



## EVALUATION OF DEVELOPMENT LEVEL OF INTEGRATED NON-COMMUNICABLE DISEASES GUIDANCE POST IN MOJOGENENG VILLAGE, JATIREJO HEALTH CENTER, MOJOKERTO REGENCY

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Research Report

### ABSTRACT

**Introduction:** PTM is one of the most common causes of death in Indonesia. Based on a preliminary study of data from the Jatirejo Public Health Center in 2018, 2743 families with hypertension were found while those receiving routine treatment were 884 families. Based on these problems, it can be said that the implementation of the PTM Posbindu in Mojogeneng Village has not run optimally. **Methods:** Using a qualitative study conducted in Mojokerto Regency by involving related parties. The technique used is interview, Focus Group Discussion/FGD, observation and document review. The secondary data of the research was obtained from the results of the PTM Posbindu activities which were discussed in accordance with the research variables. **Results:** Variable developmental level of PTM Posbindu, Related to the implementation of activities carried out every month, PTM counseling is carried out 3 or 4 times a year, counseling on all PTM problems, physical activity once and Partnership 3 to 4 times a year. **Conclusion:** Evaluation of the developmental level of PTM Posbindu consists of 12 indicators, the first indicator is independent category, second pratama, third middle, fourth pratama, fifth middle, sixth independent, seventh middle, eighth >55 years old and 44-55 full moon, 35-44 years old and 25-34 middle years, ninth and tenth full moons, eleventh full moons, and twelfth full moons.

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### INTRODUCTION

Non-Communicable Diseases (NCD) is one of the causes of death in Indonesia. The high number of non-communicable diseases becomes a burden in health services as well as challenges that must be faced in health development. The death rate from non-communicable diseases is quite high. Based on data (WHO 2018) it is estimated that there are around 41 million people who die from non-communicable diseases every year. The data shows that almost 71% of deaths worldwide are caused by non-communicable diseases. The highest proportion of deaths from all deaths is stroke, followed by hypertension, diabetes, cancer and chronic obstructive pulmonary disease.

Shows the prevalence of hypertension according to diagnosis is 25.8%, there is an increase of 34.1% (Risksdas, 2018). The estimated number of hypertension cases in Indonesia is 63,309,620 people, while the death rate in Indonesia due to hypertension is

427,218 people. Characteristics by age 25-34 years by 20.1%, age 45-54 years by 45.3% and age 55-64 years by 55.2%. The proportion of not taking regular medicine is 32.3% and not taking medicine is 13.3%, taking traditional medicine is 14.5%, often forgetting 11.5%.

Meanwhile, the prevalence of DM based on blood tests in the population aged 15 years increased from 6.9% to 8.5% (Risksdas, 2018). The estimated total number of cases is more than 10.3 million people in 2018. Characteristics by age 35-44 years are 8.6%, age 45-54 years are 19.6%, age 55-64 years are 19.6%. The proportion not taking medication 9%. Reasons for not regularly taking OAD/insulin injections feel healthy 50.4%, do not regularly go to health facilities 30.2%, take traditional medicine 25.3%, often forget 18.8%.

Based on a preliminary study of data from the Jatirejo Public Health Center in 2018, it was found that 20743 KK sufferers of hypertension while those receiving routine

treatment are 844 KK. In Mojogeneng village, 163 families suffer from hypertension, but only 64 families receive regular treatment. The results of the recapitulation of the PTM posbindu program report in Mojogeneng village in 2018 showed that there were 3 PTM posbindu, the number of community coverage who visited the Posbindu was 40.59%, Obesity monitoring 20%, blood glucose 19.5%, independent participants 50%, Partnership 1 time.

Based on these problems, it can be said that the PTM Posbindu program in Mojogeneng village has not run optimally, therefore further research is needed to evaluate the level of development of the Integrated Non-Communicable Diseases Development Post. For this reason, this research must be carried out immediately so that PTM sufferers can still be healthy, productive, not burdensome with large costs, and in the end can contribute to socio-economic development in Indonesia.

## **MATERIALS AND METHODS**

This research is a qualitative study that was conducted in Mojokerto district by involving the health department, puskesmas, PTM posbindu cadres, and the community in Mojogeneng village. The research period was carried out in May-August 2021. The techniques used in the research were in-depth interviews, Focus Group Discussions/FGDs, observation and document review. The informants selected for the interview were determined directly using the principle of

suitability and adequacy, namely the head of the Jatirejo health center, PTM program holders, nurses at the Ponkesdes, cadres of PTM Posbindu, and people who used PTM Posbindu. Research observations by making notes while in the field and photos of PTM posbindu activities. Secondary data was obtained from the results of PTM posbindu activities which were discussed in accordance with the research variables. The research variable explored thematically is the output evaluation aspect including the achievement of indicators for the implementation of the PTM Posbindu in accordance with the UKBM Technical Manual ( East Java Provincial Health Office, 2013). The indicators for the development level of PTM Posbindu are assessed from 12 indicators, namely the implementation of activities, coverage of obesity monitoring, coverage of blood glucose monitoring, coverage of blood cholesterol monitoring, PTM counseling, counseling, physical activity 1 time a week, coverage of participants with age classification >55 years, 45-55 years old, 35-44 years old, 25-34 years old, implementing activities, health financing, independent participants, and partnerships. Various findings from in-depth interviews, FGDs, observations and document reviews were processed according to research variables. The results of the study were also clarified with previous similar studies.

