INNOVATIVE: Journal Of Social Science Research
Volume 4 Nomor 2 Tahun 2024 Page 8794-8805
E-ISSN 2807-4238 and P-ISSN 2807-4246
Website: https://j-innovative.org/index.php/Innovative

Problem Diagnosis, Problem Assistance, Prioritizing Health Problems, and Alternative Solutions to the Problem of Non Communicable Disease (PTM) in Klampok Village, Bojonegoro City, East Java

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Abstrak

Angka perokok aktif yang merokok di dalam rumah, tingginya angka prevalensi penyakit asam urat, tingginya angka prevalensi hipertensi, serta belum optimalnya program sosialisasi tentang pencegahan penyakit tidak menular. Mengidentifikasi masalah kesehatan, prioritas masalah kesehatan, menganalisis akar penyebab dari masalah kesehatan, menentukan rencana implementasi program berdasarkan prioritas masalah kesehatan, dan melakukan implementasi program masalah.Jumlah populasi sebanyak 894 jiwa dan sampel yang diambil adalah 107 jiwa dengan metode cluster random sampling. Dari hasil penelitian menunjukkan bahwa prioritas masalah kesehatan PTM di Desa Klampok adalah penyakit hipertensi dengan prevalensi sebesar 15,9% dan hasil problem tree diagram menunjukkan bahwa tingginya prevalensi hipertensi disebabkan karena rendahnya minat olahraga pada masyarakat, mayoritas masyarakat masih memiliki kebiasaan merokok, kurangnya penerapan manajemen stress, dan konsumsi garam berlebih. Penentuan prioritas alternatif solusi menggunakan metode meer (metodologi, efektivitas, efisiensi, relevansi) dan diperoleh alternatif solusi yang sesuai adalah Pengadaan program Gali Potensi (Gerakan Kedaton Peduli Hipertensi) yang memiliki beberapa sub kegiatan antara lain adalah penyuluhan mengenai pengendalian hipertensi, pembentukan media promosi kesehatan, pelatihan dan pembekalan kader PTM terhadap permasalahan hipertensi, dan pengenalan Toga.

Kata Kunci: *Penyakit Tidak Menular, Hipertensi, Masyarakat*

Abstract

Namely the high number of active smokers who smoke at home, the high prevalence of gout, the high prevalence of hypertension, and the lack of optimal outreach program on the prevention of non-communicable diseases. Identifying health problems, prioritizing health problems, analyzing the root causes of health problems, determining program implementation plans based on priority health problems, and implementing problem programs. The research design uses SWOT analysis.. The total population was 894 people and the sample taken was 107 people using the cluster random sampling method. The research results show that the priority health problem for NCDs in Klampok Village is hypertension with a prevalence of 15.9% and the results of the problem tree diagram show that the high prevalence of hypertension is caused by low interest in sports in the community, the majority of people still have the habit of smoking, lack of implementation of management. stress, and excessive salt consumption. Determining the priority of alternative solutions using the meer method (methodology, effectiveness, efficiency, relevance) and obtaining appropriate alternative solutions is the Procurement of the Potential Potential Program (Gerakan Kedaton Cares for Hypertension) which has several sub-activities, including counseling regarding hypertension control, the formation of health promotion media. , training and equipping PTM cadres regarding hypertension problems, and the introduction of Toga.

Keywords: *Non-Communicable Diseases, Hypertension, Society*

INTRODUCTION

One of the basic needs of every human being is health, which is a very important aspect because its fulfillment is interrelated with the awareness, ability and will of each individual. To support the continuous improvement of public health status, various efforts need to be realized, namely promotive, preventive, curative and rehabilitative on an ongoing basis.

Health is also the right of all Indonesian people and is one of the focuses of national development. According to Law Number 25 of 2004 concerning the Development Planning System, health development aims to increase awareness, willingness and ability to live healthy for everyone in order to realize the highest degree of public health as an investment in the development of socially and economically productive human resources.

One effort that can be done to overcome the problem of health development is through community empowerment. According to data compiled from the Health Profile of Bojonegoro Regency in 2020, one of the PTMs suffered by the community in the Working Area of the Kapas Health Center that located in Klampok Village, found as many as 405 people suffering from Diabetes Mellitus. This activity starts with identifying problems, determining problem priorities, determining intervention programs, and conducting

program evaluations. This activity is expected to be able to provide joint solutions and interventions that have been adapted to the existing resources or owned by these community groups and to increase networking and accessibility to health services in Klampok Village. This activity is expected to be able to provide joint solutions and interventions that have been adapted to the existing resources or owned by these community groups and to increase networking and accessibility to health services in Klampok Village.

RESEARCH METHOD

The research design uses swot analysis, Precede-Proceed (Social Diagnosis, Epidemiology Diagnosis, Environmental and Behaviour Diagnosis, Education and Organisation Diagnosis, policy administration diagnosis, Urgency, Seriousness and Growth, and problem trees. determination of alternative solutions using MEER method (methodology, effectiveness, efficiency, relevance), and USG method. We used primary data from questionnaires, in-depth interviews, observations, focus group discussions and we used secondary data from demographic data from Klamplok village and the profile of the kapas health center in 2019 and 2020. The sample population uses 894 people and the samples taken are 107 people using the cluster random sampling method.

