COMMUNITY KNOWLEDGE LEVEL ABOUT THE UTILIZATION OF INTEGRATED COACHING POS OF NONCOMUNICBALE DISEASE (POSBINDU PTM) WITH THE PREVALENCE OF NONCOMMUNICABLE DISEASE AT AGE 15 – 59 IN WORKING AREA OF WONOSOBO HEALTH CENTER IN SRONO BANYUWANGI 2018

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ABSTRACT

BACKGROUND : Integrated coaching pos of noncommunicable disease(POSBINDU PTM) is a form of services that involves community participation through promotive preventive effort to early detection and control of the non communicable disease risk factors. This study is conduct to determine the correlation of community knowledge level about the utilization of POSBINDU PTM with the incidence of non communicable disease at the age of 15 – 59 years in the working area of Wonosodo Health Centre, Srono, Banyuwangi

SUBEJCT AND METHODE : the study was conducted with a cross sectional design using a quantitative approach. This study involving 100 respondents age 15 – 59 years old taken by proprotional random sampling. The data collected by using a questionnaire.

RESULTS : statistical analysis using chi square show that 67 (67%) respondents has good kowledge and prevalence of noncommunicable disease is accounted in 25 respondents (25%). P value counted at 0.000 smaller than α 0.05 which is significantly positive between knowledge level and the utilization of Posbindu PTM. It means that there are significant correlationship between knowledge level about Posbindu PTM with the prevalence of non communicable disease.

DISCUSSION : the conclution of the study stated that sufficient knowledge about the utilization of Posbindu PTM services could decreasing the prevalence of non communicable disease.

Key words : knowledge, utilization, Posbindu, non communicable disease

INTRODUCTION

The current pattern of disease has changed and it marked by an epidemological transition. Changes in disease pattern that were originally dominated by inectious disease are turn to non coomunicable disease. Global attention to non communicable disease is increasing along with the increasing frequency of occurence. Two of the ten main causes if death in the world are caused by non communicable disease such as stroke and ischemic heart disease. These two disease even become the top two etiologic of mortality in developed country and developing country (WHO, 2014).

Non coomunicable disease have become the leading death globally at the moment (Shilton, 2013). The data taken from WHO show that as many as 57 million (63%) mortality rates occur in the

world and 36 million (43%) morbidity is caused by non communicable disease. Global status repost on NCD World Health Organization (WHO) in 2010 reported that 60% of etiologic of morbidit of all age in the world were due to non communicable disease and 4% died before the age of 70 years. All desth due to PTM occur on people aged of 70 years. All death due to non communicable disease occur in people ages less than 60 years and 29 % indeveloping countris while in developed countries by 13% (Remais, 2012).

Data about non communicable disease in Banyuwangi Regency listed in the book of Banyuwangi in Figure for 2012 and 2013 stated that hypertension is the fifth highest disease in Banyuwangi Regency in 2012 and 2013 as many as 31,952 and 31,080 people (Central Statistics Agency, 2013 and 2014). The number of people with hypertension per year continues to decline but there are still many patients who die. Based on the report by section of Disease Prevention and Eradication (P2P) Banyuwangi Health Office (2015) stated that the number of people with hypertension in 2014 was 18,689 people with a case fatality rate (CFR) od 0.22% and people with diabtes mellitus as amny as 6,167 people with CFR 0f 0.49%.

Wonosobo health center in one 45 health centers in Banyuwangi that has implemented Posbindu PTM from 2017. Wonosobo health centre is the health centre that will be investigated because it has Posbindu coverage that is far from the target set (10% of target) even under 1% which includes coverage of risk factors for abdominal circumference (0.99%), BMI (0.95%), blood pressure (0.91%), cholesterol (0.34%) and blood glucose (0.31%) of the target activity as many as 20,658 inhabitants. The proportions of non communicable risk factors categorized as red in Wonosobo Public Health Centre are central obesity (57.85%) and general obesity (40.34%) indicating the proportion is above the disstrict average. The problem found was the lack of community knowledge about te utilization of Posbindu PTM, because the respondents did not understand who the target of posbindu was and what activities were in posbindu PTM. Based on preliminary studies, the average respondents aswered that the target of Posbindu was adults residents. This shows that respondents did not understand the actual target of Posbindu is healthy, risky people and people with non communicable disease aged over 15 years. In addition respondents responded that Posbindu activities were only free medical treatment. This phenomenon shows the lack of health information about Posbindu PTM and education about non communicable disease.

