

# YOUTH AND HEALTH CARES EMPOWERMENT TO INCREASE THE NUMBER OF YOUTH VISITS TO *POSBINDU*

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## ABSTRACT

*Posbindu* is an integrated health post for people aged 15-50 year-old held by community. Government urge *Posbindu* to be carried out routinely at the hamlet level. Unfortunately, after two years running, the number of *Posbindu* visits especially teenagers in Cabeyan Hamlet was very low. The aim of this Community Partnership Program (CPP) is to increase the number of visits of youth to *Posbindu* in Cabeyan Hamlet, Panggungharjo Village, Sewon Sub-district, Bantul Distric so that youth are monitored regularly for their health. The partners involved were health cadres and youth in Cabeyan Hamlet, all of whom numbered 50 people. The activities were carried out during September 2018, namely the socialization of *Posbindu*, team-building training between health cadres and youth, counseling on non-communicable diseases, health examination training, organizational strengthening and brain-storming of income opportunities for self-financing so that the sustainability of this program will be maintained. To increase the visits to *Posbindu*, it was agreed that the implementation of *Posbindu* would be accompanied by community gatherings, such as youth meetings, gathering of mothers, etc. Teenagers are trained to conduct health checks on their own friends. Health cadres and youth are scheduled to become health workers at each community meeting. The community agreed that *Posbindu*'s cash will be taken from the community's cash. In addition, community agreed to utilizing vacant land by growing vegetables and fruit, later crops can be sold to increase *Posbindu* cash. This CPP provides grants in the form of two packages of medical devices, also fruit and vegetable seeds for planting in community gardens. In addition, the Panggungharjo Village Government supported this program by providing assistance in the form of medical devices and funds for *Posbindu* coordination meetings.

**Keywords:** empowerment, youth, teenagers, health cadres, non-communicable disease, *Posbindu*

## 1. INTRODUCTION

Non-communicable diseases (NCD) are the biggest killers in the world with 35 million deaths each year from around 60% of all deaths, especially heart attacks, strokes, diabetes mellitus, cancer, chronic lung disease and traffic accidents (Kiting, Ilmi, & Arifin, 2017). In developing countries such as Indonesia, the majority of the disease has been shifted from infectious disease to non-communicable disease (NCD). NCD control in Indonesia is implied in UU RI No.36 tahun 2009 concerning about non-communicable disease, the efforts to control it: preventive, controlling, treatment; and the effects made by the disease (Umayana & Cahyati, 2015). An example of NCD control made by the government through the Ministry of Health (MOH) in 2014 was developing a program named Pos Pembinaan Terpadu (*Posbindu*).

*Posbindu* NCD is a community participation in early detection and risk factors monitoring of the main NCD. This is an integrated, routine, and periodic activity. NCD risk factors are smoking, alcohol consumption, unhealthy eating habits, minimum physical

activity, obesity, stress, hypertension, hyperglycemia, and hypercholesterolemia. Early detection and management of these risk factors can be achieved by *Posbindu* through medical counseling and referring to primary health care (Depkes, 2012).

*Posbindu* targets healthy population, the population with risk factors, and population with non-communicable disease, aged 15-50 year old. *Posbindu* has been adapted in some districts in Indonesia, for example in Panggungharjo Village, Sewon District, Bantul Regency. Panggungharjo village consists of 14 hamlets and divided into 118 RT which inhabit 560,966.5 hectares area. Panggungharjo village is near Yogyakarta city, the capital of D.I.Yogyakarta province.

Panggungharjo village was the first winner in *Lomba Desa dan Kelurahan Tingkat Nasional* held by the Ministry of Home Affairs (MOHA) in 2014. Improvement is continuously developed, one of them is in the health sector. *Posbindu* in Panggungharjo village has been run in Sorowajan hamlet, Dongkelan hamlet, and Cabeyan hamlet. The launching of *Posbindu* in Cabeyan hamlet was held in April 2017 by the Chairperson of the Construction Family Welfare (*Pembinaan Kesejahteraan Keluarga/PKK*) in Bantul Regency. Cabeyan's population consist of 1,540 people, divided into 7 sub-hamlet (*Rukun Tetangga*). This hamlet is located in the south-east part of the village, along with Parangtritis street km 7.

*Posbindu* “Ducasera” (*Dusun Cabeyan Sehat Sejahtera*), as Group 1, is categorized as “pratama” because they are newly formed. This *Posbindu* was launched on April 23, 2017. *Posbindu* “Ducasera” has 12 health cadres. Among the cadres, only one cadre who had been practically trained in the level of Bantul Regency for a week and the rest have attended one day NCD training by Primary Health Care. However, the Health Office has criteria for cadres who are allowed to take part in the training, which is at least high school level education. Cadres are voluntarily recruited from the Cabeyan community and they are mostly housewives. Actually, there are many young mothers who are potential to become cadres in Cabeyan. But, because their education background is junior high school and haven't been trained, they don't have enough knowledge to become *Posbindu* cadre.

