



INTEGRATED SERVICES POST FOR OLDER ADULTS IN THE TRADITIONAL MARKET





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INTEGRATED SERVICES POST FOR OLDER ADULTS IN THE TRADITIONAL MARKET



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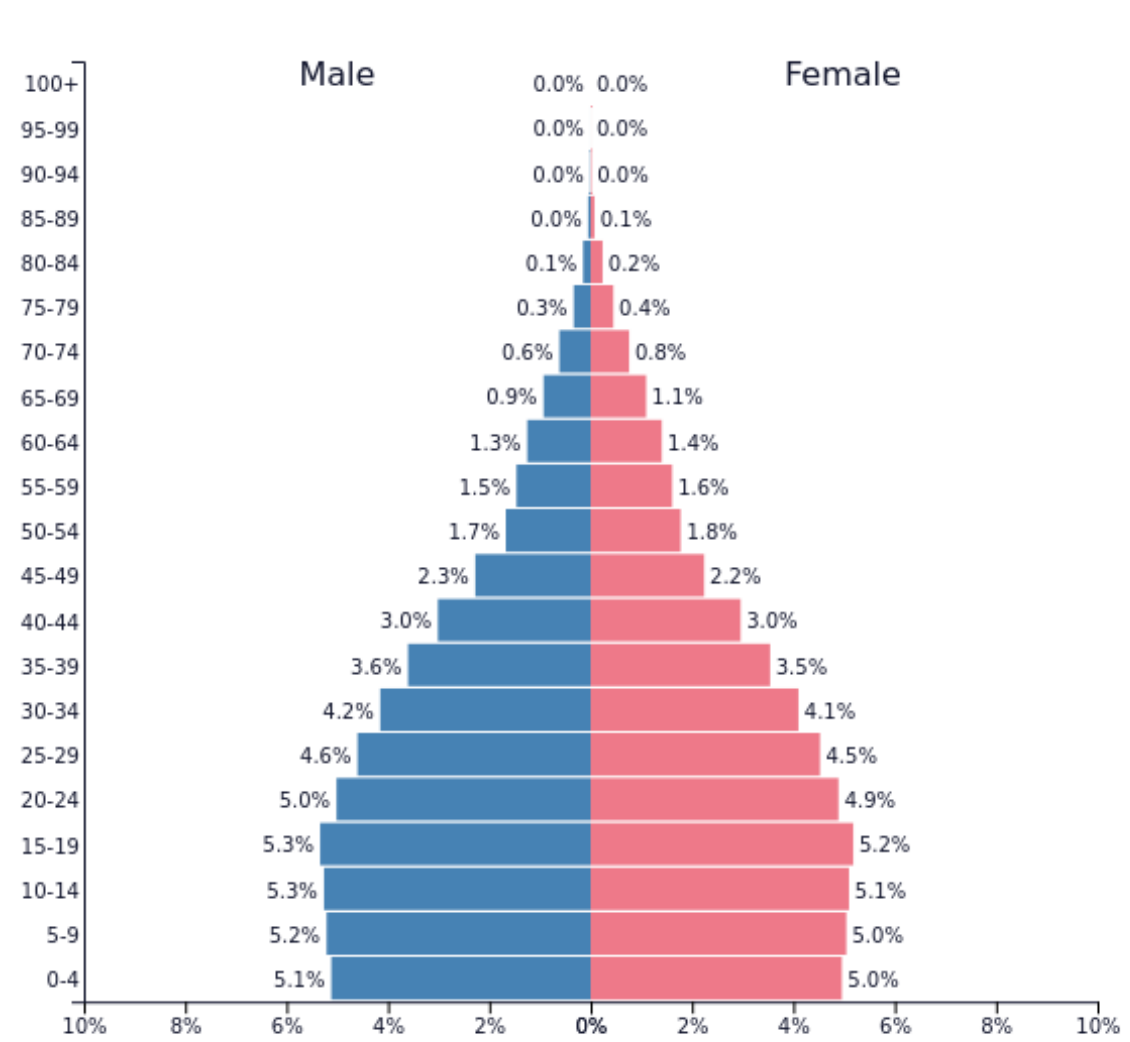
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