



CASE STUDY

DETERMINANTS OF INTEGRATED SERVICES POST PROGRAMM E-UTILIZATION IN ELDERLY EMPOWERMENT IN MEDAN AMPLAS DISTRICT

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ABSTRACT

There is an increase in the elderly population at this time, making the morbidity rate in the elderly also increase. In 2021, the number of elderly people who experienced illness in the past month was around 34.48%. Meanwhile, in 2022, the morbidity rate increased to 41.3%. The purpose of this study was to determine the determinants of the use of posyandu programs in empowering the elderly in Harjosari I Village, Medan Amplas District. The method used is a quantitative approach cross-sectional research design by surveying as many as 30 people as population representatives by accidental sampling by conducting interviews using online-based questionnaires. After the interview, the data were analyzed statistically using univariate, bivariate, and multivariate tests with a multi-stage model Analysis model to obtain crude values and adjusted odds ratio with an alpha significance of 5% ($p < 0.05$). The results showed that the greatest influence on the utilization of the posyandu program was a distance of >100 meters with an exp value (B) of 2.56. The conclusion is that overall variables have a significant relationship with the utilization of elderly posyandu services, with risks ranging from 1.43 to 2.56 times.

Keywords: Elderly, Disease, Productive, Empowerment

АБСТРАКТ

В настоящее время наблюдается увеличение численности пожилого населения, в связи с чем уровень заболеваемости среди пожилых людей также растет. В 2021 году число пожилых людей, которые испытывали недомогание в течение последнего месяца, составляло около 34,48%. Цель данного исследования - определить факторы, определяющие использование программ posyandu для расширения возможностей пожилых людей в деревне Харджосари I, район Медан Амплас. Использованный метод - количественный подход, кросс-секционный дизайн исследования путем опроса 30 человек в качестве представителей населения по случайной выборке путем проведения интервью с использованием онлайн-опросников, после интервью данные были проанализированы статистически с использованием одномерных, двумерных и многомерных тестов с помощью многоступенчатой модели Analysis model для получения грубых значений и скорректированного коэффициента удов с альфа-значимостью 5% ($p < 0,05$). Результаты показали, что наибольшее влияние на использование программы posyandu оказало расстояние >100 метров с показателем exp (B) 2,56. Вывод заключается в том, что общие переменные имеют значительную связь с использованием услуг posyandu для пожилых людей с риском от 1,43 до 2,56 раз.

Ключевые слова: Пожилые люди, болезнь, продуктивность, расширение возможности

INTRODUCTION

The health possessed by a person is not only viewed in terms of physical health but is comprehensive, both from physical health and spiritual health. In the community, health is very important for the welfare of the environment. Health is also one of the factors that determine the quality of human resources.

Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2015 concerning the Implementation of Elderly Health Services in Community Health Centers explained that to keep the elderly healthy and productive socially and economically in accordance with human dignity, it is necessary to make health maintenance efforts for the elderly.

Indonesia consists of people of various ages, namely people with unproductive ages (children), productive ages (adults), and less productive ages (elderly). Developing the ability and experience of an elderly person in navigating life as a whole is very useful if developed in the arena of community life in Indonesia. The experience and knowledge possessed by an elderly person are very useful, of course, for the nation's next generation.

The aging process, as an accumulation of damage at the cellular and molecular levels that occurs over a long time, is often associated with the incidence of non-communicable diseases. Based on the results of Risesdas in 2021 shows that the prevalence of hypertension continues to increase with age. One factor of hypertension is age. Even a significant increase in the prevalence of hypertension occurred in the age group of 75 years and over, increasing from 45.3% in the age group of 65-74 years to 50.2% (Infodatin Lansia, 2022).

The elderly population at this time is increasing. Based on population projection data, it is estimated that in 2020 the number of elderly people will reach 27.08 million people. In 2021, there will be an increase in the number of elderly people aged 60 years and over in Indonesia by 10.8% or around

29.3 million people. This figure is expected to continue to increase in 2025 by 33.69 million people, in 2030 by 40.95 million people, and in 2035 by 48.19 million people (Central Statistics Agency, 2021).

There is an increase in the elderly population at this time, making the morbidity rate in the elderly also increase. In 2021, the number of elderly people who experienced illness in the past month was around 34.48%. Meanwhile, in 2022, the morbidity rate increased to 41.3%, meaning that out of every 100 elderly people, 41 of them experienced illness (Ministry of Health, 2022).

The elderly population needs to get coaching to become more qualified and productive so that they can achieve prosperity in their lives. Indicators of a prosperous society refer to social welfare issues and demands to meet basic needs. According to Abraham Maslow in Sudjana (2004: 187), explains five levels of needs that must and can be met by humans in maintaining and developing their lives. These needs are physiological needs, security needs, social needs, respect needs, and self-actualization needs. This is a benchmark and indicator of the social welfare of the elderly such as a) good physical condition or health, b) not economically dependent, c) able to adjust socially to society, d) many leisure activities, e) social conditions, namely the provision and management of social services for the elderly properly.

