable development goal that is related to the welfare and health of the community (Ermalena, 2018). There are 9 targets in goal number 3 of the SDGs, namely:

1. Reduce MMR to below 70 per 100,000 KH
2. Ending preventable infant and child mortality
3. Ending the epidemics of AIDS, tuberculosis, malaria and tropical diseases
4. Reduce by 1/3 premature deaths from non-communicable diseases
5. Strengthen the prevention and treatment of drug abuse
6. Reduce deaths and injuries from traffic accidents
7. Ensure universal access to sexual and reproductive health services
8. Achieve universal health coverage
9. Crisis and emergency management (idem, 2018).

In these 9 targets, mobile examinations for the older people are included in target number 8. Universal health coverage is a guarantor of access to health services both in a promotive, preventive, curative and rehabilitative manner, this understanding is quoted from WHO (Agustina et al., 2019). This mobile examination program for the older people with special conditions is a form of curative and rehabilitative health services. This program facilitates the older people who cannot afford to visit local health services. A similar health service improvement program was reviewed in the journals owned by Suharto, Bahiroh, and Ramadhan (2019), in which the journal stated that the public received knowledge transfer because of the frequent exposure to public health knowledge by health workers when visiting. Another journal said that the existence of mobile checks can increase public confidence in local health workers (Al Asyfihani & Utama, 2020).

This fact was strengthened when they saw the interaction of the village nurse with the villagers. The

older people seemed to be free to communicate and feel comfortable telling what they were complaining about to the village nurse. This comfortable communication can only be obtained when there is a sense of trust from the community towards health workers.

5. CONCLUSION

The conclusion of the older people mobile examination program is that every older people has various problems, ranging from physical health problems to psychological problems. Every older people needs different treatment to overcome their problems. As health workers, what they can do is give their best and help improve their quality of life. To answer problems related to the limitations of the older people visiting health facilities, the mobile older people examination program with a ball pick-up system is the right program. The urgency of the older people mobile examination, among others, is to provide nutritional screening for the older people, delay the acceleration of the progression of degenerative diseases, explain old age, and increase education related to health and nutrition for the older people. Moreover, mobile inspection is a program that is suitable for SDGs goal 3, namely good health and well being. In the future, it is hoped that the government will support in carrying out this program, because there are still many out there who have not received similar health facilities. Meanwhile, health workers and health support equipment are still not sufficient.

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