



IMPLEMENTATION OF INTEGRATED VILLAGE NCD PREVENTION POST (POSBINDU) IN SENIOR HIGH SCHOOL

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Abstract

Background: Posbindu PTM is a form of community participation in carrying out activities of early detection and monitoring of PTM risk factors as well as follow-up with the target of healthy people, risk communities and communities with PTM aged from 15 years and over. The existing problems indicate that the implementation of Posbindu PTM was still rare in people aged 15-18 years, while the risk factors for PTM occur when they were 15 years old, such as the smoking behavior that often occurs in students of SMAN 3 Cibinong.

Method: The research method was descriptive qualitative. Data collection was carried out by in-depth interviews, observations, documentation studies, and FGDs. There were 8 informants in this study, namely the School Principal, UKS Trustee, Sie. PTM District Health Office of Bogor, and peer tutors.

Result: the first input component was the HR variable, there were limitations in HR performance, the second was financing variables are following with the theory, and the third was policy variables have no specific health policies in SMAN 3 Cibinong and the Posbindu PTM policy in the District Health Office Bogor was still in the process of planning, and the forth variables of infrastructure were following with the theory. The first process component was registration/recording variables have never been done, the second is PTM risk factor interview variables have never been done, the third is measurement variables have never been done, the forth is examination variables have never been done, and the fifth is variable counseling/education has done but not related to PTM.

Conclusion: Then the output/evaluation of the input and process components shows that the implementation of Posbindu PTM in SMAN 3 Cibinong is not optimal because some elements of the input components and processes are still not implemented or need to be followed upon.

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INTRODUCTION

Non-communicable diseases (NCD) are the leading cause of death globally. WHO data shows that of the 57 million deaths that occurred in the world in 2008, 36 million (63%) or nearly two-thirds were caused by non-communicable diseases. NCD also kills the population at a younger age. In countries with low and middle economic levels, of all deaths that occur in people aged less than 60 years, 29% are caused by NCD, whereas in developed countries, cause 13% of deaths (WHO, 2011). Recent literature reveals the complexity of the causes of NCD problems, there are two major groups of risk factors for non-communicable diseases. First, risk factors that cannot be controlled, namely age, Second, other metabolic diseases in adolescence. Children born with growth disorders have a greater risk of experiencing metabolic disorders, especially metabolic disorders of fat, protein, and carbohydrates which will increase the risk of NCD in adolescence (Permenkes, 2017). Posbindu is a form of community participation in conducting early detection and monitoring of NCD risk factors as well as follow-up with the target of healthy people, risk communities and communities with NCD aged from 15 years and over (Kemenkes, 2014). The existing problems show that the implementation of Posbindu is still rare in people aged 15-18 years, while the risk factors of NCD occur a lot when they are 15 years old, such as smoking behavior that often occurs in students of SMAN 3 Cibinong. This study aims to determine how the implementation of the PT Posbindu Program in adolescence.

METHOD

The research method used in this paper was descriptive qualitative. The main informants in this study are people who are associated with the policy of implementing the Posbindu program at SMAN 3 Cibinong. Among them were the Principal of Cibinong SMAN 3 School, Person in Charge of PTM Control of the Bogor District Health Office. Whereas the informant (not the key informant) is a person who is related to the implementation of Posbindu in SMAN 3 Cibinong. Among them were the Posbindu

Karadenan Health Center Program Holder, the UKS Responsible Teacher, and the Youth Cadres of SMAN 3 Cibinong students. The methods and procedures of data collection are done by observation, interviews, documentation studies, and focus group discussions (FGDs). To analyze the data obtained in this study, it is done by reducing the data, which is summarized and selected the main things, focused on important things, looking for themes or patterns. So the field report as "raw" material is improved, reduced, arranged more systematically so that it is easily controlled. After the data has been reduced, the next step is to display the data in the form of a brief description.

RESULT AND DISCUSSION

Input components of Human Resources results of direct observation of human resources in health efforts to implement the Posbindu PTM Program in SMAN 3 Cibinong namely the number of human resources associated with the implementation of Posbindu is sufficient. However, the writer cannot observe how the HR performance is due to the school health efforts at SMAN 3 Cibinong which are not being implemented due to Sanlat Ramadhan activities at the school.