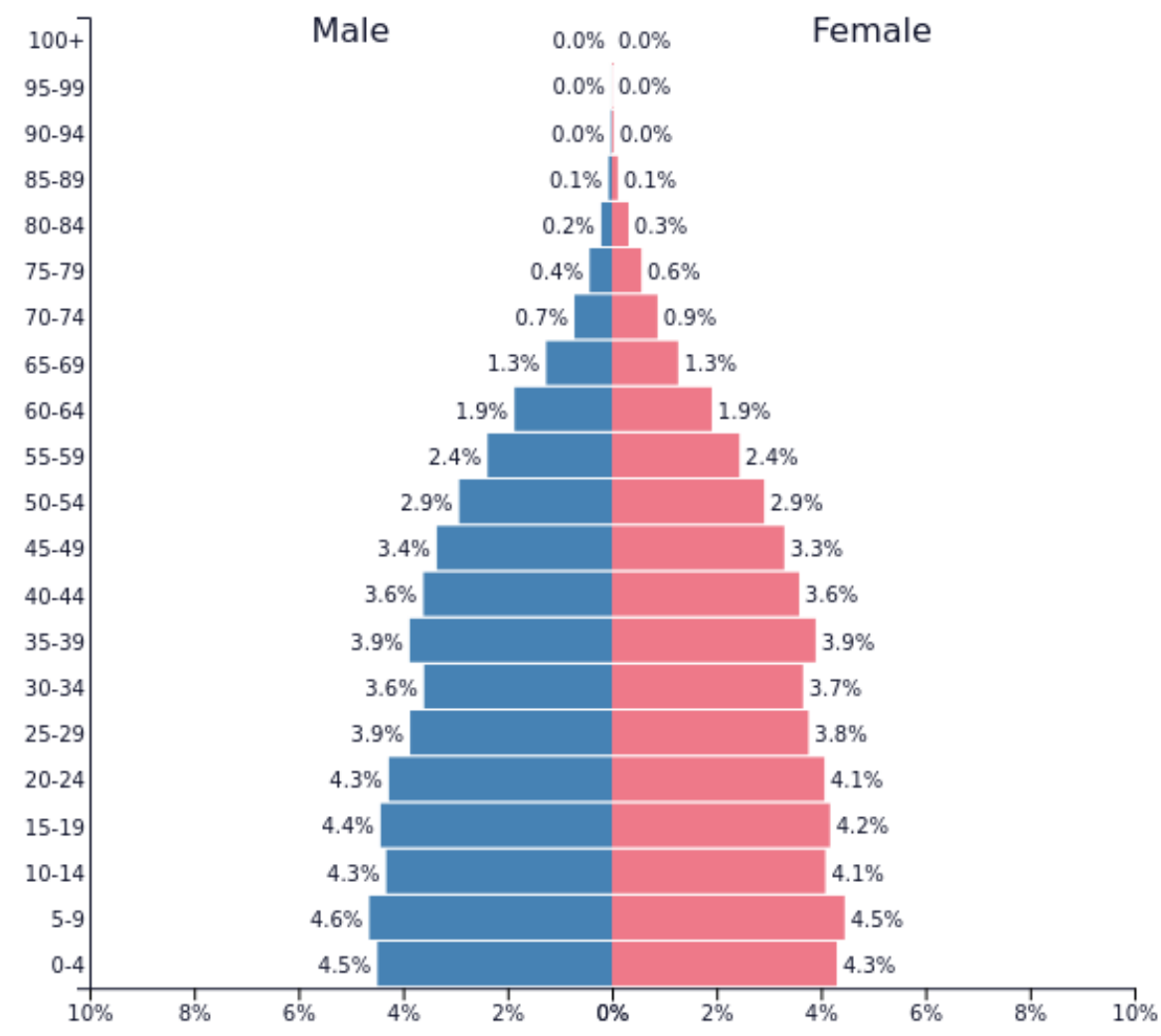
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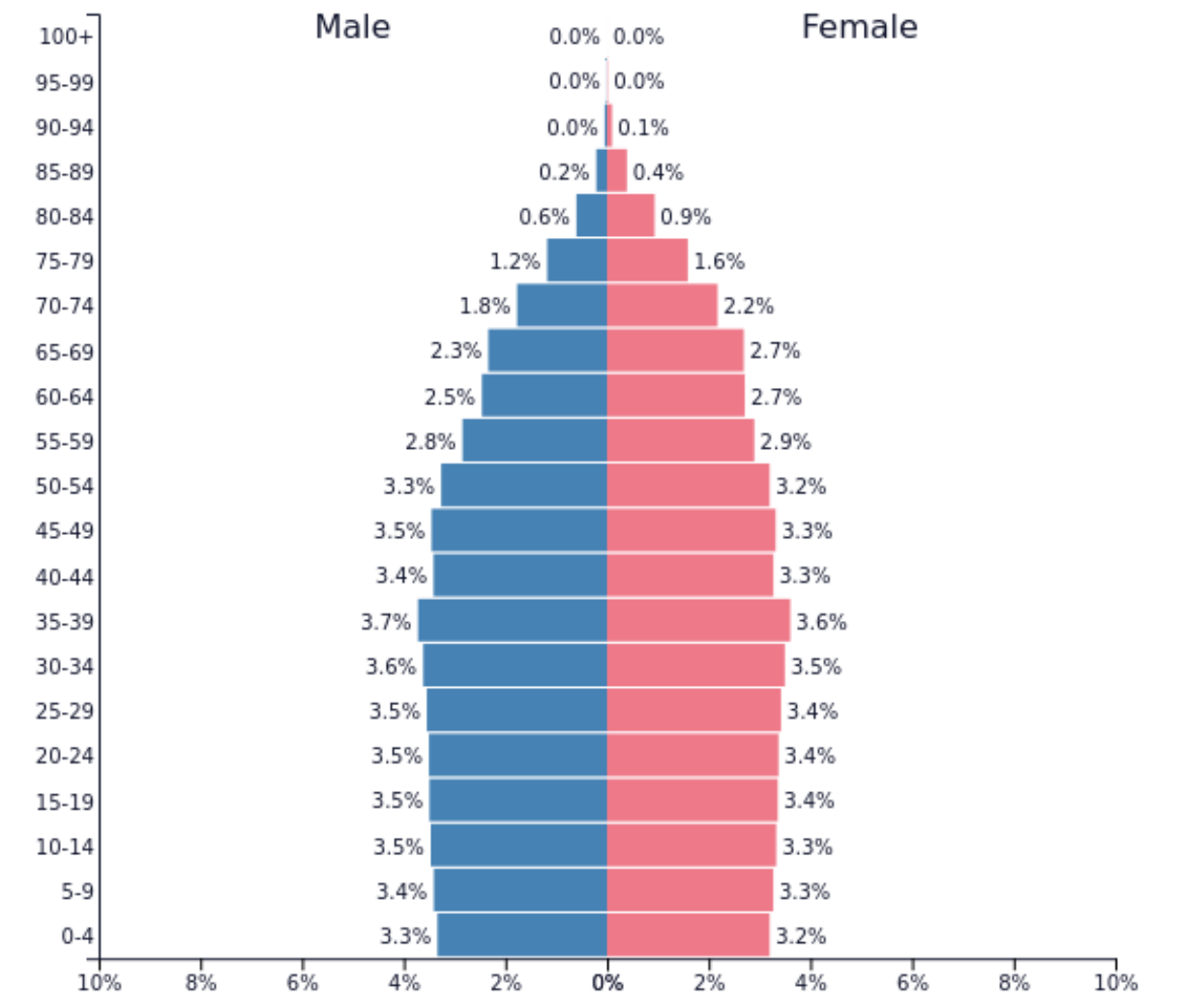
Indonesia - 2000
Population: **211,540,428**

