



EDUCATION TOWARDS HEALTHY AND INDEPENDENT OLDERING AT THE INDEPENDENT PLACE OF MIDWIFE PRACTICE L TANGERANG

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Abstract

The elderly are one of the groups or populations at risk (population at risk) whose numbers are increasing. Allender, Rector, and Warner (2014) said that the population at risk is a group of people who have health problems. The aim of community service intervention activities is to improve the health status of the elderly so that they remain healthy and independent. The method used in this intervention is counseling. The stages include pretest, counseling, question and answer, evaluation, door prize distribution. Participants were very enthusiastic and gave positive responses in the form of active participation in questions and answers in the discussion session. With this activity, elderly people will understand more about diseases that often occur in the elderly and how to prevent them and know how to maintain quality of life.

Keywords: Education, diseases in the elderly

PENDAHULUAN

The elderly are one of the groups or populations at risk whose numbers are increasing (Rahmansyah et al., 2021). Allender, Rector, and Warner (2014) say that a risk population is a group of people whose health problems are likely to develop worse due to influencing risk factors (Nikmah & Khomsatun, 2020). Stanhope and Lancaster (2016) said that the elderly as a population at risk have three health risk characteristics, namely, biological risks including age-related risks, social and environmental risks and behavioral or lifestyle risks (Krismiyati et al., 2019).

According to the Ministry of Health (2017), the increasing number of elderly people in Indonesia in the future will have both positive and negative impacts. It has a positive impact if the elderly population is healthy, active and productive (Anissa et al., 2019). On the other hand, it can have a negative impact if the elderly experience various problems from increasing care costs due to declining health and changes in conditions (Azari & Zururi, 2021).

Stanhope dan Lancaster (2016) mengungkapkan bahwa risiko biologi termasuk risiko terkait usia pada lanjut usia yaitu terjadinya berbagai penurunan fungsi biologi akibat proses menua. Risiko sosial dan lingkungan pada lanjut usia yaitu adanya lingkungan yang memicu stres Stanhope and Lancaster (2016) revealed that biological risks include age-related risks in the elderly, namely the occurrence of various declines in biological function due to the aging process. Social and environmental risks in the elderly include an environment that triggers stress (Budiono & Rivai, 2021). The economic aspect of the elderly is a decrease in income due to retirement. Behavioral or lifestyle risks such as habitual patterns of lack of physical activity and consumption of unhealthy food can trigger disease and death. Miller (2012) in his theory of functional consequences states that the decline in various body functions

is a consequence of increasing age (Supriyono, 2015). Someone who enters old age will experience several changes. Changes in the elderly include a decline in physical condition which makes the elderly more vulnerable to disease (Putri, 2019).

The elderly are synonymous with various declines in health status, especially physical health status. Various theories about the aging process show the same thing. The declining health status of the elderly with increasing age will affect the quality of life of the elderly. Increasing age will be accompanied by the emergence of various diseases, decreased body function, body balance and the risk of falls. The decline in the health status of the elderly is contrary to the wishes of the elderly to remain healthy, independent and able to carry out normal activities, for example bathing, dressing, moving independently. This mismatch between the condition of the elderly and their expectations can even cause the elderly to experience depression. The results of research by Brett, Gow, Corley, Pattie, Starr, and Deary (2012) show that depression is the biggest factor influencing quality of life ($p= 0.000$). Some of these things can cause a decrease in the quality of life of the elderly.

Based on the above background, providing education on various problems that occur in the elderly and how to overcome them is important so that the elderly remain healthy and independent in their old age so that they become seniors who remain of good quality.

METHOD

Material

1. Leaflet
2. Pretest sheet and posttest sheet
3. LCD
4. Camera
5. Absence Attendance
6. Ballpoint

Method

1. Field survey

The field survey aims to observe the situation and circumstances

2. Pretest

Pretest is a test carried out to measure students' initial abilities before participating in learning activities

3. Counseling

Extension is a non-formal educational effort intended to encourage people to be aware and willing to implement new ideas. Extension session by giving leaflets first then starting the extension material presented by the lecturer and filled with providing material and distributing leaflets

4. Questions and Answers

Question and Answer is a teaching method that allows direct communication in the form of two way traffic because at the same time there is a dialogue between the presenter and the recipient of the material. This question and answer session is used to review the material that has been given. Question and answer session using active discussion method.

5. Evaluation

Evaluation is a planned activity to measure, assess and determine the success of a program. This evaluation is carried out by distributing questionnaires containing questions related to the material that has been provided.

6. Door prize

This door prize session is also used to evaluate this community service activity, 3 questions have been prepared with 2 prizes for participants who can answer the questions.