The implementation of non communicable disease coutermeasure priorities as referred to the Regulation of teh Minister of Health of the Republic of Indonesia number 71 year 2015 regarding the prevention of non communicable disease article 7, the Central and Regional Government must appoint a working unit or management unit responsible for carrying out planned, directed, and sustainable countermeaures. The designated working unit or management unit as referred to in paragraph (1) of the Central Goverment shal p repare an action plan or roadmap for the prevention and guideline for the implementation of countermeasures (Permenkes RI, 2015).

Based on this background researchers are interested in conducting research on the Correlationship Between Community Knowledge about the Utilization of Posbindu PTM and prevalence of non communicable disease in the age of 15 – 59 years in the Wonosobo Health Centre, Srono, Banyuwangi in 2018. This study is conduct to determine the correlationship between the community knowledge about Posbindu PTM with the prevalence of non communicable disease at the aged of 15 – 59 years in Working Area of Wonosobo at Srono Banyuwangi at 2018.

METHODE

This study is analytic survey with cross sectional approach. This study involved all people aged of 15- 59 years old totaling 20,685 people. The respondents were taken by proportional random sampling. The coorelation of these two variables were analyze by using Chi Square test.

RESULTS AND DISCUSSION

Knowledge about Posbindu is one of the factors that determine individual's coming to Posbindu. If the community's knowledge of Posbindu is lacking, then the community will tend to prefer to stay at home because they do not know about Posbindu. Therefore, if the community has good knowledge about posbindu, the community will also have a positive attitude about Posbindu, so that the community will be able to utilize Posbindu in their area (Nurizka, 2017).

Based on the results of the study according to the age group of the majority respondents are the age group 33 – 38 years, which is as amny as 27 respondents (27.0%) , while the lowest age group is the group of 15 – 20 years, which is as much as 7 respondents (7.0%). Age is one of the predisposing factors that plays a role in the utilization of health services. Wibisana (2007) in her thesis revealed that age really determines the utilization of health services. Because it deals with age spesific disorders and the ability of aged based individuals to overcome health problems

Table 1. Frequency Distribution of Respondents by Age

Age (Years Old)	Number of Respondents	Percentage (%)
15-20	7	7,0
21-26	17	17,0
27-32	12	12,0
33-38	27	27,0
39-44	16	16,0
45-50	10	10,0
51-59	11	11,0
Total	100	100

Table 2. Gender Frequency Distribution of Respondents

Gender	Respondents	Percentage (%)
Male	29	29,0
Female	71	71,0
Total	100	100

Based on the results of the study conducted by Putra (2010) which has number of respondents as gender as 29% for male respondents and the rest (71%) are women. Gender is one of the factors that influence the utilization of health services because in terms of the level of human vulnerability that originates from the gender itself, it makes teh utilization level of health services also different in each sex. Female respondents use more health services compared to male respondents since women have more time at home as a housewife than men who have to work outside home as

the head of family. This is also seen because women habe a greater degree of concern than men who are slightly less concerned so that women pay more attention to health condition.

In addition to the previous study results obtained last respondent education results that most repondents are graduated from senior high school as many as 40% respondents. According Notoatmodjo (2003) education is any effort that is planned to influence other people, wether individuals, groups or communities, so that they do what is expected by education practitioners. Feldstein (1983) stated that the high level of familiy education enables early recognition of symptoms of the disease thereby increasing efforts to seek treatment. According to Mubarak (2006), education factors influence the utilization of modern health services. Respondents with a high education level tends to reduce the use of informal health services (traditoinal healers) and increase the use of modern health services (doctors or paramedic). Education is the basis of one's intellectual knowledge, the higher teh education the greater the ability to absorb and receive information. So that knowledge and broad insight are the factors underlying the actions taken anf will further affect a person's behavior.

Table 3. Frequency Distribution of Respondents Based on Educational Level

Gender	Respondents	Percentage (%)
Elementary school	20	20
Junior high school	31	31
Senior high school	40	40
College	9	9
Total number	100	100

Educational level is related to a person's ability to absorb information and recognize symptoms of the disease so that they have the desire to utilize health services and actively play a role in overcoming their health problems. In other words, educated people value healsth as an investment. Educational status is closely related to one's awaremess and knowledge, so that educational status has a significant influence on the utilization of health services. Usually people with low education, lack of awareness and good knowledges about the benefits of health services (Rumengan et al, 2015).