Until July 2017, “*Posbindu Ducasera*” (*Dusun Cabeyan Sehat Sejahtera*) has carried out 4 activities. They already have a weight scale for medical examination. But, according to Ministry of Health, a *Posbindu* Pratama must have a tool to measure abdominal circumference, a sphygmomanometer/ tensimeter, and a fat analysis. The Health Office will provide the tools if the program has been routinely running and the community is actively involved.

*Posbindu Ducasera* is currently carrying out its activities at the hamlet chief's house, together with *Posyandu Balita* and *Posyandu Lansia*. And until now the *Posbindu* board has not yet been formed. This house is used alternatively for other activities so the equipment and administrative books related to *Posbindu* are stored in the warehouse. To date, people who attend the *Posbindu* are housewives. The youth have never attended *Posbindu* to check their health status.

Group 2 is youth (*pemuda Karang Taruna*) Cabeyan hamlet. Youth rarely visit health care provider because they are in a productive age with a good physical condition without any health complain. Furthermore, there isn't any health care provider that can be easily accessed by youth in their school age.

There are around 100 youth in Cabeyan hamlet who join some youth associations. There are 4 youth associations in Cabeyan hamlet. They are *Ikatan Remaja Cabeyan (IRCA)*, *Warga*

*Muda Cabeyan (WMC), Galang, and Mosque youth.* There are many youth associations because the Cabeyan hamlet which is consist of 7 sub-hamlet is separated by the rice field. They are actively doing many positive activities, independently or collaborate with the government, Primary Health Care, etc. For examples are Ramadhan activities, social activity with students community service program (*Kuliah Kerja Nyata /KKN*), Independent Day celebration, etc. This is a potential to optimizing *Posbindu* programme for youth.

After conducting a situation analysis, there are some issues related to the implementation of *Posbindu* for youth. First, youth have never attended *Posbindu* after two years running. Second, youth don't have medical examination skills so the examination must be done by the cadres. This can inhibit *Posbindu* activity because of limited cadres. Third, *Posbindu* doesn't have their own medical examination equipment.

To overcome these problems, a service team from Department of Biostatistics, Epidemiology, and Population Health, Faculty of Medicine, Public Health, and Nursing develops a programme named "Community Partnership Program (CPP) *Posbindu* Cabeyan hamlet". The general objective of this programme is to increase the number of youth visit in *Posbindu* Cabeyan Hamlet. Youth, as a nation's successors, need to have their health routinely monitored so any disease can be early detected.

## 2. METHODS

In order to ensure this programme is carried out properly, we started the programme with the socialization. The socialization was carried out to the relevant parties including the local government, youth, and the residents of Cabeyan hamlet where the programme is implemented. With this activity, we expected a support from them both institutionally, morally, and materially.

This program involves two community groups as partners. Group 1 (*Posbindu* cadre) and Group 2 (youth/*Pemuda Karang Taruna*) have provider and customer relationship so the approach for them is not entirely separated for each other. The approach is carried out to build a synergy, familiarity and a common perception between them. This activity was held on September 2018, including an introduction to *Posbindu*, team-building for cadre and youth, counseling about non-communicable disease especially about nutrition, adolescent reproductive health, basic medical examination training, institutional strengthening and discussion about business opportunities. The last activity was held to make sure *Posbindu* can continue their activities independently after this programme.

The number of youth visit to *Posbindu* after PKM is assessed to decide whether this programme is success or not. Furthermore, we also assess cadre and youth's knowledge and skills related to *Posbindu*. Their knowledge was measured by pre- and post-test. Pre-test was held before starting the programme and post-test was held after the cadre and youth already finished all PKM activities. Their skill was measured by observing their performance when conducting medical examination. The results of the measurement conclude as correct or incorrect.

A qualitative and quantitative analysis is conducted to assess the result. Quantitative analysis is used to calculate the increase from pre-test to post-test. Qualitative analysis is used to assess the skill improvement through observation, focused discussion and Group's agreement.

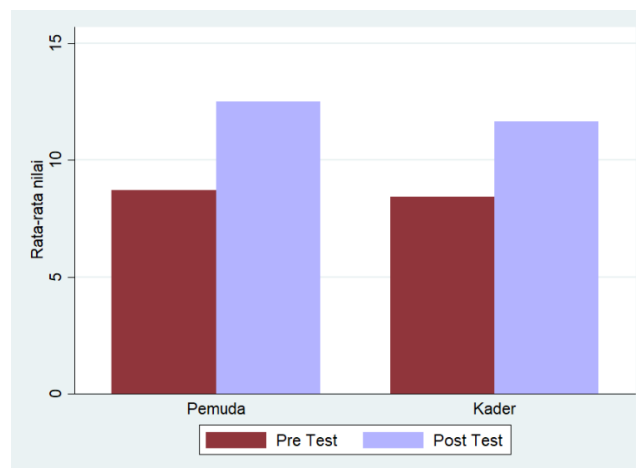
### 3. RESULTS AND DISCUSSIONS

The first activities are pre-test and introduction about *Posbindu* and NCD. Table 1 shows pre-test and post-test result in both Group. The highest score is 15 (all answer are correct). The pre-test score mean from 50 people is 8.6 and the post-test score mean is 12.16. The mean difference shows that there is an increasing score from pre-test and post-test after finishing CPP activities.