PopulationPyramid.net



Indonesia - 2020
Population: **271,857,420**

PopulationPyramid.net

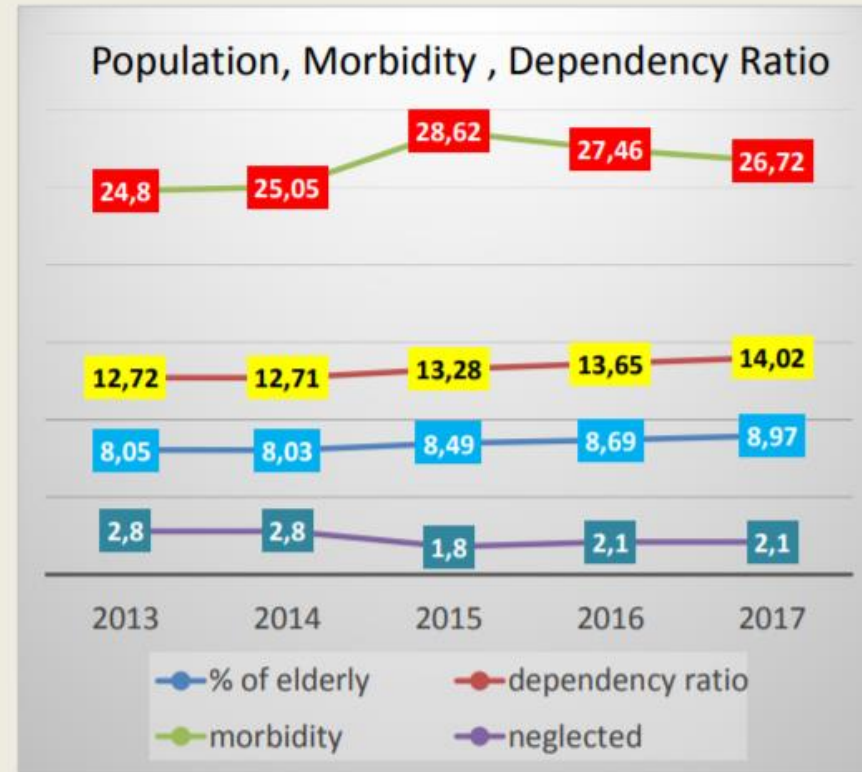
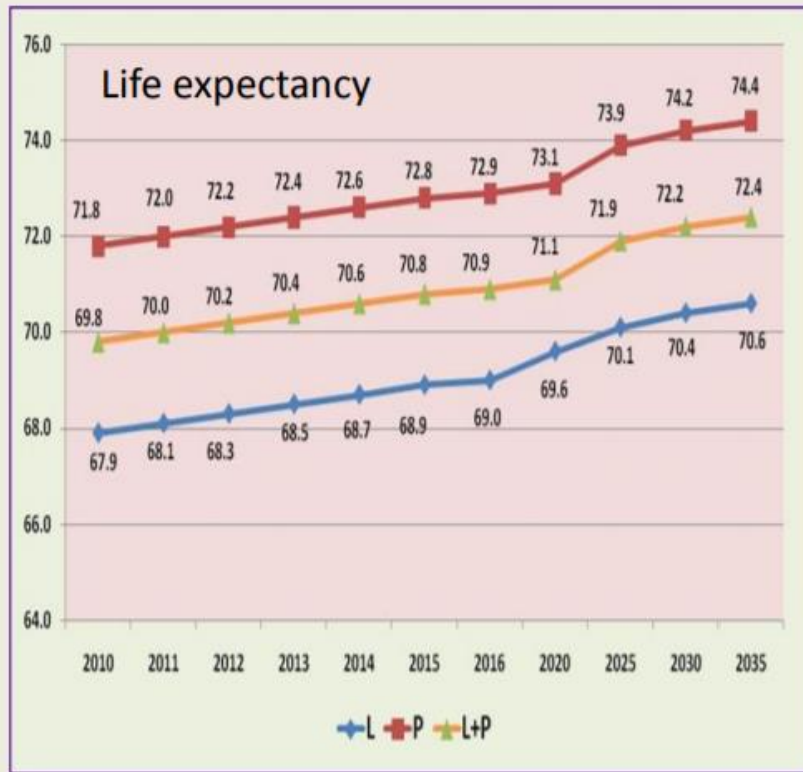


Indonesia - 2050
Population: **322,237,404**

PopulationPyramid.net

INDONESIA POPULATION PYRAMID (2000, 2020, 2050)

Profile of Indonesian Older People in 2013-2017



L= male
P= Female

Sources: BPS, 2018; Susenas, 2017 & Kemensos, 2012

Disease Burden

	Year 1990		Year 2015		Year 2040
1	ARI	1	Stroke	1	?
2	Tuberculosis	2	Traffic accident	2	?
3	Diare	3	Heart Ischemic	3	?
4	Stroke	4	Cancer	4	?
5	Traffic accident	5	Diabetes Melitus	5	?
6	Birth complications	6	Tuberculosis	6	?
7	Iron Anemia	7	ARI	7	?
8	Malaria	8	Depression	8	?
13	Heart ischemic	9	Asphyxi and birth complications	9	?
16	Diabetes Melitus	10	Chronic respiratory obstructive disease	10	?

