e-ISSN: 2962-1178; p-ISSN: 2962-0880, Hal 23-32

Evaluation of the implementation of the Elderly Posyandu during the Covid-19 pandemic in Jambi City

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Abstract

Elderly background is defined as someone who is already 60 years old and above. Posyandu Lansia is an activity in community health services and family health services in a certain community-driven area where they can get health services. This study aims to determine the implementation of posyandu for the elderly during the Covid-19 period at the Putri Ayu Health Center, Jambi City. Method: this research method is qualitative. Data collection was carried out by in-depth interviews of 12 informants, selection of informants by purposive sampling. Result: The posyandu for the elderly in the work area of the putri ayu health center is not constrained by facilities and infrastructure. The Health Office provides an support in the form of facilities and infrastructure. Operational costs have been assigned to the elderly Posyandu so that it can run well. When Covid 19 occurred, all posyandu activities of the elderly stopped. Conclusion: Elderly people cannot be done during the Covid-19 pandemic due to the outbreak and the government's policy of limiting activities during the Covid-19 period.

Keywords: Evaluation, Funds, Infrastructure, Implementation of Posyandu, Visits to the elderly.

INTRODUCTION

Health is a balanced and active state between a person's body and its functions and various factors that influence it.health becomes an index of high or low quality of life of a person. ⁽¹⁾ Indonesia has the fourth most populous population in the world. The population was more than two thousand million in 2000. 7.5% or 15 million people are elderly. Based on the results of projections from the Central Statistics Agency (BPS), in 2005-2010 the number of people between the elderly and the number of toddlers will be the same, from 8.5% of the total population or around 19 million people. It is also estimated that by 2020 the number of elderly people can reach 29 people or 11% of the entire population. ⁽²⁾

The elderly have a fairly high life expectancy. This can also be seen from the world's Life Expectancy (UHH) in 2025, which is 01.8% and Indonesia's 84.5%. This shows the success of national development. However, behind the success of increasing UHH there are challenges that must be faced, namely the number of responsibility burdens is getting higher (Infodatin, 2014). Data from the Indonesian Central Statistics Agency in 2019. In 2019, the percentage of the elderly reached 9.60% or around 25.64 million people. Life Expectancy in 2018 in Jambi City increased from 91,321 people, an increase of 94,021 people from the total population of Jambi Province. Of these, 17,897 are categorized as elderly people. Perpercentage of the population aged over 60

years reaches above 7% of the total population, this phenomenon is an illustration of the increasing life expectancy of the Indonesian population. (2)

Indonesia is one of the five countries that have the most population in the world with 18.1 million people, equivalent to 7.6 percent of the total population. This is expected to be 48.2 million by 2035 and even more than the population in the Asian region by 2050. ⁽⁵⁾ The government improves puskesmas with an elderly-friendly concept that provides plenary health care facilities for the elderly population. ⁽⁵⁾

The elderly who regularly come to posyandu then their health will continue to be monitored properly The elderly whose age is increasing, experiencing a decrease in psychological function due to the degenerative process (aging) will often bring non-communicable diseases to the elderly. In addition, degenerative can shrink the immune system of the elderly and then vulnerable to infectious disease infections. One of the government programs is to improve the health and degree of life of the elderly by implementing posyandu activities for the elderly. (9)

This posyandu activity for the elderly needs to be observed because the position of the elderly posyandu is quite important for gradual early detection of diseases experienced by the elderly. For example, health problems are found, the elderly and pre-elderly can be referred immediately to the local health center or hospital, so that they are not too late to get treatment.

METHOD

The method used in this study is qualitative research. Qualitative research is a type of research whose findings are not obtained through statistical procedures or in the form of counts such as using quantitative studies⁽³⁵⁾. This study used a descriptive study design, the determination of informants based on *purposive sampling* techniques. Data collection in this study was carried out with in-depth interviews and observations. There were 12 informants consisting of the manager of the elderly posyandu program, the head of the puskesmas, the cadres of the elderly posyandu, and the community of visitors to the elderly posyandu

