
IMPLEMENTATION OF THE POSYANDU PROGRAM FOR THE ELDERLY IN GAMPONG LANCOK PANTE ARA, KUALA SUB-DISTRICT, BIREUEN DISTRICT

Oleh

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Abstract: *The implementation of the elderly posyandu program in Gampong Lancok Pante Ara is still not going well. This is due to the lack of participation of the elderly to participate in the posyandu program for the elderly which is held once a month. There are 81 pre-elderly and elderly people in Lancok Pante Ara village. Of the number of pre- elderly and elderly people who participated in the elderly posyandu program, only 18 people participated. This is due to the lack of awareness of the importance of health for the elderly and the lack of assistance from the elderly family. The research method used in this research is descriptive qualitative research method. Data collection methods include observation, interviews and documentation. The data analysis techniques include data reduction, data presentation and conclusion drawing. The results showed that the implementation of the posyandu program for the elderly in Gampong Lancok Pante Ara had been carried out according to the SOP, there were three programs carried out, namely the health service program, provision of additional food (PMT) and home visits for the elderly resti. The conclusion in this study is that the implementation of the posyandu program in Gampong Lancok Pante Ara has been carried out by the implementers although it has not been effective due to several factors that hinder the implementation of this posyandu program.*

INTRODUCTION

Elderly is someone who has entered old age and has experienced aging so it is necessary to provide health services that can help the elderly to maintain their health. The increase in the elderly population in Indonesia is a fundamental thing for the government, especially in establishing a policy or program for the elderly that can build health for the elderly. The program must be implemented by the government for the welfare of the community, one of which is the elderly. The following program is aimed at the elderly community (elderly), namely the elderly posyandu program. This elderly posyandu program is a type of health service that is formed at an integrated service post for the elderly in a certain area that has been agreed upon and driven by the community so that they can get health services (Nelwan et al, 2019).

Meanwhile, according to the Ministry of Health, Posyandu for the elderly is one of the developments of government policy through health services for the elderly organized through the puskesmas program and involves the participation of the elderly, families, community leaders, and social organizations in its implementation (Depkes RI, 2006: 27). Based on the explanation above, the elderly posyandu program is an initiative from the government and the community to provide routine health services to the elderly. This posyandu program has the main objectives of monitoring the health of the elderly, providing preventive health services, providing education about healthy lifestyles, and improving their quality of life. The Posyandu program benefits the elderly by monitoring their optimal health. Therefore, the implementation of this program needs to involve various parties such as the government, health workers, and the community in order to achieve the goal of optimal health services for the elderly.

Based on Regulation of the Minister of Health No. 67 of 2015 concerning the Implementation of Elderly Health Services at Community Health Centers article 6 explains that in increasing access and coverage of Elderly health services at Puskesmas can be carried out outside the building according to needs and one of them is the elderly posyandu. And Regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2016 concerning the National Action Plan for Elderly Health for 2016-2019 explains that the government has an obligation to ensure the availability of facilities in health services and can facilitate the development of elderly groups and strive to carry out health maintenance for the elderly which aims to keep the elderly healthy, independent and socially and economically productive. In order to realize this, the government is obliged to ensure the availability of healthservice facilities and facilitate thedevelopment of elderly groups. (Permenkes, 2016).

The implementation of the posyandu program for the elderly in Gampong Lancok Pante Ara has been carried out by the implementers but in its implementation there are still In this activity there are several health services provided at the implementation of Posyandu for the Elderly, namely weighing, measuring height, weight, abdominal circumference, blood pressure checks, screening and interviews, blood sugar checks, cholesterol checks, and counseling and provision of additional food. Therefore, it is unfortunate that in the implementation of posyandu for the elderly, the enthusiasm of the elderly in participating in posyandu for the elderly is still lacking. The lack of participation of the elderly is one of the causes of the obstruction of the implementation of the posyandu program for the elderly. The number of pre-elderly and elderly people who visit the posyandu is still low when viewed from the relatively large number of pre-elderly and elderly residents.

Another problem is that the budget allocated is still limited, especially for buying medical equipment and for consumption is still limited, so that the food or drinks provided are sometimes insufficient. Even the facilities are inadequate for doing gymnastics and there is no oral health examination.

RESEARCH METHODS

1.1 Research Location

The location of this research is the Posyandu Lansia in Gampong Lancok Pante Ara, Kuala District, Bireuen Regency because based on the initial observations that the authors have obtained that the implementation of the posyandu program for the elderly is still not optimal.

This can be seen in terms of program implementation, only a few elderly people in the village routinely participate in Posyandu for the Elderly activities due to the lack of enthusiasm of the elderly and the lack of assistance from the elderly family.