The results of direct observation of financing on health efforts to implement the Posbindu Program at SMAN 3 Cibinong ie the writer could not observe the financing, because the informant could not show the draft budget or report on the health effort.

The results of direct observation of the policy on health efforts to implement the Posbindu Program in SMAN 3 Cibinong namely the absence of a specific health policy for non-communicable diseases at SMAN 3 Cibinong and the Posbindu policy residing in the Bogor District Health Office.

The results of direct observation of infrastructure in the health effort to implement the Posbindu PTM Program at SMAN 3 Cibinong, namely the facilities and infrastructure owned by SMAN 3 Cibinong, are quite good. SMAN 3 Cibinong has 1 unit of school health with a size of 5x3 meters, and there are 1 bed, 2 floor mattresses, First aid Kit, 2 tables, 1 chair, 1 scale, 1 microtoise, 1 stethoscope and 1 tensimeter.

And everything is still in a proper state of use. The author did not find leaflets or posters provided by SMAN 3 Cibinong.

Process Components Outcome Direct
observations of the process components ie the writer does not observe Posbindu activities consisting of Registration, Interview, Measurement, Examination, and Counseling. Because the Posbindu program has not been implemented at SMAN 3 Cibinong.

Interview Results of the Human Resources Input Component to implement the Posbindu Program at SMAN 3 Cibinong are Mr. Asep Anwar, S.Pd., MM as the principal of SMAN 3 Cibinong, Mrs. Farida S.Pd as the Youth Red Cross (PMR) supervisor, and the caretaker PMR as a peer tutor. And from the health worker is Dr. Rohjayanti as the head of Sie. PTM Bogor District Health Office, and Mrs. Utu Hayati as the person in charge of the Posbindu Puskesmas Karadenan program. The problem found is that the performance of the executor is still not optimal. This is because there is a double job and training has not been carried out to increase the capacity of the HR.

According to Presidential Regulation Number 72 of 2012 Concerning the National Health System, health human resources are health workers (including strategic health workers) and health support personnel who are involved and work and devote themselves to efforts and health management. Implementation of the human resources health self-management subsystem for planning, procurement, utilization, guidance and quality control of human resources (Peraturan Presiden, 2012).

Human Resources is very influential on the results of health services. On the other hand HR productivity is influenced by HR performance itself. Performance is a result of achieving planned goals in an organization or management produced by employees according to their role in the organization and can be measured by certain standards. The ability of Human Resources is very closely related to competence. Competence is also interpreted as knowledge, skills and basic values that are reflected in the habits of thinking and acting. Competence can also be intended as the ability to carry out tasks obtained through education and or training. It can be concluded that the performance of HR

in the Posbindu Program will affect the results of health services. Then there needs to be a follow up in developing the HR performance.

Funding in the Posbindu Program has been provided by the Province and there are no obstacles in the financing. However, the funds provided are only used for socialization activities and the purchase of equipment for Posbindu PTM in each of its districts.

According to Law Number 36 Year 2009 states that health financing aims to provide sustainable health financing in sufficient quantities, fairly allocated, and utilized. In general, sources of health costs can be divided into funding sourced from the government budget and funding sourced from the community budget (Kemenkes, 2009). It can be concluded that the financing of the Posbindu Program in SMAN 3 Cibinong is between reality and theory is appropriate but in its use is still awaiting implementation time, so it must still be followed up.

There is no specific health policy, which is focused by Mr. Asep Anwar, S.Pd, MM., As the Principal of SMAN 3 Cibinong, which are PMR programs that are more focused on competition activities. It also added that for health policy, the school submitted to the policy of the local health office. For the policy of the Postbindu PTM Program the Bogor District Health Office refers to Law No.36 of 2009 Article 1, Article 11, Article 18, and Article 62. Then the policy of the Minister of Health Regulation No.71 of 2015, then the Minister of Health Regulation No.43 of 2016. And finally, Law No. 23 of 2014 as the basis for policy in implementing the Posbindu PTM program. dr. Rohjayanti said that the implementation of the PT Posbindu Program in the school environment was not yet pursued, but was still in the planning stages.

