

ARE IMPROVING THE LIFE SPIRIT AT THE LATTER AGES POSSIBLE?

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ABSTRACT

Community service has carried out an analysis of the partner's situation, so there needs to be an effort to provide alternative solutions that can improve posbindu performance and activate sub-districts that do not yet have elderly posbindu, as well as increase the happiness of the elderly group. In addition, activities are needed that can increase their enthusiasm and skills as well as their care. With the transfer of technology, the community will receive genotric care training for posbindu cadres as partner communities. Therefore, it is accompanied by counseling and training on genotric care that can provide added value to these activities. Thus the training can be carried out for the elderly who can provide happiness and health for members of the Elderly group as partners. The purpose and objective of this activity are to provide counseling and assistance to develop an active posbindu. Community Program Activities aimed at Posbindu in Cileungsir, Nagrapadang Village, Petir District, Serang Regency, Banten to increase awareness of the elderly around them. increasing the presence of Elderly Posbindu in each sub-district. Motivate Elderly Posbindu cadres to care for their respective elderly areas in handling genotric care. The contribution made by the support group resulted in good collaboration between Posbindu members and the Rukun Tetangga, Rukun Warga (RW) with the implementers of the activity. Elderly members are motivated to conduct gerontic care training.

Keywords: social mapping, elderly, happiness, life expectancy, nagarapatang village

1. BACKGROUND

History of the Origin of the Name "Nagara Padang", It is said that why this village is called Desa Nagara Padang because of the arid and hot condition of the village. Because even though the land and plantations are extensive, not many people use the land for farming and gardening, the trees are very few and cause the village to become arid and also said to be less densely populated, why do people call the village nagara Padang because they interpret the village situation at that time as nagara. Kampung Padang means "high hill, barren without trees". Before 2002, Nagara Padang Village, Petir District, Serang Regency, still had one village, namely Nagara Padang led by a village head named Mr. Sunda Then in 1972 Nagara Padang Desa in Mekarkan became two villages, namely Nagara Padang Village and Kampung Baru Village which were led by Uking Village until 1980, then the development and legend of Nagara Padang Village.

Based on the age structure, the residents of Nagara Padang Village are classified as young people. This indication is reflected in the age ratio of the 25-29 year age group, the largest being 515 people. The sex ratio of the population of Nagara Padang Village shows that the number of males is relatively more than females.

Table of Population Structure by Age Group and Gender in each RT in Nagara Padang Village in 2019:

Table 1. Community Ages Range, Nagrapadang Village 2020

No.	Criterion	The 2019 Year		
		Male	Female	Amount
1	0 – 4	181	161	342
2	5 – 9	204	208	412
3	10 – 14	211	184	395
4	15 – 19	171	185	356
5	20 – 24	232	226	458
6	25 – 29	272	243	515
7	30 – 34	290	206	496
8	35 – 39	217	171	388
9	40 – 44	192	142	334

10	45 – 49	134	103	237
11	50 – 54	108	74	182
13	55 – 59	92	62	154
14	60 – 64	41	33	74
15	65 – 69	35	41	76
16	70 – 74	18	28	46
17	75 Ke Atas	11	5	16
		2.409	2.072	4.481