RESULT AND DISCUSSION

The total population is 894 people or 304 families consisting of 449 men and 445 women the majority of the group aged 31-40 years with a total of 143 people, the education level of the majority is high school or equivalent. The results of the study based on the USG method show that the priority of PTM health problems in Klampok Village is hypertension and found a prevalence of 15.9%. The results of the problem tree diagram show that the high prevalence of hypertension is due to the low interest in sports in society, the majority of people still have smoking habits, lack of application of stress management, and excessive salt consumption. The program consists of three sub-programmes: BINDER BESI (Bincang Kader Cegah Hipertensi), SEMAK MERAH (Social and Demo Masak Makanan Ramah Hipertensi), and SELAI CERIA (Senam Lansia Cerah dan Bahagia). The BINDER BESI program has 71% PTM and a post-test, while the SEMAK MERAH program has 10% PTM and a post-test, and the SELAI CERIA program has 66 participants from 109 participants.

Figure (Image)

Figure 1. MAP of the KLAMPOK VILLAGE AREA, KAPAS DISTRICT, BOJONEGORO REGENCY

Source: Google Maps

Table 1 Klampok Village Population Data

Variabel	Frequency (n)	Percentage (%)
Age (years)		
0-5	65	7,33
6-10	63	7,11
11-15	62	6,99
16-20	44	4,96
21-25	71	8,01
26-30	71	8,01
31-40	143	16,13
41-50	125	14,1
51-60	133	15,01
> 60	109	12,3
Total	886	100
Level of education		
Not/not yet in school	203	22,91
Did not finish elementary school/ equivalent	43	4,85
Graduated from elementary school/ equivalent	229	25,84
SLTP/Equivalent	147	16,59
High School/Equivalen	206	23,25
Diploma I/II	11	12,41
Academy/Diploma III	10	1,128

Diploma IV/ Bachelor's Degree	44	4,966
Post Graduate	1	0,112
Total	886	100

Type of Occupation of Resident		
Not yet/not working	211	23,81
Housewife	51	5,7
Student / student	102	11,51
Private sector employee	101	11,39
Farmers / gardeners	81	9,14
Government	10	1,12
Employees (PNS)	13	1,46
Farm workers	5	0,56
Retired	6	0,677
Freelance	3	0,338
TNI	1	0,112
Police	1	0,112
Trader		
Total	886	100

Existing facilities in Klampok Village in 2022 (units)		
Midwife Practice Place	1	0,11
Ponkesdes	1	0,11
Preschool Building	1	0,11
Mosque	1	0,11
Langgar/Mushola /surau	4	0,45
Cleanliness Infrastructure	1	0,11
Total	10	100

Table 2 Prevalence of PTM Ponkesdes Disease in 2020-2022

PTM disease prevalence	Frequency (n)	Percentage (%)
Hypertension	141	15,9
Gout	63	7,11
Cholesterol	27	3,04
Diabetes	23	2,59
Heart disease	10	1,112
Total	886	100

Source: Questionnaire

Table 3 List of Deaths Due to PTM for 2020-2022

Variabel	Frequency (n)	Percentage (%)
2020 (year)		
Heart disease	3	0,338
Hypertension	3	0,338
Influenza	5	0,564
Diabetes mellitus	1	0,11
Lungs Disease	1	0,11
2021 (year)		
Influenza	5	0,564
Hypertension	4	0,451
Diabetes mellitus	2	0,225
Diabetes Mellitus + Hypertension	1	0,11
Heart Disease	1	0,11
Kidney Disease	1	0,11
Asthma Disease	1	0,11
sick ent	1	0,11
Cancer	1	0,11
2022 (year)		
Hipertensi	3	0,338
Diabetes	2	0,225
Diabetes Melitus	1	0,11
Lungs Disease	1	0,11
Heart Disease	1	0,11
	1	0,11

Hyperthyroid Diseas		
Total	40	100

Table 4 Results of Priority Assessment of Problems with the USG Method

Problems	U	S	G	Score Total	Rank
The high number of active smokers smoking in the house	8	8	9	25	4
The high prevalence rate of gout	8	9	9	26	3
High prevalence rate Hypertension	9	0	10	29	1
There are no programs yet no disease prevention infectious	9	8	10	27	2

Tabel 5 SWOT analysis

Strength	Score	Weight	Total	Rank
Small area so that it can facilitate access to reach from house to house	8	8	64	4
Majority of the population productive age	7	8	56	5
There are midwife practices and Village Health Pondok (Ponkesdes) facilities available in Klampok village	10	10	100	1
There are cadres divided health in various fields and active in each activity	8	9	72	3
Citizen enthusiasm in various activities high enough	6	7	42	7
Majority of the population likes physical activity	8	8	64	4