Jones said the implementation of the program is one component in a policy. The program implementation is an authorized effort to achieve the goal. According to Charles O. Jones there are three pillars of activity in operating programs, namely: (1) Organizing, (2) Interpretation, and (3) Application. It can be concluded that the Posbindu Program's policy at SMAN 3 Cibinong still needs to be followed up on. It is necessary to make clear work procedures so that the work program can run according to the schedule of activities so that it does

not conflict with other programs.

The facilities and infrastructure at SMAN 3 Cibinong already exist in accordance with the needs of the school, but not yet according to the needs in the Posbindu Program. According to Dr. Rohjayanti medical devices that are not owned by UKS SMAN 3 Cibinong will later be provided by health workers when the Posbindu PTM program will be implemented.

Facilities and infrastructure or can be called health facilities that are listed in Presidential Regulation No. 12 of 2013 concerning health insurance chapter 1 general provisions of article 1 No. 14, it is stated that the definition of health facility is a health service facility used to carry out health service efforts. Facilities and infrastructure are tools to support and implement an activity (Susanto, 2014). It can be concluded that the facilities and infrastructure in the Posbindu PTM program in SMAN 3 Cibinong still need to be followed up on.

Component of the Registration Process / Recording Process or the first service phase, namely registration / recording in the Posbindu Program at SMAN 3 Cibinong, has never been done. The author conducted more in-depth interviews about the health records of other students such as height and weight records of students, Mrs. Farida, S.Pd as the PMR Trustees and Responsible UKS said that there were no health records whatsoever.

According to the Ministry of Health (2014) that the first service stage in Posbindu activities was Registration, namely giving the same sequence number or code and re-recording the results of filling in the NCD risk factor monitoring book. It can be concluded that in the process of registering / recording the Posbindu Program at SMAN 3 Cibinong it did not work as it should and needs to be followed up on.

NCD Risk Factor Interviews The second process or service stage, namely interviews (PTM risk factors) in the Posbindu Program at SMAN 3 Cibinong, was only conducted when the school found incidents of children who engage in smoking.

According to the Ministry of Health (2014) that the second service phase in Posbindu activities was an interview conducted to explore behavioral risk factors such as smoking,

consumption of vegetables and fruits, physical activity, alcohol consumption, and stress. It can be concluded that in the process of interviewing the Posbindu PTM Program at SMAN 3 Cibinong it had not been running as it should and needed to be followed up on.

The third process measurement or service stage, namely Measurement in the Posbindu Program at SMAN 3 Cibinong, was never carried out.

According to the Ministry of Health (2014), the third service stage in Posbindu PTM activities is the measurement of body weight, height, body mass index, abdominal circumference, and blood pressure. It can be concluded that in the process of measurement activities in the Posbindu PTM Program in SMAN 3 Cibinong it has not been running properly and needs to be followed up on.

Examination The fourth process or service stage, namely the Inspection in the Posbindu Program at SMAN 3 Cibinong, is only carried out a few examinations, namely dental examinations and immunization services.

According to the Ministry of Health (2014) that the fourth service stage in Posbindu activities is the examination of PTM risk factors such as blood sugar, total cholesterol, triglycerides, breast clinical examination, peak expiratory flow, pre-cancerous lesions, blood alcohol levels, urine amphetamine tests. It can be concluded that in the process of examination activities related to PTM, it has only been carried out in several schools and in SMAN 3 Cibinong only dental examinations and immunizations.

Counseling / Education The fifth service process or stage, namely counseling / education in the Posbindu Program at SMAN 3 Cibinong, is conducted in the form of counseling and information dissemination through various media carried out by PIK-R SMAN 3 Cibinong extracurricular activities. However, the material or topic of information provided has never been related to PTM.

