Original Article

PREDISPOSING FACTORS OF THE VISIT ACTIVITIES TO THE INTEGRATED GUIDANCE POST (POSBINDU) FOR NON-COMMUNICABLE DISEASES (NCD) AT SUMBER SARI HEALTH CENTER, JEMBER

Putri Rizkiyah Salam*[1], Dwi Wahyuni[2] and Farida Wahyu Ningtyias[3]

[1]Masters Program in Public Health, Jember University.
[2]Faculty of Teacher Training and Education Jember University.
[3]Faculty of Public Health Jember University.

*Corresponding author: Putri Rizkiyah Salam

Masters Program in Public Health, Jember University.

ABSTRACT

Non-communicable diseases (NCD) are the main cause of death in the world, which represents 63% of all annual deaths. NCD kills more than 36 million people every year. The existence of integrated guidance post (POSBINDU) is expected to be able to carry out prevention and control through early detection, monitoring, and early follow-up of risk factors for non-communicable diseases in an integrated and periodic manner. The purpose of this study was to analyze the influence of predisposing factors (age, gender, education level, occupation, knowledge, attitude, level of trust toward POSBINDU) on the activity of visiting POSBINDU in Sumbersari District, Jember Regency. This study used an observational analytic research design with a cross sectional research design. Samples taken in this study were 381 people with age $\geq$ 15 years. Data analysis in this study used logistic regression. The sampling technique in this study uses purposive sampling method. The results showed that there was an influence of predisposing factors to the activity of visiting POSBINDU, showing a value of p <0.05 so that the seven variables influenced the activity of visiting POSBINDU

KEYWORDS: Non-communicable diseases, POSBINDU, Predisposing Factors, Public Health Center.

INTRODUCTION

A report from WHO (2018) showed that NCD by far was the leading cause of death in the world, representing 63% of all annual deaths. NCD killed more than 36 million people every year. Most NCD death was mostly caused by cardiovascular disease as many as 17.3 million people per year, followed by cancer (7.6 million), respiratory disease (4.2 million), and DM (1.3 million). These four groups of diseases caused around 80% of all deaths by NCD.

Riskesdas results (2018) showed an increase in deaths due to the high prevalence of NCD. The prevalence of NCD, including: stroke 12.1 per 1000, coronary heart disease 1.5%, heart failure 0.3%, diabetes mellitus 6.9%, kidney failure 0.2%, cancer 1.4 per 1000, disease obstructive chronic pulmonary 3.7%, and 8.2% injuries. East Java in 2016 ranked second after West Java, which is 56% in cases of deaths from NCD (Ministry of Health, 2016). Up to the district level, the prevalence of NCD in Jember is more than 50% of cases with a figure of around 62,000 cases in 10 varies of NCD (Health Office of Jember Regency, 2019)

Government actions in controlling NCD that were efficient and effective are by empowering and increasing community participation. POSBINDU is a form of Community-Based Health Efforts (UKBM) under the development of Public Health Center. POSBINDU of NCD was expected to be able to carry out prevention and control through early detection, monitoring and early follow-up of NCD risk factors in an integrated and periodic manner.

The number of POSBINDU targets aged $\geq$ 15 years in Jember was 1,648,352 with the target of the POSBINDU service being 80% (1,318,682 people) but the average puskesmas in Jember only reached 494,505 (30%) of the target number. Data from the Sumbersari Community Health Center (Puskesmas) of Sumbersari shows that the number of target PTB POSBINDU was 55,981 people, which actively attended the POSBINDU activities were 15,114 (27%). This was not achieved by the health service target in POSBINDU of 80% of the total

POSBINDU target in the puskesmas area (Jember District Health Office, 2019).

The low number of visits to POSBINDU can be explained through the Green approach Notoatmodjo (2012), that one of the people's behavior is influenced by predisposing factors, which include age, sex, education, occupation, knowledge, attitudes and level of trust.

METHODS

This research includes quantitative research that uses case control design. The sampling technique using Purposive Sampling. Purpose Sampling is sampling based on certain considerations such as population traits or traits that are already known (Notoatmodjo, 2010) The number of samples taken in this study was 381. The research was conducted in the working area of Sumbersari Community Health Center, namely as many as 5 villages in February - March 2020. Data collection techniques were carried out by interview using the instrument. The instrument used in this study was a questionnaire. The questionnaire provided contains the respondent's identity (age, gender, education level, occupation) knowledge, attitudes and level of trust toward POSBINDU. Test the analysis of influence using the Logistic Regression Test.

