Factors That Affect Posbindus’ Performance in Dayeuhkolot Kabupaten Bandung

T A Suparto1*, D K Sunjaya2, R D Susanti3

1Faculty of Sport and Health Education, Universitas Pendidikan Indonesia, Jl. Dr. Setiabudhi No 229 Kota Bandung

2Faculty of Medicine, Universitas Padjadjaran, Jl. Raya Bandung Sumedang Km.21, Bandung West Java-45365

3Nursing Faculty, Universitas Padjadjaran, Jl. Raya Bandung Sumedang Km.21, Bandung West Java-45365

E-mail: tirta.adikusuma.123@upi.edu*

Abstract. Integrated Development Post Program (Posbindu) is one of the facilities which provide a service for the elderly. Aside from healthcare, Posbindu also provides social, religion, education, skill, and other services. These services are needed by the elderly that makes Posbindu existence very important. According to the early research conducted by the researcher in December 2013 at Posbindu’s Desa Dayeuhkolot, the implementations of Posbindu’s over there were still lacking. This study aimed to explore some issues of Posbindu programs in Desa Dayeuhkolot comprehensively. The research design used in this research was Qualitative method approach by using case study. This research was conducted from February 2014 to January 2015 in 5 Posbindu. The findings showed that the programs of Posbindu in Desa Dayeuhkolot Kabupaten Bandung still face some problems, they were: 1) Posbindu was not found based on people needs; 2) the lack of budget; 3) the lack of quality and quantity of guidance; 4) the lack of cadres’ knowledge and skills; 5) there was no incentive for cadres; 6) the lack of facilities and infrastructures; 7) the lack of emotional and physical test; 8) the lack of quality and quantity of health training program; 8) the lack of quality and quantity of health counselling; 9) there was no access for medicine; 10) the complicated system of documentation and report; 11) there was no elderly exercise in some posbindus; 12) the lack of effectiveness in elderly visitation program; 13) the low frequency of elderly visitation; 14) the lack of posbindu contribution to the elderly; 15) the lack of support from the environment. Posbindu’s revitalization was one of the interventions to solve the health problem caused by demographic changing.

1. Introduction

There are an increasing number of elderly populations as well as life expectancy (UHH) in the world. Based on the report of the United Nations, in 2000 to 2005, the percentage of the world's elderly population is 7.74% with its life expectancy 66.4 years [1][2]. This number is predicted to increase in
2045-2050 to become 28.68% and its life expectancy to 77.6 years [3][4]. In 2020, for the first time in history, the number of elderlies is expected to exceed the number of toddlers [5-15].

The phenomenon is also occurred in Indonesia. In 2000, the percentage of elderly population in Indonesia is 7.18% with its life expectancy 64.5 years. In 2010, this number increased to 7.56% with its life expectancy 69.43 years. In 2011 this number increased to 7.58% with its life expectancy 69.65 years [4]. In 2002, the number of the elderly populations in Indonesia is 17.1 million and is ranked at the 7th largest elderly populations in the world. This number is predicted to increase by 2025 to 35 million people and ranked at the fifth in the world [14].

The increasing percentage of the elderly population and life expectancy will be accompanied by an increasing in the prevalence of health problems in the elderly population. In 2014, 23% of all morbidity and mortality worldwide occur to elderly populations [15].

The purpose of human life is being old, but still healthy (healthy aging). Furthermore, healthy aging should be followed by active aging (active aging). Active aging is the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age. Active words show a continuous participation in social, economic, cultural, spiritual, and civic activities. Maintaining continuity of autonomy and independence when a person becomes old is everyone's primary goal [12].

To achieve those objectives required a variety of health attempts, which are: health promotion, primary prevention, secondary prevention and tertiary prevention [1]. National Policy of Health Promotion has adopted three basic strategies of health promotion, namely, empowerment, atmosphere building, and advocacy. According to the [4]. Community development (in term of health) is an effort to foster the ability of people in order to have the power or the strength to live independently.

One of the services for the elderly at the community level, which is conducted by the Ministry of Health Republic of Indonesia, is an Integrated Development Post Program (Posbindu). Posbindu is a service for the elderly in the community which formation process and implementation is done by the people together with non-governmental organizations (NGOs), inter-sectorial government and non-government, private sector, social organizations and others, to emphasize health services in primitive and preventive ways [8].

Aside from health services, Posbindu also provides social services, religion, education, skills, sports and cultural arts, and other services needed by the elderly in order to improve the quality of life through health improvement and welfare [8]. Therefore, Posbindu is already relevant to the concept of healthy aging and active aging proposed by WHO.

However, based on the literature review, the implementation of Posbindu in most of regions in Indonesia still faces a variety of problems. Those problems, namely: lack of health education, lack of cadres knowledge and skills, lack of elderly family support, and lack of elderly visitation [2-13].