According to the Ministry of Health (2014) based on the results of interviews, measurement and examination carried out follow-up in the form of an integrated coaching with increased community knowledge and ability on how to control NCD risk factors through mass interactive dialogue / counseling and or

integrated risk factor counseling to individuals with risk factors , according to the needs of the community including systematic referrals in the plenary health service system. It can be concluded that in the process of counseling / education activities in the Posbindu Program at SMAN 3 Cibinong it has not been running properly and needs to be followed up on.

Documentation Study Results When conducting research, the author looked at and obtained several documents related to health efforts in the implementation of the Posbindu Program, which included:

General Guidelines for Integrated Development Post for Non-Communicable Diseases. In this handbook the authors study and obtain information about the objectives and strategy of activities, organizing PT Posbindu activities, and the role of stakeholders.

Technical Guidelines for Integrated Development Post for Non-Communicable Diseases. In this book, the writer studies and obtains information about the Posbindu concept, the steps for implementing Posbindu , and the implementation of Posbindu.

Technical Guidelines for Using My Health Report Card. In this book the authors study and obtain information about the importance of my health report card for health workers, teachers, parents, and students. How to use the health notebook, and the application of my health report card.

Technical Guidance for Organizing Youth Posyandu. In this book the author studies and obtains information about types of Youth Posyandu activities, organizing adolescent Posyandus, adolescent Posyandu working groups, and coaching adolescent Posyandus.

Guidelines for the Acceleration of Development and Implementation of the UKS. In this guidance document the authors study and obtain information about operational strategies, strengthening related sector partnerships, as well as developing acceleration models for coaching and implementing UKS.

Transformation of School / Madrasah Health Enterprises. In this document the authors study and obtain information about the population of school-age children, the health status of school-age children, health risk factors for school-age children, the implementation of

the UKS Trias, UKS Pilots, UKS Transformation, and the development of a healthy school model.

Cibinong SMAN 3 Report Academic Year 2018-2019. In this report document the authors study and obtain information about the Profile of SMAN 3 Cibinong in the 2018-2019 Academic Year which contains the vision and mission, organizational structure, school identity, number of students, work programs, data of educators and education staff, and facilities and infrastructure.

In the 2016 Bogor District Health Office document, the author studies and obtains information about the 2016 Bogor Health Profile which contains the history, vision and mission, organizational structure, and general description of Bogor Regency health such as population behavior, socioeconomic conditions, environmental health conditions, degree situation health, the situation of health efforts, and health resources.

Focus Group Discussion (FGD) Result

This FGD was held for 1 day on Monday, May 20, 2019, at 10:00 to 11:00 West Indonesia Time in the Guidance and Counseling Room of SMAN 3 Cibinong. This activity was attended by 8 participants consisting of the Principal of SMAN 3 Cibinong, Principal Sie. PTM Bogor District Health Office, Responsible UKS SMAN 3 Cibinong, and PMR and PIK-R extracurricular management.

The implementation of the FGD with the theme “Controlling Risk Factors of PTM in Adolescents” began with conveying the aims and objectives of the study and proceeded to discuss 6 materials that were the focus of the discussion. The results of the discussion are:

Current conditions, the increasing prevalence of PTM risk factors and the prevalence of NCD among adolescents. Based on the results of the FGD, the Principal of SMAN 3 Cibinong believes that PTM risk factors for adolescents can be controlled so that they do not become a disease. dr. Rohjayanti as Chief Sie. PTM Bogor District Health Office added that based on the results of the 2013 riskesdas the highest or most risk factors of PTM in adolescents namely the lack of consumption of vegetables and fruit, and to control the increasing risk fact could be controlled by involving various parties.

Health risk behaviors in adolescents. Based on the results of the FGD, the informant stated that health risk behaviors in adolescents were smoking and less consumption of vegetables and fruit. Ms. Mila as the PIK-R extracurricular administrator also added that behaviors such as frequent consumption of junk food and lack of exercise. dr. Rohjayanti corrected this opinion which would later lead to obesity and was very vulnerable to diabetes and other complications.