Source: Nagrapadang Data, Serang 2020

Health Law Number 23 of 1992 concerning health is a state of physical, spiritual, and social well-being that allows everyone to live productively and economically. The World Health Organization (WHO) does not provide a broader and more dynamic explanation of health than the existing limits. Previously it only covered three aspects, namely social and physical aspects, but now it has increased to five aspects, namely freedom from disability and physical. free from disease and perfect physically, socially, and mentally (Notoadmodjo, 2010). Amnesty et al (2015) explicitly mention public health cadres as an integral aspect of the health improvement strategy in the 2007 Basic Health Service Development Program (PSDP) and the Road Map of the National Strategic Plan for the Acceleration of Maternal, Infant, and Child Mortality Management in Tanzania. In 2013, a national CHW (Community Health Worker) task force was formed by the Ministry of Health (Ministry of Health and Social Welfare) to reach a convention on developing national cadres, and community health cadres and building the foundation for this community training. health cadres. . The problems faced in health development in Indonesia are currently a double burden, namely there are still many infections that must be treated, in addition to 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 there was an increase of 7.6% in 2007 to 9.5% in 2013. The same also 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) (Riskesdas, 2013). According to the Technical Instructions for the Integrated Development Post (Posbindu) PTM (Kemenkes RI 2012), currently, 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 a community-based Non-Communicable Disease Control (NCD) model through the PTM Integrated Development Post (Posbindu). Posbindu PTM is a form of community participation to control risk factors independently and conduct experiments. The development of PTM Posbindu can be combined with the efforts that have been made in the community. Through Posbindu PTM, prevention of PTM risk factors can be immediately carried out so that the incidence of PTM in Indonesian society can be controlled. Prevention of NCDs is a combination of independent maintenance initiatives by officers, communities, and individuals concerned as well as health promotion and disease prevention policies that must be carried out intelligently to be carried out in the community intensively, considering that there are still many people who do this. do not know the various risk factors that can cause disease. , especially infectious diseases. Integrated Posko or Posbindu is a form of early risk detection that is carried out continuously and is a sustainable factor (Central Java Provincial Health Office, 2010). Non-communicable diseases (NCDs) are chronic diseases that are not transmitted from person to person. PTM data in Riskesdas 2013 includes asthma, chronic lung disease (COPD), cancer, diabetes mellitus (DM), hyperthyroidism, hypertension, coronary heart disease, heart failure, stroke, kidney failure, and joint/rheumatic diseases. Data on asthma/wheezing/wheezing and cancer were taken from all ages, COPD from the age of 30 years, hyperthyroidism, hypertension/high blood pressure, coronary heart disease, heart failure, kidney disease, joint disease/rheumatism/gout, and stroke in age respondents. 15 years. Disease prevalence data is determined based on the results of interviews in the form of a combination of cases that have been diagnosed by doctors/health workers or cases that have a history of PTM symptoms (diagnosis or based on symptoms). The prevalence of cancer, chronic kidney failure, and kidney stones was determined based on information from the doctor's diagnosis. For hypertension apart from the results of the interview, the prevalence was 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, and the prevalence of COPD is higher in men. 4 According to data on control of non-communicable diseases in 2015 in Indonesia, there were around 7,225 posbindu. In Central Java, most cities and regencies have also implemented the Posbindu program, including the districts of Klaten, Magelang, Sukoharjo, Semarang, Wonosobo, and Pati. Meanwhile, in the working area of the Klaten District Health Office, 34 Puskesmas have carried out Posbindu activities in at least one village within the scope of the Puskesmas. Posbindu is a health service activity that involves the role of the community, cadres, organizations, communities, and religious groups. Posbindu activities are organized by and for the community, especially cadres. The role of posbindu cadres in carrying out activities is very dominant because health workers are only assistants and recipients of referrals, so the knowledge and training of cadres need to be improved. Therefore, with limited facilities and infrastructure from related agencies and complex public health problems, it is necessary to empower cadres. Armiyati and Soesanto's (2014)

research on the empowerment of elderly posbindu cadres as an effort to improve the quality of life of the elderly in the village, the results of the study stated the number of active posbindu cadres, the availability of health promotion media for the elderly in the form of leaflets and flipcharts, increased knowledge of elderly posbindu cadres about prevention and handling of problems. health services for the elderly with hypertension, DM, hyperuricemia, and anemia are marked by an increase in post-test scores compared to pre-test scores, the skills of 5 elderly posbindu cadres in conducting early detection through physical examinations, and simple laboratory tests. can support the treatment of family medicinal plants (herbs) to improve the quality of life of the elderly, cadres can produce herbal ingredients in the form of syrups, powders, extracts, and essential oils. Fatmah's research (2013) showed an increase of almost 15 points, the increase in knowledge was supported by an increase in the ability of cadres to conduct obesity and hypertension counseling on two post-training field observations, and after the intervention, almost all cadres experienced a systematic presentation according to the media. and interesting, and the results of his research conclude that the knowledge and skills of posbindu cadres can be improved through field monitoring of care skills. Sankar et al (2013), in their research, describe the knowledge and skills that are reassessed after training and 6 weeks after training. In the initial assessment, health workers in the treatment group were found to have higher and significantly higher knowledge while health workers in the experimental group also had significant skill scores. Immediately after training, scores increased in both groups. However, at week 6, it was also observed that the performance decline of the two health workers was not uniform in their knowledge of the impact of training. Thus, the knowledge and skills of 6 health workers in the treatment group increased more than the knowledge and skills in the control group.

Based on the analysis of the situation, it is necessary to make efforts to provide alternative solutions that can improve the performance of posbindu and activate sub-districts that do not yet have an elderly posbindu, as well as increase the happiness of the elderly group. In addition, activities are needed that can increase enthusiasm and skills as well as care for the elderly to provide comfort and happiness at the end of their lives. With technology transfer, the community will receive geriatric care training for posbindu cadres as a partner community. Therefore, mentoring and training on useful geriatric care can be successful, meaning that training can be carried out for the elderly who can be enjoyed and healthy for members of the elderly group as partners.