**Table 1. Pre-test and post-test mean about *Posbindu* and NCD**

Variable		n	Mean	Confidence Interval 95%	
Knowledge	Before	50	8,6	7,851	9,349
	After	50	12,16	11,331	12,989

Figure 1 shows the comparison of pre-test and post-test score between Group 1 and Group 2. Pre-test score for both Groups are almost the same. The difference score between pre-test and post-test is higher in youth group, but it is not statistically significant.



**Fig. 1. Pre-test and post-test score in youth and cadre group**

The team-building training was held in Goa Cemara beach. Both Group were put together and divided into 4 groups. The training consists of some games to build a synergy and teamwork. Figure 2 shows one of the activities during the team-building training.



**Figure 2. Team-building training activity**

Problem identification found that *Posbindu* timing, which is 9.00 a.m., is not possible for youth to come. This is the reason why youth never come to *Posbindu*. At 9.00 a.m., most of them are in school, university, or working. After they discussed this problem, there is an agreement that *Posbindu* will be held together with the other community activities such as youth association meeting, sub-hamlet meeting, mosque youth meeting, etc, that usually held monthly at night. Youth were trained to conduct medical examination so they can do it independently and help the cadres. This also makes *Posbindu* finish faster. Cadre and youth are rotated to do medical examination according to the schedule of the association meeting. Figure 3 shows the medical examination training for youth.



**Figure 3. Abdominal circumference measurement training**

Residents of Cabeyan agreed that the maintenance of medical equipment will be taken from each association cash. So there is no more dues for *Posbindu*. This are the best solution that will not be a burden to the community. In addition, youth and cadres agreed to raise funds by utilizing their own yards to plant vegetables and fruit. The vegetables and fruit can be self-consumed for nutrition improvement and can also be sold at the nearest vegetable or fruit market to increase *Posbindu* income.

Through CPP, *Posbindu* Cabeyan hamlet received a grant consists of two packages of medical examination tools, also papaya seeds to be distributed to the community to be planted in their own garden. The medical examination tool packages are stored in the hamlet chief's house and will be taken if there is an association meeting schedule. This programme also launched youth health card to record their health status including body weight, body height, abdominal circumference, thickness of fat, blood pressure, blood hemoglobin level, blood



sugar levels, and blood cholesterol levels. If there is an examination that is not within the normal range, they will be referred to the nearest Primary Health Care.

In October 2018, *Posbindu* for youth began to take place in the youth association meeting. The first medical examination was accompanied and monitored by the UGM team. From the observation, we concluded that youth, with or without cadre's supervision, had been able to carry out basic medical examinations among themselves. There are two youth who are studying health major, midwife and nursing academy. They can become a role model for their peers. All examination results are recorded properly in the *Posbindu* book.

This activity was welcomed by youth, cadres, and local government. *Posbindu* Cabeyan hamlet organization was formed with cadres and youth as administrators and hamlet chief as an advisor. Figure 4 is a photo of the hamlet's chief, the UGM team and all participants of the Community Partnership Program *Posbindu* Cabeyan hamlet. The Panggungharjo Village Government will provide a package of medical examination equipment for *Posbindu* and funds assistance for the *Posbindu* coordination meeting. The Primary Health Care as the institution in charge of the implementation of *Posbindu* can routinely monitor and managing medical examination results in *Posbindu* (Pranandari, Arso, & Fatmasari, 2017).



**Figure 4. UGM team and CPP Partner *Posbindu* Cabeyan Hamlet**

Youth *Posbindu* have not been widely promoted in the other regions. The author has not found any article reporting *Posbindu* for youth. So far, *Posbindu* that has been well developed is *Posbindu* for the elderly (Putri & Andriyani, 2018). This program is expected to motivate the emergence of *Posbindu* for youth in other regions.

#### **4. CONCLUSION AND RECOMMENDATIONS**

Community Partnership Program (CPP) activities in Cabeyan hamlet managed to increase the number of youth visits to *Posbindu*. Furthermore, CPP activities have also increased the knowledge of Non-Communicable Diseases (NCD) and increased skills of cadres and youth regarding basic medical examination. The local government welcomed the implementation of this activity. Sustainability of *Posbindu* is supported by community association funding and the communitys agreed to use vacant land in their yard to plant fruit and vegetables to support *Posbindu* income.

Author and UGM team hopes that *Posbindu* for youth will be held continuously and youth will actively visit *Posbindu* to routinely monitor their health status. The emergence of diseases can be detected early to get better treatment through *Posbindu* activity. The local government and the Primary Health Care should support the sustainability of these activities

with their respective capacities. Sustainability of this CPP can be a pilot project and an example for the other *Posbindu* in different age groups and in the other regions.

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