The efforts needed to solve problems and empower the elderly are promotive, preventive, curative, and rehabilitative. These efforts must use strategies and control relationships both individually and in groups. It can be said that this effort requires dynamic strength not only carried out by the family but also by related parties such as the community and the government through related agencies. Community activities in empowering the elderly, among others, through the Posyandu Lansia.

Integrated Services Post for the elderly is one of the activities scheduled by the central government through the local government

and its subordinates to deal with the health problems of the elderly population. This activity seeks to control the condition of the elderly population and guide them in caring for and monitoring their health conditions. The Integrated Services Post Elderly programmer is a development of government policy through health services for the elderly whose implementation is through the integrated Services Post programmer by involving the participation of the elderly, families, community leaders, and social organizations in its implementation. (Siti Nur, 2021)

Seeing the magnitude of the benefits of the elderly Integrated Services Post the target of utilizing this activity should be maximum, but in reality, the utilization is still low. This can also be seen in the data from the North Sumatra Provincial health office in 2021, explaining that the number of elderly Integrated Services Post increased from 49.6% in 2020 to 55.61% in 2021. This figure is very far from the standard of service based on the Decree of the Minister of Health of the Republic of Indonesia Number 1457/MENKES/KES/SK/X/2019 at least 70% of elderly posyandu (North Sumatra Health Profile, 2021).

In Medan City, elderly health problems are still a special concern. Because the coverage of elderly health services through the elderly posyandu program in Medan City in 2020 was 29.28%, while in 2021, it was 45.0% when compared with the target of minimum service standards for elderly services according to PERMENKES Number 43 of 2019 of 100% (Medan City Health Profile, 2021).

From the data above, it shows that the awareness of the elderly in the use of the elderly Integrated Services Post programmer is still low, the elderly should put more emphasis on how to improve health status or prevent the occurrence of a disease. If the elderly do not want to use Integrated Services Post properly, then the possibility of their health is not monitored, and the risk of health problems will be greater. (Kurniawati, 2020).

Data from the Medan City Health Profile in 2021 shows that the coverage of the elderly posyandu program that receives Health Screening according to standards in the work area of the Amplas Health Center is only 45.0%. Harjosari I Village is part of the working area of the Amplas Health Center.

In 2023, the elderly in Harjosari I Village will number 1,204 people. Activities in the elderly posyandu program in Harjosari I Village, such as checking tension to checking sugar, start on the first Tuesday of every month, while gymnastics activities for the elderly are carried out once a month during the Posbindu.

Based on the results of field observations, researchers saw that the elderly who received health screening according to standards in Harjosari I Village were around 450 people every month, while the total number of elderly was 1,204 people. This showed that the percentage of coverage of the elderly Integrated Services Post programmer was only 37.3%. This figure is very far from PERMENKES Regulation No. 43 of 2019, at least 100% coverage of elderly service programs at the puskesmas level. (Medan City Health Office Strategic Plan 2021-2026)

Through research conducted at Posyandu Lingkungan XII in Harjosari I Village, researchers hope to reveal how the implementation and what factors hinder the Posyandu Lansia program. This is the basis for researchers interested in conducting a study entitled "Determinants of the Integrated Services Post Programmer in Empowering the Elderly (Elderly) in Harjosari I Village".

MATERIAL AND METHODS

This study used a Quantitative approach with a cross-sectional study design by surveying people who live in Harjosari I Village, Medan Amplas District, and have aged as many as 1,204 people. From the total population, a minimum sample of 30 people who will be respondents in this study is *taken by accidental sampling*.

The interview was conducted using an online-based questionnaire to obtain

information related to the utilization of elderly posyandu services by asking several question indicators, namely demographic characteristics, service utilization, attitudes, and distance to the elderly Integrated Services Post. After the interview, the data is transferred into a statistics-based application through the process of *editing, coding, processing, and cleaning*. After going through several processes, the data were analyzed descriptively to determine the frequency and percentage of respondent characteristics and question indicators, and statistical tests were applied in this study using *chi-square and*

multiple logistic regression tests with multi-stage analysis models to obtain *crude values and adjusted odds ratios* with the *alpha* significance of 5% ($p < 0.05$).

RESULT

Based on the results of the study entitled Determinants of Integrated Services Post Programmer utilization in Elderly Empowerment in Kelurahan Harjosari I Obtained regarding Distribution and frequency of respondents as follows :

Table 1. Frequency Distribution of respondent Characteristics by age, Gender, Education and Employment

Age	Frequency	%
50 – 60 years	8	26,7
61 – 80 years	22	73,3
Total	30	100,0
Gender	Frequency	%
Man	15	50,0
Womsn	15	50,0
Total	30	100,0
Last Education	Frequency	%
Not Graduated	1	3,3
Elementary School	11	36,7
Mided school graduated	12	43,3
Graduation School	5	16,7
Total	30	100,0
Job	Frequency	%
Employer	1	3,3
Labor	11	36,7
Merchant	12	43,3
entrepeneur	6	16,7
Not job		
Total	30	100,0

