

THE LEVEL OF MENTAL HEALTH OF THE ELDERLY IN THE CITY CLUSTER

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ABSTRACT

Community service has agreed that by analyzing partners, there is a need for proposals to provide alternative solutions that can increase posbindu and create sub-districts that do not have elderly posbindu, and increase the happiness of the elderly group. In addition, training is also needed to increase their enthusiasm and skills and care. The existence of technology transfer then the community with training in genotric care for cadres of Posbindu as partner communities. Therefore, with extension training and genotric care training that can provide added value to these activities. Thus this training can be carried out for the elderly who are offered to provide happiness and health for members of the elderly group as partners. The purpose and purpose of this activity is to provide counseling and provide assistance to make Posbindu that has been actively running. Community Program Activities aimed at Posbindu in West Jakarta specifically in South Meruya with the aim of increasing awareness of the elderly throughout. Increase Posbindu Elderly in each district. Give motivation to Posbindu Elderly cadres to care for the elderly in their respective regions in the care of genotric customers. Contributions made by support groups Get the results of good cooperation between Posbindu members and the Rukun Tetangga, Rukun Warga and the activity implementation team. Elderly members get motivation to conduct gerontic training.

Keywords: Mental Health, Social Mapping, Elderly

1. INTRODUCTION

West Jakarta with an area of 127.11 Km² has 8 Districts, 56 villages with 42 posbindu, consisting of 2,260,341 inhabitants. Geographically, the northern part of West Jakarta is bordered by the Administration City of North Jakarta, the western part borders the Banten Province (Tangerang City and South Tangerang), and the eastern part borders the West Jakarta Administrative City, South Jakarta (for the South). The problem currently faced in health development in Indonesia is the double burden of disease, that is, there are still many diseases that must be dealt with, on the other hand coupled with the increase in Non-Communicable Diseases (PTM). Infectious diseases, especially hypertension, decreased from 31.7% in 2007 to 25.8% in 2013, but based on the results of research in 2013 increased from 7.6% in 2007 to 9.5% in 2013. the same occurred in the incidence of stroke by 8.3% per 1000 (2007) to 12.1% per 1000 (2013). Likewise Diabetes Mellitus rose from 1.1% (2007) to 2.1% (2013) (Riskesmas, 2013). In accordance with the Technical Guidelines of the Integrated Development Post (Posbindu) PTM (Ministry of Health RI 2012), that the current increase in the incidence of non-communicable diseases has become a serious threat, especially in the development of public health. One of the strategies developed by the government to control non-communicable diseases was then developed by the community-based Non-Communicable Disease Control (PTM) model through PTM Integrated Development Post (Posbindu). Posbindu PTM is a form of community participation in an effort to control risk factors independently and continuously. The development of Posbindu PTM can be integrated with efforts that have been carried out in the community. Through Posbindu PTM, it can be immediately possible to prevent risk factors for PTM so that PTM incidents in Indonesian society can be controlled. PTM prevention is a combination of independent maintenance initiatives by officers, communities and individuals concerned and health promotion and disease prevention policies must be intelligently captured to be implemented intensively to the community, bearing in mind that there are many people who do not yet know about various risk factors that can cause disease especially non-communicable diseases. Integrated coaching post or Posbindu is one form of early detection of risk factors that are carried out continuously and continuously (Health Office of Central Java Province, 2010).