Source: Pusdik SDM Kes, 2018

Sumber: Pusdik SDM Kes, 2018



Greater demand for old age income support schemes



Increased demand for medical care and services for the elderly population



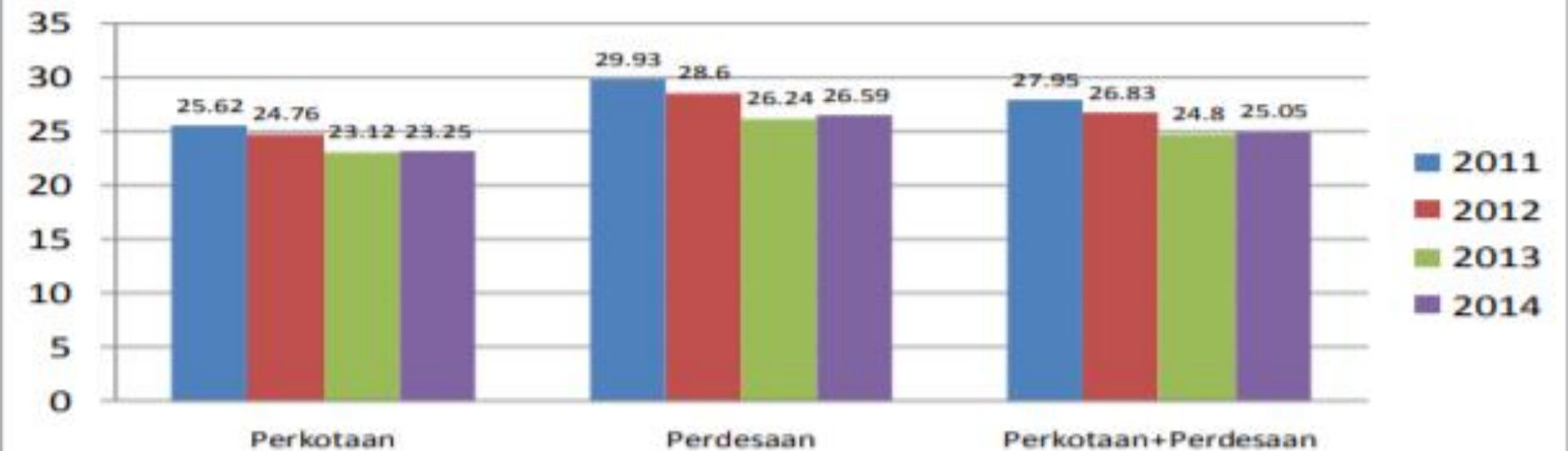
Increasing number of people who suffer from various degenerative diseases



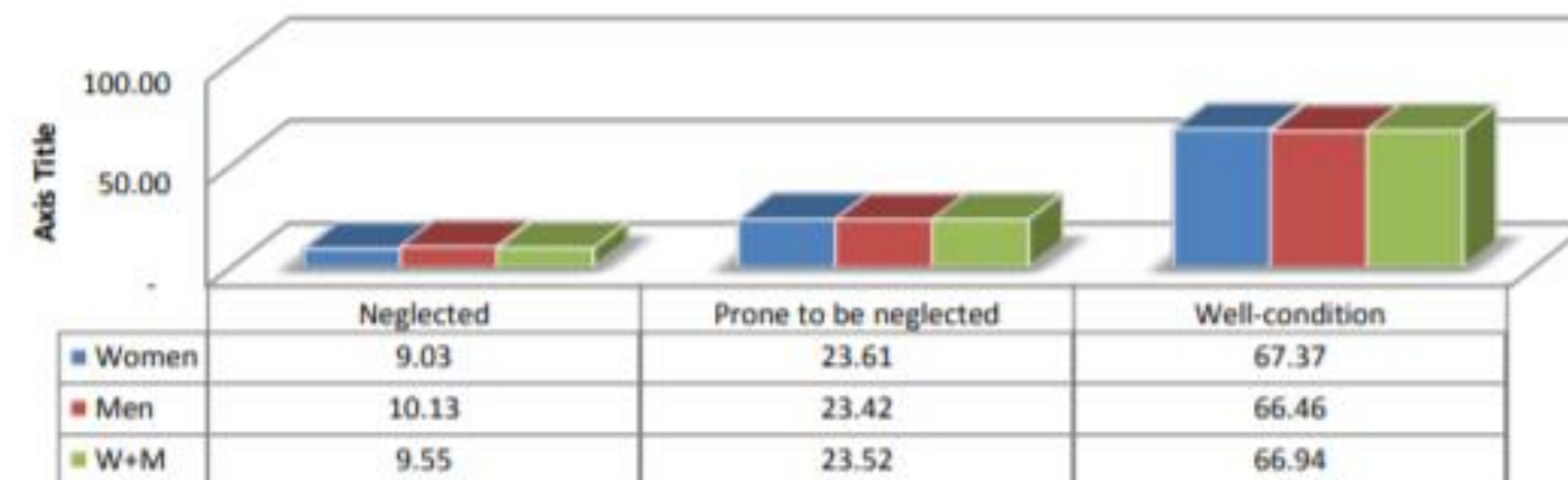
Increased demand for third-party institutions for care.

