

Relationship Fammily Support Toward The Utilitation Of Posbindu Health Service in Kabupaten Labuhan Batu Utara, Sumatera Utara

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Abstract

Posbindu is an activity that aims to increase knowledge of community and public awareness of public health status, especially monitoring and control for non-communicable diseases. In reality, the utilization of Posbindu by the community was still low. The purpose of this study was to explore family support related to the utilization of Posbindu. This is a qualitative study. The samples were community groups, family representatives, and related stakeholders. Data was collected through in-depth interviews and Focus Group Discussion. Data was analyzed thematically by applying the stages of data reduction, data presentation, and drawing conclusions. The results showed a lack of family support in the utilization of Posbindu. Family members often did not encourage participation, accompany relatives to sessions, or reinforce the importance of regular health monitoring through Posbindu. Family support is necessary and directly related to the utilization of Posbindu. Therefore, health promotion should regularly target families to enhance their supportive role in encouraging relatives to attend Posbindu services, as family influence significantly impacts participation rates.

Keywords: Family; Posbindu; Support

Introduction

Indonesia is one of the countries where the incidence of non-communicable diseases (NCDs) is increasing where this situation becomes a double burden of disease, namely in addition to dealing with infectious diseases, they must also deal with non-communicable diseases. Changes in disease patterns facing Indonesia today are influenced by changes in community behavior, environment, demographic transition, technology, economy and socio-culture (1). Basic Health Research in 2013, showed that the prevalence of smoking was 36.3% , lack of physical activity 26.1% , less consumption of vegetables and fruit 93.6% , intake of foods that are at risk of PTM such as sweet foods 53.1%, salty foods 26.2%, high-fat foods 40.7 , flavored foods 77.3% , emotional mental disorders 6.0%, general obesity 15.4% and central central obesity 26.6% (1). An increase in PTM cases also occurred in North Sumatra, according to Riskesdas data from 2013 to 2018 that the incidence of PTM such as asthma decreased from 2.2% to 1.0% , cancer increased from 1.4% to 2.0% , in diabetes increased from 1.8% to 2.0% , heart disease increased from 1.0% to 1.3% , hypertension also increased from 4.1% to 9.3% and chronic kidney failure also increased from 1.8% to 3.7% (2).

Concerns about the increasing prevalence of NCDs have led to an agreement on a global strategy for the prevention and control of NCDs, especially in developing countries. PTM has become a strategic issue in

the SDGs 2030 agenda so it must be a development priority in every country such as Indonesia (1) . The Indonesian government has launched a program in an effort to control PTM, namely the Pos Pembinaan Terpadu (Posbindu) which is carried out with the community through community empowerment activities (5) . Posbindu activities are activities that aim to increase knowledge, public awareness, and public health status of NCDs risk factors so that NCDs cases can be controlled and their prevalence decreased (4) .

North Sumatra Province has 2,214 Posbindu units. Several studies of Posbindu in North Sumatra show that the implementation is still not optimal due to the number of visits that have not reached > 50% (6). The percentage of villages/sub-districts running Posbindu in North Sumatra Province in 2016 was 7.46% (456 out of 6110 villages/kelurahan) (5). The implementation of the Posbindu in North Sumatra can be seen from several studies such as research (3) conducted at the Helvetia Health Center stating that the behavior of health workers, cadre behavior, and Posbindu activities are in the bad category, and the utilization of Posbindu at the Helvetia Health Center Medan is in the low category. Likewise with research at the Glugur Darat Health Center in Medan that the implementation of the Posbindu is still not in accordance with the Posbindu concept, because it is still carried out by health workers at the Glugur Darat Health Center and the implementation flow is still the same as for patients seeking health care at the at Health care so that the five-table flow is still not running. Empowerment is still not maximal in involving community participation in prevention, namely making the community the subject of the implementation of the Posbindu at the Glugur Darat Health Center (8).

