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PROCEEDING THE 4th INTERNATIONAL NURSING CONFERENCE "LIFE CYCLE APPROACH FOR SUCCESSFUL AGING" ISBN : 978 – 602 – 6988 – 78 – 2 165
INSTITUTION OF RESEARCH AND COMMUNITY SERVICE UM JEMBER **COMMUNITY KNOWLEDGE LEVEL ABOUT THE UTILIZATION OF INTEGRATED COACHING POS OF NONCOMMUNICABLE DISEASE (POSBINDU PTM) WITH THE PREVALENCE OF NONCOMMUNICABLE DISEASE AT AGE 15 – 59 IN WORKING AREA OF WONOSOBO HEALTH CENTER IN SRONO BANYUWANGI 2018** Hendrik Probo Sasongko 1) , **Febrika Devi Nanda** 2) , Febi Fitriyati 3) 1) School of Nursing , Rustida Health Academy 2) 3) School of Community Health Science, University of Bakti Indonesia Banyuwangi
Corresponding email : probosasonko.hendrik@Gmail.com , febrikananda4@gmail.com , ubi_fkm@yahoo.com
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
SUBJECT 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 propotional random sampling. The data collected by using a questionnaire. RESULTS : statistical analysis using chi square show that 67 (67%) respondents has good kowlge and **prevalence of noncommunicable disease** is accounted in 25 respondents (25%). P value counted at 0.000 smaller than a 0.05 which is significantly positive between knowledge level and the utilization of Posbindu PTM. It means that there are significant correlation between knowledge level about

Posbindu PTM with the prevalence of non communicable disease.

DISCUSSION : the conclusion 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 epidemiological transition. Changes in disease pattern that were originally dominated by infectious disease are turn to non communicable disease. Global attention to non communicable disease is increasing along with the increasing frequency of occurrence.

Two of the ten main causes of 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 communicable 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 PROCEEDING THE 4th INTERNATIONAL NURSING CONFERENCE "LIFE CYCLE APPROACH FOR SUCCESSFUL AGING" ISBN : 978 – 602 – 6988 – 78 – 2 166 INSTITUTION OF RESEARCH AND COMMUNITY SERVICE UM JEMBER world and 36 million (43%) morbidity is caused by non communicable disease.

Global status report on NCD World Health Organization (WHO) in 2010 reported that 60% of etiologic of morbidity of all age in the world were due to non communicable disease and 4% died before the age of 70 years. All death 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 % in developing countries 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) of 0.22% and people with diabetes mellitus as many as 6,167 people with CFR of 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 district average.

The problem found was the lack of community knowledge about the 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 answered 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 countermeasure priorities as referred to the Regulation of the 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 countermeasures.

The designated working unit or management unit as referred to in paragraph (1) of the Central Government shall prepare 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 **Correlation 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 conducted to determine the correlation 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. PROCEEDING THE 4th INTERNATIONAL NURSING CONFERENCE "LIFE CYCLE APPROACH FOR SUCCESSFUL AGING" ISBN : 978 – 602 – 6988 – 78 – 2 167 INSTITUTION OF RESEARCH AND COMMUNITY SERVICE UM JEMBER METODE 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 correlation of these two variables were analyzed 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 many 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 specific 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 the 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 PROCEEDING THE 4th INTERNATIONAL NURSING CONFERENCE "LIFE CYCLE APPROACH FOR SUCCESSFUL AGING" ISBN : 978 – 602 – 6988 – 78 – 2 168 INSTITUTION OF RESEARCH AND COMMUNITY SERVICE UM JEMBER the head of family.

This is also seen because women have 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 respondents 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, whether individuals, groups or communities, so that they do what is expected by education practitioners.

Feldstein (1983) stated that the high level of family 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	Elementary school	Junior high school	Senior high school	College	Total number
Respondents	20	31	40	9	100
Percentage (%)	20	31	40	9	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 Level	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. PROCEEDING THE 4th INTERNATIONAL NURSING CONFERENCE "LIFE CYCLE APPROACH FOR SUCCESSFUL AGING" ISBN : 978 – 602 – 6988 – 78 – 2 169 INSTITUTION OF RESEARCH AND COMMUNITY SERVICE UM JEMBER 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	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	16
Diabetes mellitus	2	2
Heart	8	8

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 risk 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 non communicable disease to 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 Cilogok 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 $\alpha = 0.05$ Table 7 shows that the result of chi square analysis has p value of 0.000 < $\alpha 0.05$ which mean that there are significant relationship between community knowledge level about utilization of posbindu PTM and the prevalence of non communicable disease.

This result is in line with the study conducted with Nurizka Rayhana Nasruddin (2017) which shows a significant correlation between knowledge and utilization of Posbindu PTM services with p value 0.000 < $\alpha 0.05$. 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 tend to not come to the Posbindu and prefer to stay at home. But if the community has sufficient knowledge about Posbindu, PROCEEDING THE 4th INTERNATIONAL NURSING CONFERENCE "LIFE CYCLE APPROACH FOR SUCCESSFUL AGING" ISBN : 978 – 602 – 6988 – 78 – 2 170 INSTITUTION OF RESEARCH AND COMMUNITY SERVICE UM JEMBER they might be has positive attitude towards Posbindu, so that the community could utilize the service given (Nurizka, 2017). In this case knowledge about non communicable 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 knowledge 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 correlation between community knowledge level about Posbindu PTM and prevalence of non communicable disease 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. REFERENCE Astuti, Emy Dwi. (2015). Skripsi.

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