Facilities available tools in the form of tools sports provided by the village such as badminton, chess, and table	7	7	49	6
There are residents who willing to devote yourself to be volunteer as sports teacher for village children	4	5	20	9
Majority of the population have insurance health	9	9	81	2
Intercompanyness very strong citizens	7	7	49	6
There are many rice fields and gardens for welfare, agribusiness and nutritional fulfillment	5	6	30	8
TOTAL STRENGTH				633
Weakness Resources in the village relatively limited	7	8	56	3
Level of education still relatively low because the majority is Elementary school graduate/ equivalent	8	8	64	2

Feel curious about problems health is still lacking	9	9	81	1
Some citizens income below UMK Bojonegoro	8	7	56	3
Educational institutions there is only one village preschool/kindergarten	5	5	25	4
Lack of participation and liveliness of youth organization	5	5	25	4
TOTAL WEAKNESS				307
DIFFERENCE: TOTAL POWER - TOTAL WEAKNESSES (S - W)				633-307 = 326 (X) (X)
Opportunity				
There is assistance in the form of food and cash distributed to villagers	9	8	72	2
Guaranteed partial health great society by JKN (universal health coverage (UHC)	10	9	90	1
TOTAL OPPORTUNITIES				162
Threats				
Prone to crop failure	7	7	49	2

	Hoaxes are circulating about health in among citizens	9	10	90	1
	TOTAL THREAT				139
	DIFFERENCE: TOTAL CHANCES – TOTAL THREAT (O – T)				162 - 139 = 23 (Y)

Table 6 Alternative Treatment Solutions Using the MEER Method

No	Alternative Plan Solution	Mark				Amount Mark	Rank
		M	E	E	R		
1.	Educating cadres about prevention non-communicable disease	3	4	4	3	14	2
2.	Promote physical activity in the form of gymnastics for the elderly	2	3	3	4	12	3
3.	Demo and Outreach cooking food low sodium	4	4	3	4	15	1
4.	Media provision health promotion about prevention hypertension	3	3	2	3	11	4

Discussion

Based on behavioral and environmental diagnoses, behaviors that can be changed and are important are paying attention to the nutrition of the food consumed, consuming excessive sugar, salt and fat, exercising, seeking information about prevention of PTM, and awareness to come for a check-up (health check) at the Ponkesdes while Behaviors that are less important are eating fast food, sleeping habits, self-medication, while behaviors that are not or less changeable are smoking habits and less important behaviors are drinking alcohol habits, patient's commitment to PTM treatment. Based on environmental analysis, the thing that can be changed is that the output of the special program for reducing

hypertension is not maximal yet, while what is less important is that sellers of vegetables and fruit are rarely found around the village. Based on organizational and educational diagnoses, the predisposing factor is that the knowledge of the community in Klampok Village regarding non-communicable diseases as a whole is quite good, such as the triggering factor for non-communicable diseases, namely smoking, but there are still people who are active smokers and think that smoking has no effect on the occurrence of non-communicable diseases. infectious. It was concluded that the respondents had high knowledge about NCDs but were not followed or matched by concrete daily actions; Reinforcing factors (reinforcing factors) show that village midwives and nurses assisted by health cadres, especially PTM cadres in Klampok Village actively participate in various activities organized by the puskesmas in the context of controlling non-communicable diseases, Enabling factors (enabling factors), namely the area of Klampok Village which is not too broad makes it easy for people to access existing health facilities. The distance between the community houses and the nearby Ponkesdes and midwives' houses, coupled with the fact that most people have private vehicles such as bicycles or motorbikes, makes it easy for people to visit or just have a check-up at the Ponkesdes and at the midwives' house. Based on the diagnosis of policy administration which is an analysis of stakeholders related to the health screening program in Klampok Village which consists of the Government (Bojonegoro District Health Office, Kapas District Health Center, Klampok Village Ponkesdes, District, and Klampok Village Government); Mass Media consists of social media (whatsapp, instagram, youtube, etc.), newspapers and magazines; Non-Governmental Organizations (NGOs) consist of the Klampok Village PKK and the Klampok Village Youth Organization; Community leaders consist of village heads, RT heads, RW heads, and PTM and elderly health cadres. SWOT analysis (Strength, Weakness, Opportunity, namely identifying internal factors which are the basis for identifying the strengths and weaknesses of Klampok Village, while external factors are the basis for identifying opportunities and threats for Klampok Village. For strength in this study, midwives practice and facilities at the Village Health Center are available. Village Health Center) in Klampok village, the weakness in this study is curiosity about health problems is still lacking, the opportunity in this study is the guaranteed health of most people by JKN (universal health coverage (UHC), the threats in this study are the circulation of hoaxes about health Therefore we run a program called the SIGAP Group (Klampok Ready to Prevent Hypertension), Hypertension Free Cadre Talk (Iron Binder), Socialization and Low Sodium Food Cooking Demonstration (SEMAK RED).

CONCLUSION

The data primer and data set were analyzed using a problem tree to identify the problem of hypertension. The problem tree consists of media promotion, innovation, and public participation in the program. The program has 66 participants from 109 participants. The intervention program has been evaluated, revealing that the program has a significant impact on the program's performance.

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