Possible Implications of Aging Population in Indonesia

Illness in Elderly According to the Area , 2011-2014



Socio-Economic Condition of Elderly (2015)



Source : Central Bureau of Statistics, National Social dan Economic Survey 2011-2014

Policy Direction on Ageing and Social Protection (Medium-Term Development Plan (2015-2019))

Increase the fulfillment of basic rights and inclusiveness of persons with disabilities, elderly, and marginalized groups in every aspect of livelihood

- Improve advocacy of regulation and policy at the national and sub-national level
- Develop social counseling to educate and raise community awareness on inclusive environment

Develop Social Protection Schemes for Elderly

- Enhance social assistance and social security for elderly by: (1) expanding the coverage of social assistance, (2) developing pension schemes including for informal working population
- Expanding coverage and improving the inclusiveness of public services for elderly
- Develop community-based social services for elderly
- Increase availability, quality, and competency of care providers for elderly
- Improve the quality of life of elderly by expanding the utilization of digital information technology to reduce sociological exclusion

Social Protection for Elderly



Financial Protection

- Pension: Contribution-based (formal and informal) and Social
- Old-age Saving



Non-Financial Protection

- Health
- Long-term Care: Contribution-based and social



Active Aging

- Empowerment
- Inclusiveness

Have been implementing via National Social Security System

Have been implementing with limited coverage by MOSA

Unimplemented-yet

LOGICAL FRAMEWORK

GLOBAL COMMITMENTS NATIONAL COMMITMENTS ON AGING AND HEALTH

- The trend of degenerative diseases is increasing along with the increasing number of elderly
- High cost for the treatment of degenerative diseases

PROBLEMS

SUPPORTING FACTORS

OBSTACLES

GAP

EXPECTED CONDITIONS

1. Availability of Health care facilities that can provide standardized Elderly Health Care
2. Improve the awareness and quality of public services to the better quality and access for elderly health and welfare
3. Elderly population are in the healthy, active and productive conditions, in the context of family health

1. Elderly Friendly Health Care Facilities not yet available sufficiently
2. Lack of knowledge and public attention to the Elderly health
3. Common's assumptions that elderly is merely related with weakness and sickness

PRECONDITIONS

1. Increase Life Expectancy → Elderly Population increase

CURRENT SITUATIONS

STRATEGIC TARGETS

Increasing the access and quality of elderly Health Care in Primary Health Facilities and Referral Health Facilities, and also elderly & Family empowerment



Health Services for Elderly in Indonesia



Integrated Service Post for elderly

- The Indonesia Government imposed a regulation that required each local community to make community health services available for the elderly
- The government have initiated program for the elderly called Integrated Service Post for the elderly or usually called Posbindu as a peer group of elderly in villages

Integrated Service Post for elderly

- Form of Community Resource-Based Health Efforts carried out by, among, and together with the community, to empower and facilitate the community to obtain health services for elders
- Existing government program for the elderly are limited in terms of funds and resources.