RESULTS

Based on the data distribution of respondents' characteristics presented in table 1, information was obtained that the majority of respondents were women with a total of 274 respondents (71.9%). Based on age it is known that the majority of respondents are over 58 years old with a number of 191 respondents (50.1%). Characteristics of respondents based on their level of education showed that the majority of respondents only received education to graduate from elementary school with 189 respondents (49.6%). Judging from the characteristics of respondents based on work shows that most respondents of the study did not work, amounting to 153 respondents (40.2%). The majority of respondents' knowledge distribution is sufficient, that is 228 respondents (59.8%). A total of 274 respondents (71.6%) showed sufficient attitudes of respondents towards the postbindu activities and based on the trust of the largest respondents namely trust with a total of 220 respondents (57.7%).

Table 1: Distribution of Respondents According to Predisposing Variables.

Distribution	Criteria	Frequence	Percentage
Gender	Male	107	28,1
	Female	274	71,9
Age	15-25 years old	11	2,9
	26-36 years old	36	9,4
	34-47 years old	58	15,2
	48-58 years old	85	22,3
	> 58 years old	191	50,1
Education Level	not completed in primary school	72	18,9
	Elementary School Graduate	189	49,6
	Junior High School Graduate	67	17,6
	Senior High School Graduate	32	8,4
	University Graduate	21	5,5
Occupation	Unemployed	153	40,2
	Farmer	65	17,1
	Entrepreneur	122	32,0
	Employee	5	1,3
	Civil Servants	36	9,4
Knowledge	Low	124	32,5
	Moderate	228	59,8
	High	29	7,6
Attitude	Low	2	0,5
	Moderate	274	71,6
	High	105	27,6
Level of Trust	Low	161	42,3
	High	220	57,7
Total		381	100

Based on the results of bivariate analysis with the chi-square test on Analysis of Visit Activity by Predisposing Factors presented in Table 5, shows the relationship between predisposing factors with visit activity, gender variables ($p = 0.016$), age ($p = 0,000$), education ($p = 0,000$) 0.040), occupation ($p = 0.018$), knowledge ($p = 0.046$), attitude ($p = 0.038$), and trust ($p = 0.012$)

significantly related to the utilization of NCD postbindu (p-value <0.05).

Table 2: Analysis of Visit Activity According to Predisposing Factors.

Predisposing Factors	Criteria	Keaktifan Kunjungan						Hasil Pengujian
		Tidak aktif		Aktif		Total		
		n	%	n	%	n	%	
Gender	Male	51	13,4	56	14,7	107	28,1	χ² = 5,824
	Female	94	24,7	180	47,2	274	71,9	p = 0,016
Age	15-25 y.o	10	2,6	1	0,3	11	2,9	χ² =21,363
	26-36 y.o	18	4,7	18	4,7	36	9,4	p = 0,000
	37-47 y.o	14	3,7	44	11,5	58	15,2	
	48-58 y.o	36	9,4	49	12,9	85	22,3	
	> 58 y.o	67	17,6	124	32,5	191	50,1	
Education Level	not completed in primary school	30	7,9	42	11,0	72	18,9	χ² =10,049
	Elementary School Graduate	81	21,3	108	28,3	189	49,6	p = 0,040
	Junior High School Graduate	22	5,8	45	11,8	67	17,6	
	Senior High School Graduate	5	1,3	27	7,1	32	8,4	
	University Graduate	7	1,8	14	3,7	21	5,5	
Occupation	Unemployed	65	17,1	88	23,1	153	40,2	χ² =11,909
	Farmer	32	8,4	33	8,7	65	17,1	p = 0,018
	Entrepreneur	36	9,4	86	22,6	122	32,0	
	Employee	0	0,0	5	1,3	5	1,3	
	Civil Servants	12	3,1	24	6,3	36	9,4	
Knowledge	Low	52	13,6	72	18,9	124	32,5	χ² = 6,150
	Moderate	88	23,1	140	36,7	228	59,8	p = 0,046
	High	5	1,3	24	6,3	29	7,6	
Attitude	Low	2	0,5	0	0,0	2	0,5	χ² = 6,515
	Moderate	111	29,1	163	42,8	274	71,6	p = 0,038
	High	32	8,4	73	19,2	105	27,6	
Level of Trust	Low	73	19,2	88	23,1	161	42,3	χ² = 6,275
	High	72	18,9	148	38,8	220	57,7	p = 0,012

DISCUSSION

According to Saeed (2015) Female respondents used more health services compared to male respondents because women have more time at home as housewives compared to men who have to work outside the home as the head of the family, also due to psychologically women have a greater degree of concern than men who were slightly less concerned so that women pay more attention to their health conditions. Based on the results of interviews conducted with respondents, female respondents said that they came to POSBINDU in addition to checking their health as well as to consult about preventable diseases, they also gained knowledge about preventing diseases that are currently being experienced so as not to get worse. Women have an instinct that is more sensitive to health than men. Women basically have more complex problems, women experience quite a lot of problems such as menstruation and pregnancy that were not experienced by men. While for male respondents, they come to POSBINDU when they were not working or when they felt unwell.