The results of interviews from the Health Office of Kabupaten Labuhan Batu that the implementation of the Posbindu is not optimal and the achievement is very low, for Kabupaten Labuhan Batu the achievement of Posbindu utilization in January 2021 to April 2021 is 0.93 percent, this is due to a lack of understanding of Posbindu officers and cadres about posbindu. The last cadre training was carried out in 2018, the lack of budget allocated for PTM Posbindu activities, the PTM reporting system has not gone well, there is no cross-sectoral collaboration and the low role of stakeholders in efforts to utilize Posbindu by the community, this is what causes the implementation of the PTM Posbindu not to work well. Efforts made by the Labuhan Batu Utara Health Office in running the PTM Posbindu program currently are through outreach to the community carried out by the Public Health centre in the sub-district, providing a Posbindu implementation budget, Training Cadres and Health Officers but this has been stopped since 2018, evaluating the implementation every month. Efforts have been made by the community turns Posbindu utilization is still very low achievements, goals of Public Health office Kabupaten Labuhan Batu Utara in effort to use Posbindu utilization amount 50 to 100 %. The results of interviews in the preliminary study also found that there was a lack of community motivation, family support and low community knowledge about the benefits of Pisbindu. Therefore, researchers are interested in researching the analysis of community motivation, family support and community knowledge about the use of Posbindu in Kabupaten Labuhan Batu Utara.

Methods

This study uses a mix method research which is a research method where the data collection is carried out in two kinds of methods, namely qualitative and quantitative (9). Qualitative Research in this research depth interviews (stakeholders) in the form of a cadre of Posbindu village and the health center level program holder. Research sites in this research was conducted on the people who were the target of the Posbindu in Kabupaten Labuhan Batu Utara Kecamatan Na IX-X. Reasons for choosing locations was due to the limitations of the study covering Labuhan Batu wich was quite wide so that it chose one sub district namely Kecamatan Na IX-X because the utilization coverage in Kecamatan Na IX-X was lower than other distric in Kabupaten Labuhan Batu Utara. Kecamatan Na IX-X sub-district has two health centers, namely Aek Kota Batu Health Center and Kampung Pajak Health Center . The time of the research is from Mei 2021 to August 2021 which begins with a preliminary survey, preparation of proposals, research to the preparation of research results .

The independent variable in this study are Motivation Society , family support and knowledge society and the role of volunteers and holders Posbindu in Public Health Centre. The dependent variable in this study is the Posbindu utilization effort. The population in this study was 19,889 people, for Aek Kota Batu Health Center and Kampung Pajak Health Center, the target number was 11,715 people. and the number of samples using the Isaac and Michael formula with a standard error of 5 percent so that the sample is obtained to be 96 samples from the Aek Kota Batu Health Center and 57 samples from the Kampung Pajak Health Center. Counseling with the target community experiencing NCDs was carried out for 2 hours. Before and after the counseling was given a questionnaire sheet to be filled out by the participants. Quantitative data were analyzed by Univariate and Bivariate analysis. In the Bivariate analysis, the data was processed using the Mc- Nemar statistical test, which is a statistical test for paired variables with abnormal data distribution (1). While the qualitative data is processed by triangulation techniques, namely qualitative data processing techniques with various types of participants.

Results

Quantitative Analysis

1. Univariate Analysis

Based on Table 1. Regarding the characteristics of respondents, it is stated that 96 (62.7%) respondents live in the working area of the Aek Kota Batu Health Center and 57 people (37.3%) live in the working area of the Kampung Pajak Health Center. 25-34 years old and the least is age 50 years old. Most of the respondents occupations were housewives 37 people (24.2 %) followed by oil palm farmers 36 people (23.5 %). Types of jobs that at least is the respondents who work as self employed as many as 15 people (9,8 %). The percentage of the highest education level is high school graduates as many as 57 people (37.3%) and the lowest is bachelor as many as 18 people (11.8%). History of diseases are Rheumatoid Arthritis 36 people (23.5%), Diabetes 82

people (53.6%) and Hypertension 25 people (22.9%).

Table 1. Characteristics of Respondents

Variable	n	%
Home Address		
Aek Kota Batu	96	62,7
Kampung Pajak	57	37,3
Respondent Age (years)		
25-35	80	52,4
35-50	44	28,8
≥50	29	19
Gender		
Male	71	46,3
Female	82	53,6
Job Category		
Oil Palm Farmers	36	23,5
Housewife	37	24,2
Government Employee	16	10,5
Entrepreneur	15	9,8
Employee	26	17
Laborer	23	15
Level of Education		
No School	20	13,1
Primary School	32	20,9
Junior High School	26	17
Senior High School	57	37,3
Bachelor Degree	18	11,8
Respondent Disease		
Rhematoid Arthritis	36	23,5
Diabetes	82	53,6
Hypertension	35	22,9