- ❑ The double burden of disease is one of the problems in the development of health.
- ❑ On the one hand there are still many infectious diseases that must be handled, but on the other hand, non-communicable diseases are increasing.
- ❑ The proportion of deaths due to non-communicable diseases increased from 41.7% in 1995 to 49.9% in 2001, and increased to 59.5% in 2007.
- ❑ Increasing the prevalence of non-communicable diseases poses a serious threat especially in the elderly population.

Community-based control of non-communicable diseases needs to be carried out, especially in locations where there is still minimal health care such as in the traditional market.



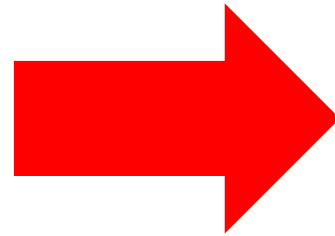
Traditional Market (pasar) in Indonesia

- There is **no health services** at pasar for sellers and buyers
- The number of sellers in the Bantul traditional market are 1718 people and 85% are elderly
- The results of screening in Bantul traditional market in April 2017 showed from 92 sellers:
 - 46,7% were normal
 - 20,6 % were pre- hypertension
 - 20,6 % were hypertension stage 1
 - 8 % were hypertension stage 2
 - 3% were crisis



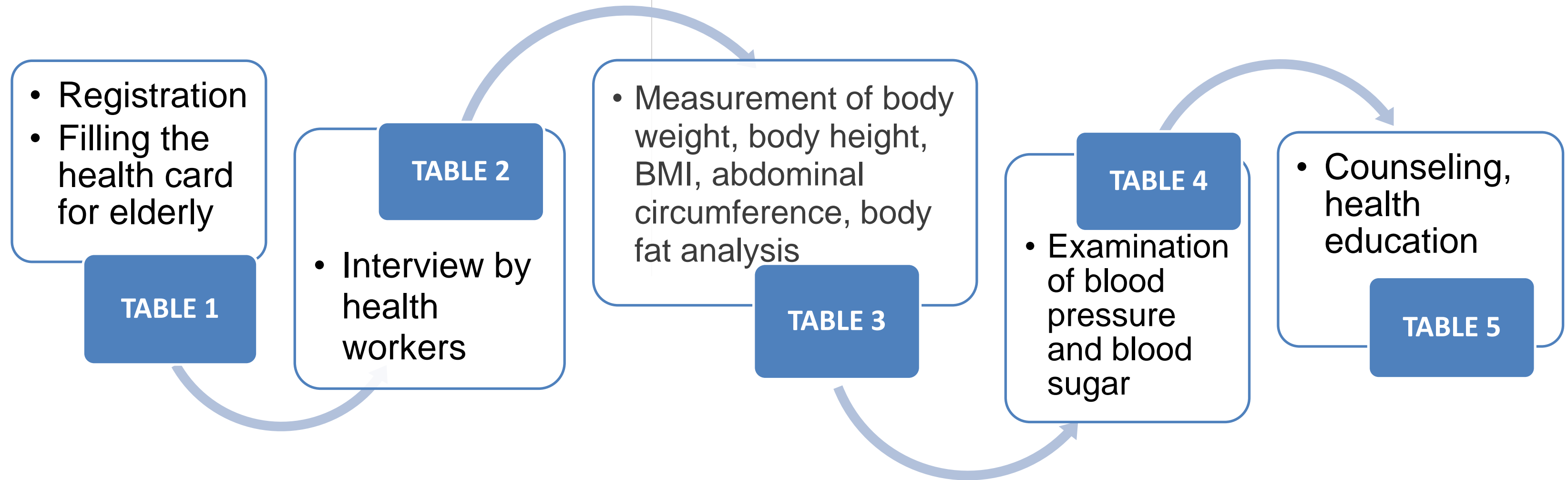
- For generations, Indonesians have bought their food at traditional markets, *pasar*.
- Pasar open everyday from 04.00 AM until 05.00 PM, the items sold in *pasar* are basically the same - fruit, vegetables, meat and fish, spices, dry goods and household items.
- Going to the *pasar* is a daily activity for Indonesian women or their household help

METHODS



- **Implementation procedures** begin with permission, coordinate with market traders, prepare for tools, health promotion media, and places used for program implementation.
- **Training for health workers**
- **Activities** in community service consists of:
 - ✓ Anti-hypertensive exercises
 - ✓ Measurement of weight and height
 - ✓ Measurement of stomach circumference
 - ✓ Checking blood pressure and blood sugar
 - ✓ Health counseling
 - ✓ Supplementary feeding.
- Activity is carried out for **three months**
- The frequency of activities is twice for a month
- Evaluation of this activity is done by elderly health screening.