2. METHOD

The target of this community service is the community in Nagara Padang Village, Serang Regency, Banten. The people who were invited to this training activity according to the title of the PPM activity were housewives, young women, and men in Nagrapadang Village, totaling 28 people. Handling problems that occur in the partner community as described, Community Partnership

This program offers several approach methods to help solve existing problems by conducting training and extension methods to generate value. In the implementation of this Partnership Program, the community will Several training and mentoring activities were provided:

- a. The preparation stage carried out before the activity and submitted to the partner group is; (a) preparation of extension programs and training Development of extension programs and training so that the activities carried out become more organized and directed. This program includes all technical, managerial, and schedule issues, (b) the management module includes technical assistance, ongoing handling, and counseling, and (c) preparation of training facilities and infrastructure. This preparation includes the provision of training facilities and infrastructure and counseling, and (d) field coordination. Field coordination that will be carried out by the Team includes PKK Team for Mobilizing Cileungsir Village, Nagrapadang Village, Petir District, Serang Regency - Province (Banten).

Socializing the implementation of the Posbindu program for the community carried out at the activity location under the agreed area. This socialization activity will be carried out 2 (two) times so that there is an understanding and common perception about the purpose of implementing this Posbindu activity. First socialization informally with the village head.

- b. Implementation phase, including (a) gerontic care socialization, namely the second socialization aims to explain in more detail the goals and benefits of gerontic treatment and provide an explanation of maintenance training materials. This socialization was facilitated by the distribution of training Elderly exercise modules and practices. This activity was attended by the Village Head, Village Officials, Community Service Team Mercu Buana University, PKK Cadre, and Posbindu who will follow the program, (b) gerontic maintenance training, namely this training is a follow-up to the activities socialization that has been done. This training is through direct practice methods in the field. Partners who have been given the theory in the module then immediately put the gerontic treatment into practice. This activity will be guided by instructors who have been trained to perform gerontic treatment. This training is expected to be carried out comprehensively and continuously to ensure that partners in The community understand and master gerontic medicine independently and this group is the parent/core group that will then carry out regeneration in their respective regions.

- c. Stages of evaluation, monitoring, and evaluation. Supervision is carried out intensively by the implementation team for each activity that takes place to ensure the implementation of the activity can run as planned. Evaluation is carried out in line with monitoring so that if there are obstacles, resolved immediately. Evaluation is carried out at each stage of the activity, while the evaluation of the design contains a description of how and when the evaluation will be carried out, criteria, indicators of achievement of goals, and the benchmarks used to state the success of the activities carried out. Guide partners to continue to carry out gerontic treatment consistently and maximize the existing posbindu to improve the health and care of the elderly group, thereby increasing partner performance and supporting government programs to increase life expectancy.

3. RESULTS AND DISCUSSION

Results

Mentoring and Counseling Activities with the theme of the Elderly will be held on March 3, 2020, starting at 09.00-12.00, located at the Baduy Traditional House, Kampung Jambu, Nagrapadang Village, Petir District, Serang Regency - Banten. Counseling participants and 28 elderly, aged 58 to 88 years. The activities carried out are as follows:

- a. motivating the elderly in improving psychological health services the elderly,
- b. ability and success partners in conducting regeneration at Posbindu Elderly in sub-districts that do not yet have Posbindu Elderly,
- c. the ability and success of the partner community in carrying out gerontic care for the elderly,
- d. the ability to carry out care activities or activities following gerontic nursing standards that are made on an ongoing basis, such as light exercise to strengthen osteoporosis, improve blood circulation and reduce activities that can increase blood pressure.

Discussion

Along with the times, these values have shifted. For some people who have a material orientation, hedonism and Consumption patterns are getting stronger, some facts are quite alarming. Some treat parents as a burden. What is the future of the nation if you don't respect your parents? own family or other elderly community? 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 about 2 million in 1970 to more than 20 million in 2010. The life expectancy of the population has increased beyond 60 years. Prof. Dr. Haryono Suyono, The General Chairperson of the Wredhatama Association of the Republic of Indonesia (PWRI) revealed, in 2017 it is estimated that the elderly population in Indonesia will reach around 29-30 million. By 2050 it will reach 80 million, including 35-36 million aged 60-69 years.

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 by self-actualization. As for the middle and lower-class elderly, the government encourages them to remain productive and have their income.

4. 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 their 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 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. Achieving 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.



Figure 1. Activities Documentation (1)



Figure 2. Activities Documentation (2)



Figure 3. Activities Documentation (3)



Figure 4. Activities Documentation (4)

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