## **RESULTS**

The results of the study will be described regarding the data obtained during the research, namely the general description of the PTM Posbindu and specific data regarding the variables measured in accordance with the indicators of the level of development of the PTM Posbindu. The general description of the PTM Posbindu is in principle no different from the implementation of Community-Based Health Efforts. The establishment of the PTM Posbindu in Mojogeneng Village since 2018, there are 3 PTM Posbindu with 15 cadres

## **DISCUSSION**

The implementation of Posbindu PTM activities is carried out once a month, this is based on indicators of the level of development including the independent category because it has been carried out >6 times a year. Posbindu PTM activities can be disrupted if they are not held regularly every month (Ambarwati, 2019). For this reason, the implementation of Posbindu activities in Mojogeneng Village has sought good coordination so that every month Posbindu PTM activities are held. And there is a big potential role for cadres, village heads, community leaders, who always support the

implementation of these activities. One day of the implementation of the Posbindu PTM activity, the cadres have made preparations by holding group meetings to determine the schedule of activities, prepare the place and equipment needed to make and distribute announcements regarding the implementation time.

Based on the results of data from the Posbindu PTM activity, the coverage of obesity monitoring is only 25% of the target. This is based on indicators of the development level of Posbindu PTM including the pratama category because the coverage is only 25% of the target.

West Coast as many as 50 people with PTM found 8 patients experienced an increase in BMI measurements  $> 25 \text{ kg/m}^2$  this is equal to 16% of the total patients. The low coverage is firstly due to the low quantity of community attendance, secondly, public understanding is still lacking because the Posbindu PTM is only for the elderly who have the disease. The heteroglasia indicator of the diversity factor of cadres and the community is accommodated and used to share information, knowledge and experiences about the Posbindu PTM among them (Solikhah, 2019). The role of various parties is needed in providing information for determining an effective and efficient schedule for the implementation of the Posbindu PTM so that it is expected to reduce the quantity of attendance of participants and Posbindu PTM officers.

Based on the results of the activity data of the Posbindu PTM, the coverage of blood glucose monitoring is only 35% of the target. Posbindu visits in February 2021 to Puskesmas in the working area of Kab. On the west coast, it was found that 15 people with diabetes mellitus had blood sugar levels  $>200 \text{ mg/dl}$ , this result was 30% of the total participants. Meanwhile, for the fourth indicator, the coverage of blood cholesterol monitoring results from the activity data of the Posbindu PTM is only 25% of the target, this is based on the indicator of the developmental level of the Posbindu PTM including the pratama category because the target coverage is  $<25\%$  of the target. In the Puskesmas area of Pesisir Barat Regency, the cholesterol sufferers are quite high, namely 10 patients per 50 people or 20% of the total PTM sufferers (Susilawati, 2021). Both of these coverages are low due to several factors, the first is because the community is still low in knowledge about the disease and also because the skills of Posbindu PTM cadres are still low in checking blood sugar and cholesterol so they are very dependent on existing health workers. cadres cannot carry out Posbindu PTM independently because most cadres cannot carry out health checks, especially without a blood sugar and cholesterol monitoring center (Ni'mah, 2019).

Based on the results of data on Posbindu PTM activities related to PTM counseling, it is carried out 3 or 4 times a year. This is based on indicators of the level of development of Posbindu PTM including the Middle category because PTM counseling is carried out 3-4 times a year. One of the main causes of low counseling is because the cadres lack knowledge of science and also lack the energy to carry out regular counseling. This is what hinders the activities of the Posbindu

PTM. While the inhibiting factors for Posbindu PTM activities are the timing of Posbindu implementation on weekdays and mornings, people do not want to go to Posbindu PTM if there is no treatment, incomplete health education from cadres, support from village officials lack of limited medical/paramedical personnel and frequent exchange of PTM cadres after bindu (Andayasari, 2019).