Based on table 1. it can be seen that the majority of respondents in this study were 8 people (26.7%) aged 50-60 years, while 22 respondents (73.3%) were aged 61-80 years. The characteristics of Gender show that the average number of men is balanced by 15 people (50%) and women by 15 people (50%). In terms of educational characteristics, there were 1 respondent with the last education, namely not attending school (3.3%), 11 respondents with the last

elementary school education (36.7%), respondents with the last education in junior high school (SMP) as many as 12 people (43.3%), and respondents with high school education (SMA) as many as 5 people (16.7%). On the characteristics of employment status, it was found that 1 person (3.3%) worked as a respondent, 11 people (36.7%) worked as laborers, 12 entrepreneurs/traders worked as respondents, and respondents who did not work as many as 6 people (16.7%).

Tabel 2. Knowledge Frequency Distribution

Knowledge	Frequency	%
Good	17	56,6
Bad	13	43,4

Based on the table above it is known that respondents who have good knowledge as many 17 people (56,6%), while respondents who have bad knowledge as many 13 people (43,4 %).

Tabel 3. Attitude Frequency Distribution

Attitude	Frequency	%
Agree	23	76,6
Don't Agree	7	23,4

Based on the table above it is known that respondents with attitude agree were 22 people (73,3%), while respondents with a attitude don't agree were 8 people (26,7%).

Tabel 4. Distance Frequency Distribution

Jarak	Frekuensi	%
<100 m	8	26,6
> 100 m	22	73,4

Based on the table about shows the respondents who have a place to live <100m to the service area health as many 8 people (26,6%), while respondent who have a distance residenceas >100m from the health service area as many 22 people (73,49%).

Table 5. Logistic regression statistical test results

Variable	B	P-Value	Exp (B)	95%CI
Knowledge	0,394	0,007	1,483	0,153-1,434
Attitude	0,227	0,008	1,255	0,114-1,386
Distance	0,941	0,042	2,563	0,257-2,556
Constant	-2,321	0,101	0,098	

In table 5. The results of multivariate logistic regression analysis showed that the knowledge variable had a significant relationship with the utilization of the elderly posyandu with p 0.007 <0.05 with a risk 1.48 times greater affecting the dependent variable, then in the attitude category also had a significant relationship with the use of the elderly posyandu with a p value of 0.008 <0.05 with a risk 1.25 times greater affecting the dependent variable, Finally, the distance category also has a significant relationship with the use of elderly posyandu services,

which has a significance value of 0.042 <0.05 with the highest risk of 2.56 times greater to influence the dependent variable.

DISCUSSION

Distance Relationship with the use of Elderly Integrated Services Post. The results of the study in the Distance category are one of the factors related to the use of posyandu programs with a high risk of 2.56 times with p = value 0.042 <0.05. The results of this study are in line with research conducted by Alvi (2020) entitled Factors Associated with the

Presence of the Elderly to the Elderly Posyandu in the Working Area of UPTD Puskesmas Mwuraxa Banda Aceh City In 2020, the results of the study were carried out statistical tests with the *Chi-Square* test obtained a *p-value* of 0.012, showing a significant relationship between the distance of the house to the elderly posyandu with the presence of the elderly. In addition, in line with research by Arfan and Sunarti (2017) entitled Frequency Factors of Elderly Visits to Elderly Posyandu in East Pontianak District, the results of the relationship analysis show that there is a relationship between distance and elderly visits to elderly Integrated Services Post in East Pontianak District 2017 with *Chi-Square* test results $p=0.076$. The distance can limit the ability and willingness to seek health care, especially if facilities and transportation are limited, communication is difficult, and services are unavailable in the area. Therefore, distance is a barrier that increases the tendency to delay a person's or community's efforts in seeking health services.

Based on the results of the research obtained, the elderly who are not present in the activities of the Elderly Integrated Services Post, due to the distance between houses to the Elderly Integrated Services Post being less affordable, there is no public transportation. No family members take the elderly to the Elderly Integrated Services Post because some elderly homes are quite far from the place of health services. Besides that, the place of implementation of elderly Integrated Services Post activities is held at the Auxiliary Puskesmas in each village. The working area of one village is further divided into several hamlets where the distance between hamlets to other hamlets can be said to be quite far. While some elderly who are affordable or close to actively attend the elderly posyandu because the distance of the house is close to the activities of the elderly posyandu and can go alone, go with neighbors so that the elderly can take advantage of the facilities available at the elderly posyandu

CONCLUSION

This study concluded that several indicators of the utilization of elderly posyandu services in Harjosari I Village is very significant, it is known that distance has the most significant relationship with the utilization of elderly posyandu services with $p = 0.042 < 0.05$ with a 2.56 times greater risk of influencing the utilization of elderly posyandu services in Harjosari I Village than other variables.

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DECLARATIONS

I declare that this scientific article was originally made by the author, I myself Ivena Hotmarina Septiani Nainggolan, without the interference of other people. The research that I did was according to procedures like other research.

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