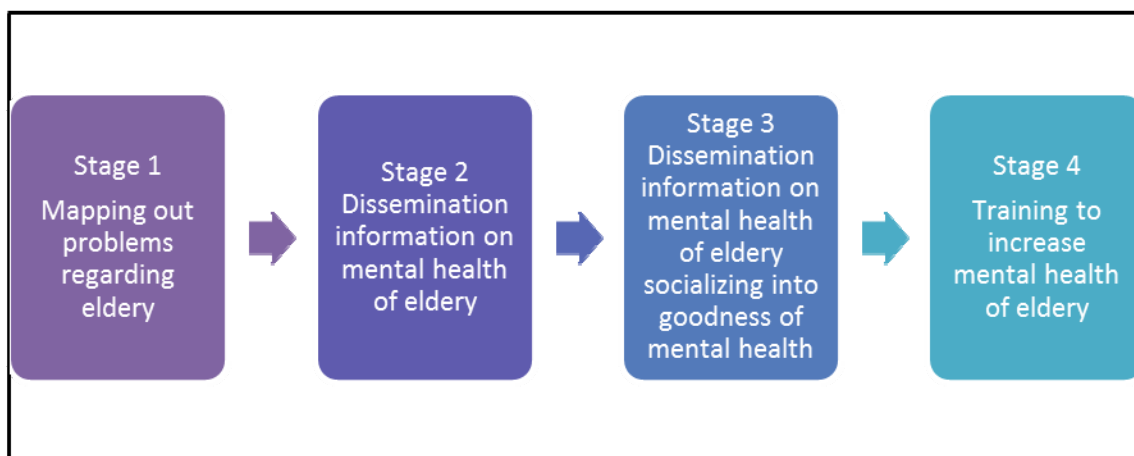
2. LITERATURE REVIEW

Health Law No. 23 of 1992 regarding health is a state of well-being in the body, soul and social that gives everyone the possibility to live productively socially and economically. The World Health Organization (WHO) provides restrictions on health more broadly and dynamically than the previous existing boundaries. The previous boundaries only covered three aspects, namely social and mental aspects, but now they have increased

to five aspects, namely free from disabilities and free from disease and physically, socially and mentally perfect (Notoadmodjo, 2010). Amnesty et al (2015) explained that explicitly mentioned community health cadres as an integral aspect of the health improvement strategy in the 2007 Primary Health Services Development Program (PHSDP) and the National Strategic Road Map Plan for the Acceleration of Maternal, Infant and Child Mortality in Tanzania. In 2013, a national CHW (Community Health Worker) task force was created by MoHSW (Ministry of Health and Social Welfare) to reach consensus on developing national cadres, community health cadres and establishing a foundation for training these community health cadres. Non-communicable diseases (PTM) are chronic diseases that are not transmitted from person to person. PTM data in Riskesdas 2013 includes asthma, chronic obstructive pulmonary disease (COPD), cancer, diabetes mellitus (DM), hyperthyroidism, hypertension, coronary heart disease, heart failure, stroke, chronic kidney failure, kidney stones, joint disease / rheumatism. Data on asthma / wheezing / cancer and cancer taken from respondents of all ages, COPD from age ≥ 30 years, hyperthyroidism, hypertension / high blood pressure, coronary heart disease, heart failure, kidney disease, joint / rheumatism / gout and stroke were asked. respondents aged ≥ 15 years. Disease prevalence data is determined based on the results of interviews in the form of a combination of cases of disease that have been diagnosed by doctors / health professionals or cases that have a history of PTM symptoms (based on diagnosis or symptoms). For hypertension, besides based on the results of the interview, the prevalence is also conveyed based on the results of blood pressure measurements. The prevalence of asthma, COPD, and cancer in Indonesia are 4.5 percent, 3.7 percent, and 1.4 per mile, respectively. The prevalence of asthma and cancer is higher in women, the prevalence of COPD is higher in men. 4 According to 2015 non-communicable disease control data, there are 7,225 posbindu in Indonesia. Sankar et al (2013), in their research explained knowledge and skills were reassessed immediately after training and at 6 weeks after training. At initial assessment, health workers in the treatment group were found to have significantly higher and meaningful knowledge while health workers in the experimental group also had significantly higher skill scores. Immediately after training, scores increased in both groups. At 6 weeks, it was also observed that the non-uniform decrease in performance in both health workers was due to knowledge of the impact of the training. So, 6 knowledge and skills the treatment group of health workers was more increased when compared to the knowledge and skills of the control group.