Based on the results of data on Posbindu PTM activities related to counseling, it explains all PTM problems. This is based on indicators of the developmental level of Posbindu PTM including the independent category because counseling is carried out on all PTM problems, not only about diet and smoking. This is in line with Ambarwati's research (2019) which states that the risk factors for non-communicable diseases (NCDs) include smoking, alcohol consumption, unhealthy eating habits, bad lifestyle, obesity, stress, high blood pressure, hyperglycemia, hypercholesterolemia, and obesity. early monitoring of identified risk factors through health counselling. The fifth stage of the 5 table system of Posbindu PTM activities is counseling and follow-up (drug administration/referral), in this case counseling is carried out after all stages of the examination have been carried out. After that, the target / individual knows whether he has risk factors for non-communicable diseases or not. Individual counseling/motivation/counseling for those who do not have serious illnesses or normal risk factors to increase awareness of activity goals related to healthy lifestyle behaviors related to diet and physical activity. Follow-up is divided into two, first is the administration of drugs which is done selectively to the target who has complaints such as dizziness, or pain, the drugs given vary according to the target's complaints. The second follow-up is a referral is made to the target activity with criteria including severe cases of severe hypertension, hyperglycemia, or hypoglycemia that require further treatment and examination (Astuti, 2016).

Coverage of participants for age  $>55$  years based on the results of data from Posbindu PTM received 70% participant coverage. This is based on data on Posbindu PTM activities including the full moon category because the coverage of participants is  $>50\%$ -75%. Age 45-54 years, based on the results of the data on Posbindu PTM activities, the coverage of participants is 55%. This is based on the Posbindu PTM activities including the full moon category because the coverage of participants is  $>50\%$ -75%. Age 35-44 years, based on the results of data from Posbindu PTM received 30% participant coverage. This

is based on data on Posbindu PTM activities including the intermediate category because the coverage of participants is >21%-50%. Ages 25-34 years, based on the results of data from Posbindu PTM received 15% participant coverage. This is based on data on Posbindu PTM activities including the intermediate category because the coverage of participants is >11%-25%. This is because not all of the targeted communities were present when there was a Posbindu PTM activity. The community considers that the Posbindu PTM is intended for the elderly and the sick. Posbindu PTM at the Banguntapan Health Center does not include the target age of the Posbindu PTM (Pranandari, 2017).

Based on the results of the Posbindu PTM activity data related to implementing activities, 90% of the community. This is based on indicators of the level of development of the Posbindu PTM including the full moon category because 90% of the activities are carried out by the community. Implementation of post-training posbindu by the Unsoed service team is very useful, because during activities all administrators are trained according to their respective duties and the five desk functions in posbindu are activated. Based on observations, the cadres are skilled, meaning that almost all cadres take the right actions, complete follow-up books, and consult (Ramadhan, 2019).

Based on the results of Posbindu PTM activities related to financing 80% of the community. This is based on indicators of the level of development of Posbindu PTM including the full moon category because health financing >75-90% comes from the community. The financing of the Posbindu PTM program in Mojogeneng village is not problematic because 80% of the costs are from the community and 20% of the financing is obtained from village funds and the Puskesmas BOK which is related to the PTM control program including the Posbindu PTM. Funding for the implementation of Posbindu program activities in West Coast Regency comes from community contributions, Posbindu Operational Assistance (BOK) funds for Puskesmas, private and regional agencies (Susilawati, 2021), NGOs, etc. so that Posbindu activities can be sustainable. Posbindu funds comes from funds that Posbindu funds come from APBD, APBN, and BOK funds. Health financing is an arrangement that brings together various efforts to extract, allocate and spend financial resources in an integrated and mutually supportive manner in order to ensure the achievement of the highest degree of public health ( Nugraheni and Hartono, 2018).

Based on the results of data on Posbindu PTM activities related to 75%

independent participants. This is based on indicators of the level of development of the Posbindu PTM including the full moon category because 50%-75% of independent participants come from the community. This is in line with Sarinastiti's research (2018), the results show a percentage of 83.3% of people using puskesmas. The existence of health education also increases public knowledge in maintaining health. In addition, the access to the puskesmas which is not too far makes it easier for the community to reach the puskesmas. This is because the puskesmas carries out health promotions to their working areas so that people behave in a healthy life and realize that the responsibility for health is not solely the responsibility of the government and health workers but is an independent responsibility.

Based on the results of Posbindu PTM activity data related to partnerships 3 to 4 times a year. This is based on indicators of the level of development of Posbindu PTM including the full moon category because partnerships are carried out 3-4 times a year. Posbindu PTM Desa Wirokerten and Tamanan have established partnerships, especially in the provision of funds and consumables. The association in Wirokerten Village was established with the Wirokerten Village government. Posbindu PTM Desa Tamanan also cooperates with private universities. Partnerships are very important to support the implementation and development of posbindu activities. Partnerships with puskesmas can develop a referral system and obtain medical technical assistance for health services (Pranandari, 2017).

## CONCLUSION

The level of development of the Posbindu PTM in Mojogeneng Village is included in the Purnama Posbindu category.

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