Research Approach

In this study, the authors used a descriptive qualitative approach. Qualitative research is data that can be presented and produces descriptive data in the form of written or spoken words from people and behaviors that have been observed.

Data Collection Technique

1. Observation

Observation is one of the data collection techniques that can be done through systematic observation and recording of symptoms that appear on the object of research. (Mukhtazar, 2012: 46). In general, observation can be interpreted as observation and vision. Observation is needed to get more accurate data as a complement to research. In general, observation is a technique that is not on the basis of a pre-arranged plan but rather an observation process that occurs when going directly to the research location. In this study, what was observed was the implementation of the posyandu program for the elderly in Gampong Lancok Pante Ara, Kuala District, Bireuen Regency.

2. Interview

An interview is an oral question and answer activity between two or more people conducted directly. (Usman, 2009). In this case interviews can be used to obtain data and information in completing research reports and are guided by a list of questions that have been prepared in advance. In this study, of course, researchers will go directly to the research location, namely in Lancok Pante Ara village, researchers will ask questions directly from several questions that have been prepared to informants by participating in posyandu activities for the elderly or going directly to the homes of the elderly as well as community health workers and cadres and officials in charge of the keuchik's office and related to the issues that have been raised in this study. Usually the selected informants are people who have direct experience of this issue, namely Keuchik, Village Midwives, Cadres, Health Officers from Puskesmas and the community.

3. Documentation

Documentation is a method in qualitative data collection by viewing or analyzing documents made by the subject himself or others about the subject. According to Sugioyono (2020: 329) documents are records of events that have passed. These documents can be in the form of writings, pictures or monumental works by someone. As for documents in the form of writing diaries, life stories, stories, biographies, regulations, and policies. In addition, documents in the form of images such as photographs, live pictures, sketches. In this study, the documentation that researchers use is such as photos of activities, pictures, records of activities, regulations and data needed by researchers.

Data Analysis Technique

Data analysis technique is a process for systematically searching and compiling data that has been obtained from interviews, observations and documentation by organizing the data in categories, describing them in units, synthesizing them, compiling them in patterns, choosing which ones are important and which ones need to be studied. (Sugiyono, 2013). The following are the data analysis techniques used in this study, namely:

Data reduction stage

Data reduction is selecting, simplifying, and selecting data that is related to the author's research focus with the aim of sharpening, classifying, directing, discarding unnecessary, and organizing data in such a way that conclusions can be drawn and verified. Therefore, in determining the data to be used in this study, researchers must sort and select data that has been collected from informants so that it can be used as a reference to complete the research results.

Data presentation stage (*display data*)

Presentation of data is the preparation of data or information that has been obtained from the survey systematically in accordance with the planned discussion. The aim is to make it easier to read and draw conclusions. Sometimes, when using interview techniques, there are open questions (questions whose answers are left to the informant), but the number of questions is not large and is only treated as a complement.

1. Verification and conclusion

The last stage of the data collection process is to conduct verification and conclusion drawing which is interpreted as drawing data that has been displayed. Drawing conclusions is one part of a fully configured activity. Starting from the beginning of collecting data, noting the regularity and explanation of each data and information obtained while at the research location. Conclusions in this study are drawn based on an understanding of the data presented and made in a brief statement so that it is easy to understand and refers to the subject matter to be studied.

RESEARCH RESULTS

Implementation of the Elderly Posyandu Program in Lancok Pante Ara Gampong

The implementation of the elderly posyandu program in Gampong Lancok Pante Ara is one of the positive activities to maintain the health of the elderly by communicating intensively with the local elderly through the elderly posyandu program. One of the implementation models

The method used in describing the phenomena in the field related to the implementation of the elderly posyandu program in Gampong Lancok Pante Ara, Kuala District, Bireuen Regency is the Edward III model (in Widodo, 2012: 97) the factors that influence policy implementation, namely Communication, Disposition Resources and Bureaucratic structure.

In accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2015 concerning the implementation of Elderly Health Services at Community Health Centers that have been coordinated in every Province, Regency/City and District in Indonesia, and referring to the most basic health services found in Gampong (Village), therefore Puskesmas work together with the government and the Gampong community to provide services that are easy to reach.

Gampong Lancok Pante Ara has implemented health services for the elderly or also known as the Elderly Integrated Services (Posyandu Lansia) with the aim of being able to overcome health problems in the elderly which are carried out once a month by the elderly posyandu cadres and Puskesmas officers by making direct appeals to the community which are announced in Meunasah regarding the posyandu schedule one day before the day of the elderly posyandu.