PROCEDURE OF INTEGRATED SERVICES POST AT TRADITIONAL MARKET



**ACTIVITIES
AT
INTEGRATED
SERVICES
POST IN THE
TRADITIONAL
MARKET**



Opening ceremony



Exercise activities



Health screening



Training for health workers



Health education



Health consultation

RESULTS

Table 1. A Frequency distribution of respondent characteristics based on gender and age

Respondent characteristic	First Meeting		Second Meeting		Third Meeting		Fourth Meeting		Fifth Meeting		Sixth Meeting	
	f	%	f	%	f	%	f	%	f	%	f	%
Gender												
- Male	4	4,3	4	4,5	5	7,9	2	5,3	8	7,5	10	12,3
- Female	88	95,7	85	95,5	58	92,1	36	94,7	99	92,5	71	87,7
Age												
- Min-Maks	45-80		45-84		45-77		45-80		24-80		33-80	
- Mean±SD	57±8,4		57±8,4		56±7,3		56±7,8		52,8±9,5		52,1±9,3	

RESULTS

Table 2. A Frequency distribution of respondent blood pressure

Blood Pressure	First Meeting		Second Meeting		Third Meeting		Fourth Meeting		Fifth Meeting		Sixth Meeting	
	f	%	f	%	f	%	f	%	f	%	f	%
Normal	43	46,7	26	29,2	15	23,8	9	23,7	48	45,8	48	44,9
Pre-Hypertension	19	20,7	35	39,3	26	41,3	17	44,7	32	29,9	21	19,6
Hypertension stage 1	19	20,7	24	27,0	16	25,4	7	18,4	12	11,2	6	5,6
Hypertension stage 2	8	8,7	4	4,5	4	6,3	3	7,9	12	11,2	6	5,6
Crisis Hypertension	3	3,3	0	0	2	3,2	2	5,3	2	1,9	0	0

RESULTS

Table 3. Quality of life of respondent

WHO QOL	First Meeting		Sixth Meeting	
	Min-Maks	Mean±SD	Min-Maks	Mean±SD
Domain 1: Physical Health	68-100	87,66±7,68	68-100	88,66±8,68
Domain 2: Psychology	48-96	82,55±8,72	48-100	84,55±8,76
Domain 3: Social Relation	36-56	44,76±3,99	36-96	74,76±6,99
Domain 4: Environment	88-100	96,69±3,27	88-100	96,50±5,27

DISCUSSION

- The first activity is the formation of health workers at Integrated Service Post (ISP)
- ISP is a health service activity that involves community roles including cadres, organizations, community groups and religious groups.
- The implementation of ISP activities by and for the community, especially cadres.
- The role of ISP cadres in the implementation of activities is very dominant because health workers will companion and made of referrals, so the cadres' knowledge and skills need to be improved.

DISCUSSION

- The purpose of forming this cadre is to empower the resources in the community
- Another goal is the sustainability of the program.
- Therefore, with limited health workers and infrastructure from related agencies as well as complex community health issues, it is necessary to empower cadres.

DISCUSSION

- ❑ ISP provided health education for elderly at the traditional market
- ❑ Basically health education expected behavioral change → respondents have the ability to recognize the health problems of themselves, their families, groups in improving their health.
- ❑ Knowledge is very important domain for the formation of behavior.
- ❑ Health knowledge has an influence on behavior as an intermediate impact from health education.
- ❑ Health behavior will have an influence on increasing public health indicators as the output of health education

DISCUSSION

- ❑ The purpose of health education is to make health a valuable thing in society, to encourage individuals to be able to independently and even groups to carry out activities to achieve healthy living goals, encourage the appropriate use and development of existing health care facilities.
- ❑ Education about the dangers of hypertension and early detection is needed to minimize the level of death, organ damage and total disability of people with hypertension.

CONCLUSION

The results of Integrated Service Post (ISP) at traditional market for elderly showed very good results in which there was a decrease in blood pressure and improved quality of life.

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