RESEARCH RESULTS

a. Funds/Budget

Based on the results of an in-depth interview at the Putri Ayu Health Center in terms of pendanaan or the budget for the implementation of the elderly posyandu is sufficient, the following is an interview with an informant, namely the manager of the elderly posyandu program in the implementation of the elderly posyandu about the source of funds obtained to carry out posyandu activities for the elderly obtained from the BOK fund provided by the Health Office. At the Putri Ayu Health Center, the funds/budget for each posyandu activity for the elderly are obtained from the BOK given by the health office for the activities of the elderly posyandu. This fund is intended for posyandu activities for the elderly, transportation of health workers and cadres as well as funds for cadres that are obtained every three months. In every implementation, there are no obstacles in the budget carried out by each posyandu activity for the elderly. This is in accordance with what was conveyed by the informant:

"for posyandu funds, cadre transport, officer transport comes from BOK funds, funds come from the health office given through puskesmas ..." (ZS, 45 years old)

The statement above is also in line with what was said by the head of the putri ayu puskesmas regarding the source of funds for each posyandu activity obtained from BOX funds, following the statement of the Head of puskesmas Putri Ayu:

e-ISSN: 2962-1178; p-ISSN: 2962-0880, Hal 23-32

"biasonyo from operational funds from BOK health operations, from local governments from local governments through the health office" (ED, 48 years old)

This is also related to the statement of the cadre who said that the local cadres used their money several times for snacks for the elderly, they also get money once every three months, here is the statement of the cadres in the women's river area:

"kita can be for money Honor three b ulan once" (J, 45 years old)

"financing for activities from puskesmas but sometimes for snacks from n donations from cadres here for the elderly ..." (IM, 42 years old)

b. Facilities and infrastructure

Based on the results of the interview, the informant stated that in the implementation of the posyandu for the elderly, the facilities used were medical devices with tension devices, blood sugar check devices (glucometers), weight scales, and if the elderly had complaints of illness, they would be given medicines from the health center. In every activity, facilities and infrastructure from puskesmas are needed for every implementation of posyandu for the elderly which is held once a month. The facilities and infrastructure referred to in this study are medical devices used in the implementation of the elderly posyandu and the transportation of health workers to the location of the elderly posyandu.

The infrastructure that supports the activities is the elderly posyandi at the Putri Ayu Health Center has each place in six urban villages as well as supporting health worker transportation, because transportation is available directly from the puskesmas for health workers who visit the elderly posyandu activities. From the interviews conducted, there were several questions given to informants, namely about what facilities and infrastructure were in the implementation of activities, the key informant, namely the manager of the posyandu program for the elderly, said that the existing posyandu already has a place in each region, complete ATK and elderly KIT also exists, the following is the informant's statement:

"elderly KIT is available, each posyandu punyo each posyandunyo place is ado... ATK nyo is complete" (ZS, 45 years old)

From the results of the interview that the existing facilities and infrastructure are sufficient in every implementation of activities, the statement is also in line with the supporting informant, namely the head of the puskesmas, the informant said that until now the facilities and infrastructure at the posyandu for the elderly have been quite helpful because medical devices are given directly from the Health Office, here is the statement:

"equipment comes from the service for health checks" (ZS, 45 years old)

c. Implementation of Activities

The implementation of activities in this study is to find out whether or not there are obstacles in every activity carried out at the elderly posyandu. From the results of interviews conducted with informants who stated that there were no obstacles except for the current Covid-19 period,

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the program manager said that the elderly in all regions were quite active and the posyandu for the elderly during the Covid-19 pandemic was also all implementations were delayed, the Head of the puskesmas also said that since the covid-19 period, many activities have been eliminated or postponed and also activities that are carried out once a month have not been Of course there is an implementation, here is a statement from a key informant:

"now integrated posyandu activities are only because the pandemic has stalled somewhat," (ZS, 45 years old)

"implementation during covid, stopped usually When there is no pandemic is done Routinely" (ED, 48 years old)

Other supporting informants also said that before the pandemic, all activities were always routinely carried out once a month, but now many are delayed, they only prioritize health checks once a month during this covid pandemic:

" selamo I became a cadre running continuously but there was Covid not implemented anymore" (J, 45 years old)

"going well but there is covid delayed activities" (IM, 42 years old)

From the statements of all informants, it is concluded that the result of the interviews conducted is that all current activities are delayed due to the covid-19 pandemic, they only prioritize health checks which are carried out once a month.

d. Posyandu Visit

After going down the field to conduct research, Puskesmas Putri Ayu in terms of visits by the elderly to the elderly posyandu is getting better and the elderly in several sub-districts are also quite active because the distance of the house and facilities provided by the officers makes the elderly always attend every routine posyandu activity. This is in line with the statement of the posyandu manager who said that the elderly are active to participate in existing activities but because during the pandemic all activities must be limited, the following is the statement of the informant:

" lansianyo are always eager to date to posyandu but the existence of Covid must be limited so that it is not done" (ZS, 45 years old)

Two cadres also said that the visits of the elderly in the village are purely quite good, the elderly are all actively participating in existing activities, especially during health checks, the elderly are always excited about every health check activity but all are limited due to the Covid-19 pandemic, here is the cadre's statement:

"the visit of the elderly kit a in this region is quite good karena the grandmothers here are happy with adonya apolagi activities health checks that every month tu and jugo the distance of their house tu near biso walk here" (J, 45 years old)

Furthermore, the elderly stated that they are also active enough to come to the activities carried out at the posyandu for the elderly, they also said that the distance between the house and the posyandu for the elderly is quite close, the elderly can walk from home to the posyandu location, here is the statement:

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"grandma is active every health check always come grandma jugo's house near biso walk so it's easy anyway jugo free trus get jugo food" (U, 64 years old)

"grandma every month comes trus perikso health kan gratis" (H, 60 years old)

DISCUSSION

a. Funds/Budget

Based on the results of interviews that have been conducted, the posyandu program manager stated that the funds or budget obtained to carry out posyandu activities for the elderly came from the BOK (Health Operational Assistance) from the Health Office and several. Funding for posyandu activities for the elderly at the Putri Ayu Health Center comes from the BOK (Health Operational Assistance) fund, the funding comes from the pusat, namely at the Health Office. Financing for the implementation of the elderly posyandu is considered sufficient and there is already a special fund for the implementation of posyandu activities for the elderly at the Putri Ayu Health Center. This is in line with all the statements of the 6 informants interviewed including the program manager, the head of the puskesmas and 2 cadres who are in pure villages. But there are activities that lack funds as well as gymnastics activities. Funds for cadres are obtained every three months given by the puskesmas. Providing funds is not in accordance with the needs of a program or activity, there will be obstacles that result in the program not running optimally. (42). This statement is in line with research conducted by Rahmi and Ella, 2017⁽⁴³⁾ states that money or funds are one of the sources that can be used to achieve goals in management. Remembering that it is very influential in hr empowerment efforts. Of course, in its use, it must be considered the efficiency of its use, especially considering the limited amount. Research conducted by Muhammad, et al 2020⁽³²⁾ to carry out activities requires money, such as wages or salaries of people who carry out planning, conducting supervision. Money as a means of management must be utilized in such a way as to achieve the goal if it is valued with money greater than the money used to achieve the goal. Research conducted by Ade, et al 2018 stated that funds are needed in the implementation of posyandu for the elderly, the adequacy of funds needed is seen from the aspek availability and adequacy. From several previous research results, it is stated that funds / budgets are indeed very necessary to carry out implementation in an activity so that the activity runs smoothly and can achieve goals without any obstacles.

b. Facilities and Infrastructure

In carrying out activities, if the funds are sufficient, it will easily meet the needs of facilities and infrastructure used to support activities to achieve success. At the Putri Ayu Health Center, the facilities and infrastructure in each posyandu for the elderly are very sufficient because they have received regular assistance from the Health Office. Medical devices used for posyandu activities for the elderly are replaced every 5 years and according to the standards of the Putri Ayu Health Center, Jambi City. From the results of interviews with the managers of the posyandu program for the elderly, the facilities and infrastructure are sufficient, such as tools for health checks that are routinely carried out once a month to the transportation of health workers to the location of the elderly posyandu, as well as the elderly posyandu at the Putri Ayu Health Center already have a place in each region and each elderly also has their own elderly KIT.

Research conducted by Muhammad, et al 2020(32) in order for the elderly posyandu to be carried out and operate effectively requires facilities and infrastructure that can support, such as activities (buildings, rooms or open places), chairs and tables, stationery, activity recording

books, scales, height measurement meters, stethoscopes, tension meters, simple laboratory equipment, thermometers, and Cards Towards Health (KMS) for the elderly. Research conducted by Ida Yunarni, 2017⁽⁴⁴⁾Health service infrastructure can be defined as the process of utilizing all health facilities and infrastructure effectively and efficiently in providing services professionally in the field of facilities and infrastructure in the process of effective and efficient health services as well.