The implementation of the Posyandu for the Elderly in Gampong Lancok Pante was carried out in accordance with the SOP of the Kuala Health Center. This SOP is a reference for the implementation of steps in the implementation of Posyandu for the explained that there are procedures or steps in the implementation of Posyandu for the elderly with preparation and tools and materials, officers who carry out (elderly cadre program officers and officers from the health center), as well as the mechanism for implementing health services at Posyandu for the elderly using 5 steps and a flow chart of 5 tables.

SOPs guide the implementation of the Posyandu Lansia program. The Gampong Lancok Pante Ara Posyandu for the Elderly does not yet have its own SOP, but is still using the SOP at the Kuala sub-district health center. In this SOP, there are procedures or steps in the implementation of the posyandu for the elderly, namely the existence of tools and materials that need to be prepared such as attendance, elderly health books (KMS), elderly cohorts (the Elderly Health Service Cohort Register is a set of health examination results for pre-elderly and elderly), health examination tools (scales, measuring height, measuring waist circumference, checking blood sugar, blood pressure and cholesterol), the existence of health workers and Posyandu Elderly officers.

Health Care Program for the Elderly

The health service program for the elderly is one part of the elderly Posyandu program. Health services every month have steps such as registration, weighing body weight (BB), measuring height (TB), measuring abdominal circumference, calculating BMI, measuring blood pressure, interviewing, screening, simple lab tests (checking blood sugar and cholesterol), counseling and PMT (Providing additional food). Posyandu for the elderly in Gampong Lancok Pante Ara is conducted once a month. In determining the schedule for the posyandu for the elderly, the community health workers and cadres communicate through the WhatsApp group, after the schedule is determined, the cadres will inform Mr. Keuchik to be announced in the Meunasah. Not only that, pukeskamas officers and elderly posyandu cadres also provide counseling and socialization about health for the elderly, and inform the elderly to bring a BPJS card as a requirement and fill out the attendance list.

Supplementary Feeding Program (PMT)

Providing PMT is a very important program for the elderly in meeting the nutritional needs of the elderly and can improve the health and quality of life of the elderly. Elderly people must pay attention to nutritional intake, to support the health of their bodies. PMT is provided by paying attention to the health and nutrition aspects of the elderly with the aim of improving nutrition and life expectancy for the elderly. Elderly Posyandu activities are carried out by elderly cadres and assisted by health workers from the Kekeran Village Health Center so that this activity runs smoothly. The purpose of the elderly posyandu is to increase the reach of elderly health services in the community, so that health services are formed according to the needs of the elderly.

Resti Elderly Home Visit

Home visits are a form of health service provided to elderly people who have a high risk of their health problems. This home visit activity is carried out once a month after the elderly posyandu activities in Meunasah are completed. This elderly home visit aims to maintain and improve health in order to avoid non-communicable diseases. Officers conduct blood tests, provide counseling, provide treatment for the elderly.

This elderly home visit activity is part of the Posyandu Health program. This home

visit activity is routinely carried out once a month by health workers at the Kuala Health Center accompanied by Gampong Lancok Pante Ara health cadres. In terms of indicators of attitudes that are more directed to the attitudes or behaviors given by the implementers of activities, cadres and health workers in providing services are quite good and apply the attitude of smiles, greetings and greetings to the elderly resti. This program has several benefits including increasing awareness in the elderly to foster their own health, increasing the type and range of elderly health services and improving the quality of elderly health services. There are 6 elderly people registered in this home visit program, namely Mr. M. Yunus, Mrs. Salihah, Mrs. Zainabah, Mrs. Nuriah, Mrs. Maimunah and Mrs. Khatijah. Of the six elderly, there is one elderly with disabilities, namely Mr. M. Yunus.

CLOSING

Conclusion

From the results of research and discussion on the Implementation of the Posyandu Program for the Elderly in Gampong Lancok Pante Ara, Kuala District, Bireuen Regency, the researchers can draw the following conclusions: The implementation of the elderly posyandu program in Gampong Lancok Pante Ara has not been running optimally. This is because there are several inhibiting factors in the implementation of the posyandu for the elderly. However, in its implementation there are 3 programs that have been implemented from this elderly posyandu, namely: Elderly health service program, supplementary feeding program and home visit program for high risk elderly (resti).

ADVICE

- a) It is hoped that community health workers and elderly posyandu cadres will provide tips on maintaining food and pay attention to balanced food content so that the elderly can practice this and be applied in the daily lives of the elderly.
- b) It is also hoped that the elderly posyandu cadres can increase the active role of the elderly and increase the awareness of the elderly how important it is to follow the elderly posyandu for the health of the elderly.

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HALAMAN INI SENGAJA DIKOSONGKAN