Source: Primary Data

Table 2 below also shows the results of univariate analysis on research variables where the motivation of the community before the counseling was carried out in good categories was 52 people (34.9%) and after the counseling increased to 80 people (52.3%), while the community's motivation before the counseling was carried out 101 people (66.1%) were given counseling in the less category and after counseling it dropped to 73 people (47.7%). On Variable Support keluarga before being given counseling to the category of supporting as many as 89 people (58, 2 %), but after the extension be granted 118 (77.1%) of people while the category not support before being given counseling as many as 64 people (41.8%) and after being given counseling it fell to 35 people (22.9%). Public Knowledge variable before being given counseling to the category of either 63 (41, 2 %) , but after being given an extension to 66 (43.2%), while the category of knowledge less before being given counseling to 90 people (58.8%), but after being given an extension down to 87 people (56.8). This shows that there is a difference in the percentage before and after being given counseling on all variables.

Table 2. Analysis of Research Variables

Variable	Pretest (%)	Post Test (%)
Family Support		
Support	89 (58,2)	118 (77,1)
Does Not Support	64 (41,8)	35 (22,9%)

Source: Primary Data

2. Bivariate Analysis

Bivariate analysis was conducted to see the relationship between variables, both paired and unpaired variables. The results of the bivariate analysis using the Mc-Nemar statistical test stated that there was a significant difference in the family support variable, there was no significant difference before and after being given counseling (P value 0.320 or > 0.05).

Table 3. Analysis of family support on the use of posbindu in Kabupaten Labuhan Batu Utara

Variable	P Value	Note
Family Support For The Use of Posbindu	0,320	Not Significant

Source: Primary Data; Mc-Nemar Pre-Post test (Test 2 groups in pairs)

Qualitative Analysis

The qualitative data of this research was collected by using in-depth interviews with Posbindu cadres and program holders regarding their role so far in conveying information. The following is a transcript of the results of interviews with several posbindu cadres scattered in different areas.

"N1. So far, the existing Posbindu has not been running effectively, so that the utilization of Posbindu by the community is also lacking. Lack of socialization by cadres because cadres still receive minimal training on posbindu".

N2. At our place, we have started to carry out routine socialization regarding the use of posbindu to the community even though it was stopped since last year due to the Covid 19 Pandemic. We cadres are often sent to attend training to the Puskesmas to increase our knowledge about posbindu so that they can motivate the community about the importance of using posbindu.

The following is a transcript of the interview with program holders at the puskesmas level

P1. So far, we have not been able to optimally carry out socialization regarding posbindu due to the lack of budget allocated for this program. In addition, socialization activities and training for posbindu cadres have also stopped in the last 2 years due to the Covid 19 pandemic which has restricted large numbers of in-person meetings

P2. It is more or less likely that the problem regarding posbindu is the same as in other areas, minimal budget to hold activities to increase the understanding of posbindu cadres, the Covid 19 pandemic, even though the community in each village has begun to be literate about the existence of Posbindu which can be used for consultation on PTM.

Discussion

Family Support

The results of this study found that there was a difference in the percentage in the "Supporting" family category and there was also a difference in the "unsupportive" family category before and after being given counseling (See Table 2) although there was no significant difference in family support before and after being

given counseling (See Table 2). Table 3). The results of this study are in line with the research of Yuniarti, et al. in 2021 also found that most of the respondents had low family support of 40 people (70.2%). Results of the interview stated that families was busy with work , so they did not have time to take their family members for a health checks (11) .

Lack of participation of family members that hinders the community from participating in the Posbindu program. In addition to support from family, other factors such as peer support are also very influential in actively participating in the Posbindu program. They tend to choose to carry out daily activities at home rather than having to take part in the Posbindu program because the distance from their homes is not close and there are no family members who can take them so that when they feel sick they will do a health check. In another study also found that the factors that influence the use of PTM Posbindu are work , cadre support, and family support (7). The results of other studies also found that the support of family and community leaders can increase the activity of residents to Posbindu PTM (10)

Conclusion

Based on the results and discussion of family support before and after counseling which did not have a significant difference because so far the family remained supportive but community motivation and community knowledge which significantly had a significant difference before and after counseling it could be concluded that the importance of providing counseling to the community the community about the benefits of Posbindu so that with this counseling it can increase the motivation and knowledge of the community itself in the midst of families who continue to support the use of Posbindu. In addition, it is also necessary to make efforts to increase the understanding of Posbindu cadres through training. seminars and workshops carried out by relevant agencies so that the coverage of utilization..

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