3. METHOD

Handling problems that occur within the partner community as explained, the Community Partnership Program offers several methods of approach to help solve existing problems by conducting training and counseling methods to produce values. The implementation of this Partnership Program, the community will be given some trainings and mentoring activities:



Picture 1. Stages and activities on increasing mental health of elderly

1. The Preparation Phase, carried out before the activity and submitted to the partner group is; (a) preparation of an extension program and training Development of an extension program and a training program so that the activities carried out become more organized and directed. This program includes all matters that are technical, managerial and scheduling (time schedule), (b) management modules include: Technical assistance, handling and continuous counseling, (c) preparation of training facilities and infrastructure. This preparation includes the provision of facilities and infrastructure for training and counseling, (d) field coordination. Field coordination will be carried out by the Team including the Anggrek RW 04 Meruya Selatan team, (e) the socialization of the Posbindu implementation program for the community is carried out at the location of the activities according to the area to be agreed upon. This socialization activity will be conducted 2 (two) times so that there is an understanding and

common perception about the purpose of this Posbindu implementation activity. The first socialization was non-formal with the Head of the Village.

2. The implementation phase, includes: (a) socialization of gerontik care, namely the second socialization aims to explain in more detail about the purpose and benefits of gerontik care and provide an explanation of care training materials. This socialization is facilitated by the distribution of training modules. This activity will be attended by the Head of the Village Head, the Community Service Team of Mercu Buana University and the PKK group and Posbindu Cadres who will participate in the program, (b) training on gerontic maintenance, ie this training is a follow-up of the activities socialization that has been carried out. This training is through direct practice methods in the field. Partners who have been given the theory in the module then directly practice the gerontic treatment. This activity will be guided by instructors who have been trained to carry out gerontik treatment. This training is expected to be carried out comprehensively and continuously to ensure that the partner community truly understands and masters gerontic treatment independently and this group is the parent / core group which will then conduct a cadre in their respective regions.
3. The evaluation, monitoring and evaluation stage. Monitoring is carried out intensively by the implementation team every activity takes place to ensure that the implementation of activities can go according to plan. Evaluation is carried out in line with monitoring, so that if there are obstacles it will be resolved immediately. Evaluations are carried out at each stage of the activity, while the evaluation design contains a description of how and when the evaluation will be carried out, criteria, indicators of achievement of objectives, and benchmarks used to state the success of the activities carried out. Providing guidance to partners in continuing to implement gerontic treatment consistently and maximizing existing postbindu to improve health and care for the elderly group, thereby increasing partner performance and supporting government programs in increasing life expectancy.

4. RESULTS AND DISCUSSION

Results

The Mentoring and Counseling Activities for the Elderly theme will be held on January 26, 2019 starting at 09.30-12.00, continued 13.30-15.00 at the RPTRA Maneuver and RPTRA Menara Jalan Haji Saaba, Unilever Complex RW 06 Kelurahan Meruya Selatan, Kembangan, West Jakarta. Counseling participants and 49 elderly, aged 52 years to 91 years (consisting of 27 women and 22 men), residents of the Unilever complex, who are native residents in the housing complex. This activity was assisted by a Team from the Management of the RPTRA Maneuver and several cadres of Posbindu RW 06 Meruya Selatan. Activities undertaken are as follows: (a) motivating the elderly in increasing Psychological health care for the elderly, (b) the ability and success of partners in conducting cadre in the elderly Posbindu in districts that do not yet have elderly Posbindu, (c) the ability and success partner community in implementing gerontic care for the elderly, (d) the ability to carry out care activities or activities in accordance with gerontik nursing standards that are made in a sustainable manner, such as light exercise to strengthen osteroposis, blood circulation and reduce activities that can increase blood pressure.

Discussion

Along with the times, the value has shifted. For some people who have a material orientation, hedonism and consumptive patterns that are getting stronger, there are facts that are quite alarming. There are those who consider the elderly only as a burden. What is the future of the nation, if it does not glorify the elderly, both their own families or other elderly communities? On the other hand, the facts show that the population in Indonesia over the past 40 years has doubled, but the elderly population has doubled, from around 2 million in 1970 to more than 20 million in 2010. Life expectancy population increases beyond 60 years. Prof. Dr. Haryono Suyono, Chair of the Wredhatama Association of the Republic of Indonesia (PWRI) revealed that in 2017 it is estimated that Indonesia's elderly population will reach around 29-30 million. In 2050 it will reach 80 million, including 35-36 million aged 60-69 years.