Based on the findings of preliminary research conducted by the researcher in December 2013, Posbindu programs in Desa Dayeuhkolot are still face several problems. One of the problems is the low frequency of elderly visitation, which is 40% in Posbindu District 02, 12% in Posbindu District 05, 18% in Posbindu District 08, 27% in Posbindu District 10, and 13% in Posbindu District 11, of the entire elderly population in each district. Moreover, the problems that occur are more than a simple treatment and health education. However, from the preliminary research, researchers have not explored the problems in Posbindu Desa Dayeuhkolot comprehensively.

Based on the literature research, researchers have not found any research that explores the problem of Posbindu Programs in a comprehensive manner, both in Desa Dayeuhkolot, Kabupaten Bandung or other regions in Indonesia. Those reasons underlie the importance of this research. Therefore, this research entitled “Factors that affect Posbindus’ Performance in Dayeh Kolot Kabupaten Bandung”.
2. Methods and Materials
The research design used in this study was qualitative approach in the form of case study. The researchers did not set the existing situation in Posbindu and distribute instruments to respondents. The information was collected by directly speaking to the respondents and observing respondents’ attitude in a natural context. In case of searching for a sensitive issue, the researchers conceal the names of people, locations, or specific activities.

Researchers tried to create a comprehensive review of the problems in Posbindu Desa Dayeuhkolot. This involved reporting business perspectives, identifying factors associated with Posbindu, and forming a general description of the big picture that appears. Thus, researchers finally managed to create a visual model of the various aspects of the inputs, processes and outputs in Posbindu program Desa Dayeuhkolot. This model used by researchers in building a holistic picture.

Researchers in this research rolled as a key instrument. Researchers used several data collection instruments in the form of interview/ focus group discussion form, and observation form, therefore the only instrument in gathering information was the researchers. The interview / FGD, and observations forms were made by the researchers by basing its development on the research framework. In obtaining qualitative data, researchers used several techniques, namely: a qualitative observation, qualitative interviews, documentary studies and literature, FGD (Focus Group Discussion).

This study used primary data and secondary data from a valid documents which has been collected in September 2014 to December 2014. This research was conducted in Posbindu in Kabupaten Bandung, especially in Posbindu Desa Dayeuhkolot kabupaten Bandung.

The sampling technique used in the assessment of the Posbindu problems was purposive sampling. Samples from this research were representative of the components involved in the program Posbindu in kabupaten Bandung, especially in Posbindu Desa Dayeuhkolot, namely: 1) holders of Posbindu program in Kabupaten Bandung Health Office; 2) holders of PHC (Puskesmas) Dayeuhkolot Posbindu program, and 3) the entire Posbindu cadre in Desa Dayeuhkolot.

3. Result and Discussion
General overviews of Posbindu activities in each District in Desa Dayeuhkolot are as follows (See Table 1). According to the table, it can be seen that in general, the activities around the Posbindu Desa Dayeuhkolot has not done well. Almost the entire Posbindu Desa Dayeuhkolot are socializing Posbindu activities, weighing, and measuring blood pressure and Feeding. Meanwhile, the height measurement, calculation of body mass index (BMI), emotional examination, medical examination, simple treatment, and health education, do not materialize. From the table, it is also known that only District 11 which do not implement Feeding.

Moreover, in a whole view, the best Posbindu implementation program occurred in District 02. It can be seen from its number of elderly visitation which is high. While, the worst Posbindu implementation program occurred in District 11 whose number of elderly visitation is low.
Table 1. General Overview of Posbindu Activities in Desa Dayeuhkolot Kabupaten Bandung

| No | Posbindu Activities                  | Posbindu |
|----|--------------------------------------|----------|
|    |                                      | District 02 | District 05 | District 08 | District 10 | District 11 |
| 1  | Body Mass Measurement                | 1         | 1           | 1           | 1           | 1           |
| 2  | Height Measurement                   | 0         | 0           | 0           | 0           | 0           |
| 3  | Registration                         | 1         | 1           | 1           | 1           | 1           |
| 4  | Body Mass Index Measurement          | 0         | 0           | 0           | 0           | 0           |
| 5  | Blood Pressure Check                 | 1         | 1           | 1           | 1           | 1           |
| 6  | Emotional Check                      | 0         | 0           | 0           | 0           | 0           |
| 7  | Healthy Check                        | 0         | 0           | 0           | 0           | 0           |
| 8  | Simple Treatment                     | 0         | 0           | 0           | 0           | 0           |
| 9  | Counseling/ Health Education for Elderly | 0     | 0           | 0           | 0           | 0           |
| 10 | Counseling/ Health Education for Elderly Families | 0 | 0 | 0 | 0 | 0 |
| 11 | Providing Information and social activity | 0 | 0 | 0 | 0 | 0 |
| 12 | Feeding (PMT)                        | 1         | 1           | 1           | 1           | 0           |
| 13 | Promoting Posbindu activities        | 1         | 1           | 1           | 1           | 1           |

Source: Observation Data of all Posbindu in Desa Dayeuhkolot 2014 (Primary Data)

Note: 1= Present, 0= Absence

Posbindu program in Desa Dayeuhkolot Kabupaten Bandung still faces some problems, in terms of inputs, process, outputs, and environmental support. The details are as follows:

1) Problems of Posbindu from the input aspects are:
   - Posbindu establishment are based on program needs, not based on the needs of the community.
   - Lack of funds for Posbindu Implementation program in Kabupaten Bandung health office Dayeuhkolot health centre, as well as in the Posbindu desa Dayeuhkolot.
   - Lack of supervisor training quantity and quality in Posbindu Bandung DHO, Puskesmas supervisors, and volunteers in the Posbindu desa Dayeuhkolot.
   - Lack of posbindu cadres knowledge and skill in desa Dayeuhkolot, especially in delivering health education
   - No incentive for cadres in Posbindu desa Dayeuhkolot
   - Lack of Posbindu facilities

2) Problems of Posbindu from process aspects are:
   - Lack of physical and emotional examinations in Posbindu.
   - Lack of quantity and quality of health education for the elderly and families in Posbindu.
   - No simple health treatment in Posbindu.
   - A complicated documentation and reporting system
   - Lack of Physical education activity in most of Posbindu
   - Low frequency of visitation to the sick elderly

3) Problems of Posbindu from Outputs aspect are:
   - Low frequency of elderly visitation in Posbindu
• Lack of Posbindu contribution against uncontrolled physical and emotional health of elderly.
• Lack of Posbindu contribution to the improvement of knowledge, attitude and ability of the elderly and their families.

4) Problems of Posbindu from Environmental support aspects, are:
• Lack of Posbindu budget support
• Lack of cadres accessibility support in assisting the community.
• Bad attitudes of some Puskesmas employees against cadres.
• No support from Social Services, Department of Religion, Elderly commission, LLI (NGOs elderly) and others.
• Lack of cross-sector cooperation in the implementation of integrated health program in Kabupaten Bandung

4. Conclusion
Posbindu programs in Desa Dayeuhkolot still face some problems, in terms of inputs; process, outputs as well as environmental support. Posbindu’s revitalization was one of the interventions to solve the health problem caused by demographic changing. The Key point was to increase the role of the Public Health Nurse (PHN) in fostering Posbindu program.

References
[1] Anderson E T and Mc Farlane J 2007 Keperawatan komunitas: teori dan praktik dalam keperawatan Jakarta: EGC
[2] Bratanegara A S, Lukman M and Hidayati N O 2014 Gambaran dukungan keluarga terhadap pemanfaatan posbindu lansia di kelurahan karasak kota bandung Jurnal Penelitian FIK Unpad.
[3] Budiyansi V N 2013 Hubungan tingkat pengetahuan keluarga tentang posyandu lansia dengan frekuensi kunjungan lansia ke posyandu desa mrican Salatiga E-Journal on-line
http://digilib.stibeth.ac.id/gdl.php?mod=browse&op=read&id=-,-vincentian-18
[4] Depkes RI 2013 Gambaran kesehatan lanjut usia di Indonesia Jakarta: Depkes RI
[5] Felizita 2013 Faktor-faktor yang berhubungan dengan pemanfaatan posyandu lansia di wilayah kerja puskesmas sawah lebar kota Bengkulu E-Journal online
[6] Handayani D E 2012 Pemanfaatan pos pembinaan terpadu oleh lanjut usia di kecamatan ciomas kabupaten bogor tahun 2012 dan faktor yang berhubungan Jurnal FKM UI
[7] Khotimah S K 2011 Faktor-faktor yang berhubungan dengan pemanfaatan posyandu lansia di wilayah kerja puskesmas wilayah kabupaten Ngawi E-Journal on-line
[8] Kommas Lansia 2010 Pedoman pelaksanaan posbindu lansia Jakarta: Kommas Lansia
[9] Masbiran Y M and Masbiran M 2010 Faktor-faktor yang berhubungan dengan kunjungan lanjut usia ke posyandu lansia di RW 03 kurao pagang wilayah kerja puskesmas nanggalo Padang tahun 2010 E-Journal online
[10] Nilasari B and Farich A 2012 Hubungan dukungan keluarga dan peran kader dengan keikutsertaan lansia mengikuti kegiatan posyandu lansia di posyandu mawar desa tri rahayu kecamatan negeri katon kabupaten pesawaran E-Journal on-line http://afarich.com/132.pdf
[11] Nurhayati K 2012 Faktor-faktor yang mempengaruhi lansia dalam pemanfaatan pos binaan terpadu (posbindu) E-Journal online. http://lib.unri.ac.id/skripsi/index.php?p=show_detail&id=37381
[12] Pranarka K 2006 Penerapan geriatrik kedokteran menuju usia lanjut yang sehat Universa Medicina Oktober-Desember 2006 Vol.25
[13] Suwarsono 2012 Posyandu lansia di wilayah kerja puskesmas kabupaten temanggung tahun
2012 E-Journal on-line http://akperngestiwaluyo.ac.id/jurnalkesehatan/

[14] WHO 2002 Active ageing: a policy framework. http://www.who.int/ageing/publications/active_ageing/en/

[15] WHO 2014 Ageing well, must be a global priority. http://www.who.int/mediacentre/news/releases/2014/lancet-ageing-series/en/