According to Hurlock (2012) someone aged 45-59 years old is called pre elderly where as they get older it will cause problems related to health aspects. Therefore it is necessary to improve health services so that they can improve the quality of health. Diseases that often occur at this age are Non-Communicable Diseases (NCD), such as hypertension, arthritis, stroke, Chronic Obstructive Pulmonary Disease (COPD) and Diabetes Mellitus (DM). According to researchers, most respondents at the age of the elderly have found the risks of NCD so at this age they would rather check themselves to prevent further complications. The more often they get sick the more often they make use of health services in POSBINDU as an impact on the client's need for health care.

According to Notoatmodjo, the basic concept of education is a learning process. In education there is a process of growth, development, change toward more mature and better individuals, groups and communities. Learning activities or processes if there is a change from not knowing to knowing, from not wanting to doing to being willing to do something, however, not all changes occur because of learning, but also because of the process of maturity. The absence of influence of the level of education on POSBINDU visits is possible. Because education basically can not only be obtained from school (formal) but also in the family, community, and from

other media (magazines, news, etc.). Inversely related to Khanal et al (2017), according to Khanal et al the educational status is closely related to one's awareness and knowledge, so that the educational status has a significant influence on the utilization of health services. Usually people who are poorly educated, lack awareness and good knowledge about the benefits of health services. The higher level of education a person will also increase knowledge, information obtained. This shows the higher education, the needs and demands for health services also increase. Conversely the lower level of education will make it difficult for them to receive counseling provided by health workers and tend not to know about the existence of health services.

The results of this study are not in line with research conducted by Handayani D. E (2012) which states that the status of work or non-work does not affect the community in terms of utilizing POSBINDU for NCD. Respondents with non-working status did not use POSBINDU more due to lack of awareness and knowledge about the benefits of it. There is a tendency for people who work more actively to seek health services compared to those who do not work, due to their higher knowledge, also because they are more economically independent. According to researchers, community members with no work status certainly have greater opportunities or opportunities to take advantage of existing services because most of their time is spent at home compared to those who work. The results of interviews with the community are useful for improving health or treating complaints so they can heal quickly and can also monitor their health status. POSBINDU activities at the time the researchers conducted the study began at around 09.00-10.00 WIB where there were some people who were working back from their place of work (rice fields and fields) to rest for a while.

Marnah's research (2016) shows that the more familiar the respondent is with health services, the respondent is able to determine the response to the utilization of health services. This study was strengthened by Yaya (2017), which showed that respondents with good knowledge about health services were 0.816 times more likely to utilize health services (p = 0.012) compared to respondents who had poor knowledge. Someone who is well-informed will behave well according to what he knows and knows what benefits are derived from the behavior, on the other hand people who lack knowledge will behave less. Knowledge is the result of human sensing, or the result of knowing someone about objects through their senses. Knowledge about health includes what someone knows about ways to maintain health. Good respondent's knowledge can influence respondents to make a visit to POSBINDU for NCD because they understand the benefits of the importance of regular checks to POSBINDU for NCD as well as public awareness of the importance of a healthy lifestyle for the better.

Attitudes can be formulated as a tendency to respond positively or negatively to certain people, objects, or situations. Attitudes contain emotional judgments (happy, hateful, sad, agree, disagree, etc.) and have a different level of depth. According to researchers attitude is the key to using POSBINDU non-communicable diseases. Many attitudes can prevent people from utilizing the existing postbindu where they live, for example, assuming that coming to POSBINDU cannot prevent and discover as early as possible risk factors for non-communicable diseases. The results showed that the majority of respondents had an unfavorable attitude towards the use of POSBINDU, so that there were still many people who did not utilize the health services. According to WHO (1984) in Notoatmodjo (2007) which states that positive attitudes towards health values do not always manifest in real actions because they depend on several external and internal factors namely the situation, the experience of others, the experience of self and existing values. If the respondent has a bad experience with POSBINDU, they are also reluctant to come to POSBINDU.

According to Andersen's theory, the pattern of utilization of health services is influenced by individuals of different age groups according to the type and frequency of disease events, by different families according to their structure and lifestyle, physical, social environment and behavior patterns and by the level of trust in the success of health services For example, medical families who trust in the success of a method of treating the disease will immediately look for this type of help and use it more often. Trust is a cognitive component of socio-psychological factors, trust is formed by knowledge, needs and interests (Notoatmodjo, 2014). Trust in illness includes anxiety that has to do with health, this is closely related to respondents' perceptions about health.

CONCLUSION

The conclusion of the research is the variables that influence the activity POSBINDU for NCD visits are age, gender, occupation, education, knowledge, attitudes and level of trust.

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