Slowly but surely, the city community 'returns' motivated by caring for the elderly. On the Commuter Line or on the Trans Jakarta bus you can see the availability of special places for the elderly, pregnant women and people with disabilities. The campaign to the wider community about the importance of glorifying the elderly and that the elderly are not a burden on the family, but they are part of a family that has the right to enjoy happiness, maintain health, and still be productive in accordance with their physical abilities.

Organizations that have prioritized the development of human resources include a sustainable pension preparation program, one of which is to empower employees to retire and of course become productive elderly people. It is very common at the beginning of the elderly, most of them are still productive, able to transfer knowledge and experience as resource persons for a field of work / profession, competent in their fields and actively involved in various fields such as social organizations / foundations and education and certain hobby groups. The activeness of the elderly in the upper middle class is usually not always motivated by the economy, but more on self-actualization. As for the middle and lower class elderly, the government encourages them to remain productive and have their own income.

5. CONCLUSION AND RECOMMENDATION

Conclusion

The strength of the nation is also supported by the role of the elderly who interact harmoniously with their children and grandchildren, and the role in society. The role of the elderly in childcare and value investing is very significant, especially for working partners who have minimal time to interact with children, while household assistants who work mostly do not have sufficient capacity for the assignment of value investing. The elderly who act as grandparents replace the role of fathers / mothers who work full time in a challenging era. are (a) stabilization in the practice of religious values; (b) adjusting to the decline in physical abilities and health; (c) adjusting to retirement & reducing income; (d) adjusting to the death of a spouse; (e) forming social relations with people of the same age; and (f) strengthening more harmonious relationships with family members (children, son-in-law and grandchildren). Harmony of relationships within the family will create an atmosphere conducive to work for the interests of the family which can impact on nation building, including improving the physical and psychological well-being of the elderly and family.

Happy individuals reach a high level of spirituality by having dimensions of religiosity, peace of life, meaning and purpose in life, optimism, anticipation of the future, and values to guide life and decision making. To achieve this quality elderly condition requires planned preparation and formation early on, starting from the level of toddlers, children, adolescents, adults, and the elderly. Spirituality maturity to be able to achieve happiness in old age does not just happen like waiting for the windfall, but really must be prepared seriously from an early age.

Recommendation

To create happy elderly who remain productive, psychologists and psychological scientists can play an active role in empowerment so as not to consider retirement as the end of everything and instead make it a new momentum to increase their devotion to the empowerment of three generations, namely fellow older generations, young and mature generations and generation of children through various ways. Preparation to become a tough, productive and happy elderly person can be planned to be able to pass the stage of development in each generation.

REFERENCES

- Soelton, Mochamad, Nugrahati, Tati, (2018). How Complaining Behaviors Effect on Coping Stress and Anxiety?. *International Journal of Saudi Journal of Business and Management Studies (SJBMS)*. Vol. 3, No. 6. 623-628.
- Soelton et al, (2019). Gender : Stress Levels On Performance In Modern Industry. *International Journal Archives of Business Research (United Kingdom)*. Vol. 7, No 2. 72-81.
- Soelton et al, (2018). Toward The Best Strategy In Minimizing The Spread of Drug Users. *International Conference On Community Development In Asia*. Vol 1. No 1. 171-176
- R. Siti Maryam. (2008). *Mengenal Usia Lanjut dan Perawatannya*
- Siti Nur Kholifah. (2017). *Modul Ajar Cetak Keperawatan*. Pusdik SDM Kesehatan
- Germas. (2016). *Profil Kesehatan Kabupaten Tangerang*. Dinas Kesehatan Kabupaten Tangerang
- www.kemendes.go.id unduh 10 November 2018
- www.kemensos.go.id unduh 8 November 2018
- www.data.jakarta.go.id unduh 8 November 2018