Youth health service programs in each agency. Based on the results of the FGD, the youth health service program that has been carried out by a team from the Bogor District Health Office, namely the CO Analyzer / screening of cigarettes that has just been conducted in several schools. Whereas in SMAN 3 Cibinong health programs are included in the PMR programs which are more emphasized to take part in competitions because the extracurricular PMR at SMAN 3 Cibinong leads more to achievement improvement.

The form of local regulations that support in controlling PTM risk factors in adolescents. Based on the results of the FGD, the informant mentioned that the Bogor District Health Office had collaborated with the education sector to hold a no-smoking area in the school environment. The Principal added that the price of cigarettes made expensive would make school children think twice about smoking behavior.

Policy in implementing PT Posbindu Program. Based on the results of the FGD, the informant mentioned that Posbindu PTM for starting the age of 15 years was not yet attempted but was still in the planning stages. The school principal believes that the Posbindu PTM program will be more effective if it is carried out in a school setting. Ms. Maudi as the administrator of PIK-R also believes that teenagers around his house are very rare, and spend more time at school. The person in charge of UKS also added that if Posbindu PTM was implemented in schools there would be teachers who required it and peers who invited students to take part in Posbindu PTM activities.

Coordination and coaching system for organizing Posbindu Program in schools. Based on the results of the FGD, the informant mentioned that the health workers planned

to conduct socialization in advance to introduce Posbindu to community leaders, cadres, as well as school principals and teachers who were in the education sector. The Principal gave his opinion that in addition to the socialization also provided training and coaching on how to do the Posbindu.

CONCLUSION

The human resources to implement the PTB Posbindu Program in SMAN 3 Cibinong are Mr. Asep Anwar, S.Pd., MM as the principal of SMAN 3 Cibinong, Mrs. Farida S.Pd as the PMR supervisor, and PMR / PIK-R administrators as peer tutors. And from the health worker is Dr. Rohjayanti as the head of Sie. PTM Bogor District Health Office, and Mrs. Uti Hayati as the person in charge of the Posbindu Puskesmas Karadenan program. The problem found is that the performance of the executor is still not optimal. This is because there is a double job and training has not been carried out to increase the capacity of the HR.

Funding in the Posbindu Program has been provided by the Province and there are no obstacles in the financing. However, the funds provided are only used for socialization activities and purchasing equipment for Posbindu PTM in each of its sub-districts.

The Posbindu Program Policy at SMAN 3 Cibinong still needs to be followed up on. It is necessary to make clear work procedures so that the work program can run according to the schedule of activities so that it does not conflict with other programs.

The facilities and infrastructure at SMAN 3 Cibinong already exist in accordance with the needs of the school, but not yet according to the needs in the Posbindu Program.

The first service process or stage, namely registration / recording in the Posbindu PTM Program at SMAN 3 Cibinong, has never been done and needs to be followed up on.

The second process or service stage, namely interviews (NCD risk factors) in the Posbindu PTM program at SMAN 3 Cibinong, is only carried out when the school discovers the incidence of children who engage in smoking.

The third process or service stage, namely Measurement in the Posbindu Program at

SMAN 3 Cibinong, was never carried out.

The fourth process or service stage, namely the Inspection in the Posbindu Program at SMAN 3 Cibinong, is only carried out a few examinations, namely dental examinations and immunization services.

The fifth process or service stage, namely counseling / education in the Posbindu PTM Program at SMAN 3 Cibinong, is carried out in the form of outreach and dissemination of information through various media carried out by PIK-R extracurricular Cibinong SMAN 3. However, the material or topic of information provided has never been related to PTM.

The output produced in the implementation of the Posbindu Program at SMAN 3 Cibinong is still not optimal due to some elements of the input components and processes that have not yet been implemented or need to be followed up on.

With the writing of the implementation of the Posbindu program in SMAN 3 Cibinong, it is necessary to make efforts to be able to implement the Posbindu PTM Program among adolescents as they should. So the authors provide policy recommendations to parties who have a role to implement the PT Posbindu Program, including:

The holding of adolescent health programs relating to risk factors for non-communicable diseases.

Held trainings to improve HR performance

Conduct scheduled monitoring and evaluation from the Bogor District Health Office so that problems can be identified and solutions can be formulated.

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