RESULT

Table 1 Knowledge and Attitudes of the Elderly (Elderly) Before Education

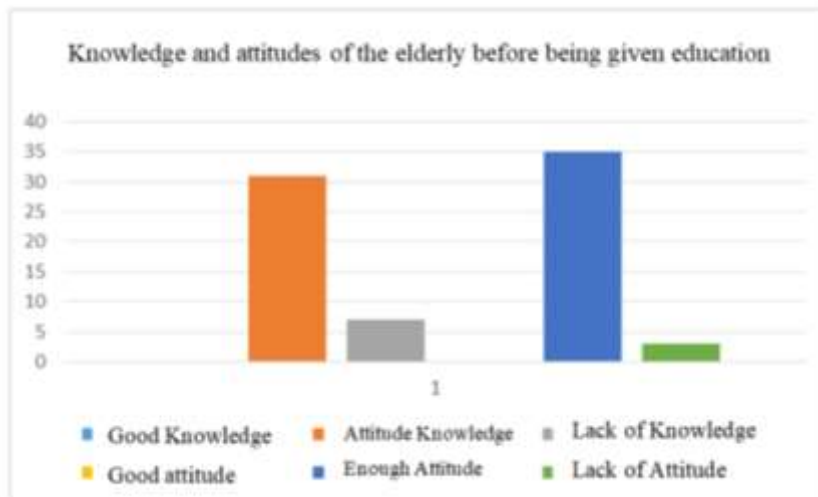


Table 2 Knowledge and Attitudes of the Elderly (Elderly) After Education

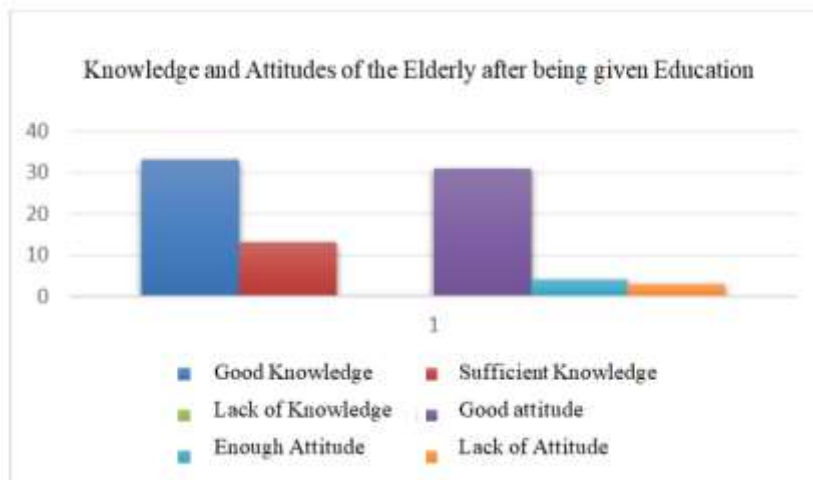




Figure 1 Independent Health Education Activities



Figure 2 Symbolic Activities of Evaluation and Group Photo





Figure 3 Independent Health Education Material

DISCUSSION

From table 1, the results of the elderly's knowledge before receiving education regarding diseases that occur in the elderly in the moderate category are 31 (81.6%), less than 7 (18.4%) and attitudes in the sufficient category are 35 (92.1%) less than 3 (7.9%) elderly people have never received special education regarding various diseases that occur in the elderly and how to deal with them. It is important to provide education on diseases in the elderly and how to deal with them so that the elderly remain healthy, independent and live a quality life. This is supported by the results of research conducted that there is an influence in increasing the knowledge of the elderly through educational interventions (Nurdahlia, 2020). Notoatmodjo (2010) states that most of the knowledge is obtained from the sense of sight and hearing (Azizaah et al., 2015). According to Liliweri (2014), education does not only change a person to know from not knowing, but rather changes a principle that was previously unknown to be true or false. So that it provides more confidence that their knowledge will last (Komalasari et al., 2020).

From table 2, the results show that knowledge of elderly people about diseases in the elderly and how to deal with them is in the good category of 33 (86.8%), knowledge is sufficient 13.2% and attitude is in the good category of 31 (81.6%), fair 4, (10.5%), less 3 (7%). The increase in respondents' knowledge and attitudes was due to the fact that this was the first material they had received, participants were enthusiastic and asked many questions. For them, the education provided is interesting material so that they are calmer in living their elderly years so that they remain healthy, independent and of good quality. A person's attitude cannot just change without an underlying process. Through education there will be a process of changing a person's way of thinking because there is open dialogue or discussion to express their own opinions. According to (Ridwan Maulana, Opdenakker, and Bosker 2014) attitudes are actions that are based on beliefs based on existing norms in society and usually religious norms (Enindelastris et al., 2021).

CONCLUSION

The community service program has succeeded in achieving a positive impact, especially on elderly mothers. Through education about various diseases often experienced by the elderly and how to treat them, these elderly mothers experienced significant changes in their knowledge and attitudes. They are now more informed and have a better understanding of the health of the elderly, which is reflected in their proactive attitude in caring for the health of themselves and those closest to them.

Not only does it benefit themselves, but the new knowledge and attitudes acquired by these elderly mothers also have a positive impact on the surrounding environment. They become a source of knowledge and support for their family members and neighbors in caring for the health of the elderly. This not only improves the well-being of seniors themselves, but also creates a healthier and more caring climate in the community.

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