Research conducted by Lisbet, 2012⁽⁴⁵⁾ suggests that for the smooth implementation of activities in the elderly, facilities and infrastructure are needed both in terms of quality and quantity. A service can only be used if it is available or can be obtained without considering the difficulty or ease of use. Research conducted by Hetik, 2017⁽⁴⁶⁾ stated that posyandu is a health service program to the community and is provided with facilities that can support the implementation of posyandu services. Adequate facilities or facilities can improve the quality of services so as to increase the interest of the community to take advantage of posyandu. From the results of previous research above, facilities and infrastructure have a very important role in the implementation of activities. At the Putri Ayu Health Center, facilities and infrastructure are complete in all areas ranging from posyandu for the elderly, medical devices and transportation for officers.

c. Implementation of Activities

The implementation of this posyandu for the elderly is principally to improve and optimize the efforts of elderly health services organized from, by and for the community as a form of community empowerment efforts in the field of health development. The implementation of activities in this study is more towards the presence or absence of obstacles in the process of posyandu activities for the elderly which are run by puskesmas Putri Ayu officers. After conducting interviews with program managers, puskesmas heads and cadres found that there were no obstacles except during the Covid-19 period which began in 2020. Research in June, et al 2018⁽⁴⁶⁾ said that posyandu activities for the elderly that are running well will make it easier for the elderly to get basic health services, so that the quality of life of people in old age is maintained properly and optimally. For this reason, the elderly should take advantage of the posyandu. Research by Ade, et al 2018⁽⁴⁷⁾ said that the implementation of all elderly posyandu activities by cadres and health workers from puskesmas. Every activity has an obstacle that results in the whole activity failing. The implementation of posyandu for the elderly in the Putri Ayu Puskesmas area in each kelurahan has been running well, but in the implementation of posyandu there are obstacles and obstacles faced, namely the Covid-19 pandemic which requires some activities to be eliminated or postponed during its implementation. Basedon the results of the study, the posyandu for the elderly in the Putri Ayu Health Center area has been running well. Puskesmas Putri Ayu has elderly people who are quite active in all regions. The activeness of the elderly in posyandu brings a better direction. Program managers and cadres said that the elderly at the Putri Ayu Health Center have high participation in every activity. Target indicators are pre-elderly from the age of 45-55 years, the elderly from the age of 56-70 years, and the elderly from the age of 70 years and above. The coverage of the presence of the elderly every day is more than 20 people, when the posyandu activities of the elderly are purely in the area, the elderly who come exceed 25 people.

The participation of the elderly is very important in every activity because if the participation or visits of the elderly do not make progress then it can be said that the activities have not gone well. The elderly have high participation because each posyandu has facilities that make the elderly comfortable and the distance of home is not too far and have their own self-awareness of

e-ISSN: 2962-1178; p-ISSN: 2962-0880, Hal 23-32

the importance of health. Posyandu for the elderly also provides social, religious, skills, sports and arts services as well as other services that the elderly need in order to improve their quality of life through improving their health and well-being. (48)

Research by Sartika, et al $2019^{(49)}$ said that the state of adequate facilities will help provide services to the elderly. If a posyandu has adequate facilities so that it can make it easier for the elderly to use existing facilities and make the elderly comfortable. Research by Eva, et al $2020^{(50)}$ stated that the distance from home to posyandu is a factor supporting health behaviors so that later it will cause someone's interest in visiting the elderly posyandu. Research by Nina, et al $2014^{(48)}$ stated that the close distance of posyandu will make it easy for the elderly to reach posyandu without having to experience physical fatigue due to decreased endurance or physical strength of the body. The ease of reaching the posyandu location also makes the elderly feel safe, thus encouraging the interest of the elderly to follow the posyandu.

Nana and Romayani's research, 2016⁽⁵¹⁾ states that distance can limit the ability and willingness to seek health services, especially if the available facilities and transportation are limited, communication is difficult and in that area there is no place for service. The elderly in the Putri Ayu Puskesmas area do not have problems with the distance between the house and the elderly posyandu, because the elderly posyandu is located in the middle of a local residential area so that access to the location is easy to reach on foot or delivered by the family. Researchers suggest that cadres continue to invite participants to always participate in every activity, because in this study the only obstacle is the Covid-19 pandemic which makes the implementation of posyandu for the elderly limited activities.

CONCLUSIONS AND SUGGESTIONS

Based on the results and discussion above, it can be concluded that the implementation of the Elderly Posyandu at the Putri Ayu Health Center is not constrained by facilities and infrastructure as well as financing. Covid 19 that occurred resulted in posyandu activities for the elderly not being carried out by the community.

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