Table 4. Frequency Distribution of Respondents Based on Knowledge Level

Knowledge	Respondents	Percentage (%)
Good	67	67,0
Lack	33	33,0
Total	100	100

Based on table 4 it is known that the percentage of the number of respondents with a good level of knowledge chategory is 67 respondents (67.0%) and respondents with lack of kowledge are 33%.

According to the table 5 it can be seen that from 100 respondents, 25% are having non communicable disease and 75% are does not have. From those results, most of respondents are do not have non communicable disease.

Table 5. Frequency Distribution of Respondents Based on Health Status

Health Status	Number of Respondents	Percentage (%)
Having non communicable disease	25	25
Do not have non communicable disease	75	75
Total	100	

This is coud explain why people do not use Posbindu PTM since they feel healthy. In fact, Posbindu PTM is not only focused on those who are suffering form non coomunicable disease to control their health and prevent complication but also to those who are healthy for having a screening and or early detection of non communicable disease.

Table 6. Frequency Distribution of Respondents Based on The Disease

Disease	Number of Respondents	Percentage (%)
Hypertesion	16	64
Diabetes mellitus	2	8
Heart disease	3	12
Kidney disease	4	16
Total	25	100

Table 6 shows that based on the disease, 25 respondents has non communicable disease and most of them are having hypertension as many as 64%. The activity of Posbindu are held for some reason. For individual who has risk factors of non communicable disease, the aim of activity is to minimize the rsik factors so that the individual is normal condition. And for individual who live with non communicable disease the activity were done to controlling the risk factors of nin communicable diseaseto prevent the complications. Most of respondents who live with non communicable disease are not utilize Posbindu since they prefer to go to the physician in health centre than to go to Posbindu. This results is in line with the study conducted with Fauziyah Purdiani (2016) which stated that there are significant relationship between respondent's health status and the utilization of Posbindu PTM in Cilongok Health Centre with p value as many as 0.000.

Table 7. Cross Tabulation of Community's Knowledge Level about The Utilization of Posbindu PTM and The Prevalence of Non Communicable Disease

Knowge Level led	Prevalence of Non Communicable Disease		Total
	Having	Do not have	
Good	52	15	67
Less	4	29	33
Total	56	44	100
P value 0.000 α = 0.05			

Table 7 shows that the result of chi square analysis has p value of 0.000 < α 0.05 which mean that there aresignificat correlationship between community knowledge level about utilization of posbindu PTM and teh prevalence of non communicable disease. This result is in line with the study conducted with Nurizka Rayhana Nasruddin (2017) which shows a significant correlationship between knowledge and utilization of Posbindu PTM services with p value 0.000 < α 0.05.

Knowledge about Posbindu become one of factor that determine individuals to come to the Posbindu. If community has lack of knowledge about Posbindu they might be tnd to not come to the Posbindu and prefer to stay at home. But if the community has sufficient knowldge about Posbindu,

they might be has positive attitude towards Posbindu, so that the community could utilize the service given (niriza, 2017). In this case knowldege about non communicabl disease are need to be improved. Especially for people with hypertension, those knowledge are needed to prevent hypertension and they are could optimize the utilization of Posbindu when the hypertension is relapse. This results is in line with the study conducted by Handayani (2012) which show that there are significant relationship between kowledge and utilization of elderly posbindu services (p value 0.000 and OR=61.5)

CONCLUSION AND SUGGESTION

According to the results of the study it can be conclude that the community has good knowledge about Posbindu PTM. The prevalence of non communicable disease is 25% and there are significant correlationship between community knowledge level about Posbindu PTM and prevalence of non communicable diasease at peopel aged 15 – 59 years old in Wonosobo Health Centre, Srono, Banyuwangi.

Health provider of Wonosobo Health Centre are expected to improve community knowldege about the utilization of Posbindu PTM through health education or socialization of Posbindu's schedule. And for the development of community health science this results are expected to increase the utilization of Posbindu PTM and also improve the knowledge about non communicable disease.

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