

Early Detection of Non-Communicable Diseases at the Integrated Guidance Post in the Work Area of the Way Jepara Community Health Center, East Lampung Regency

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ABSTRACT

Non-communicable diseases (NCDs) have been the leading cause of death in the world since the third millennium. According to WHO in 2000, the proportion of deaths due to NCDs in the world continued to increase from 47% in 1990 to 56%. This Community Service was carried out with a one-group pretest posttest, namely by measuring the level of knowledge before and after treatment. This treatment was to provide counseling on knowledge of early detection of non-communicable diseases at the Integrated Development Post. The results of this community service showed an increase in counseling from before counseling in the category of poor knowledge by 9, increasing after counseling in the good category by 12. Knowledge increased from before and after counseling. This was influenced by counseling on Early Detection of Non-Communicable Diseases at the Integrated Development Post, so that the Community would become aware of the material.

Keywords: Counseling, Integrated Development Post, Non-Communicable Diseases

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INTRODUCTION

Non-communicable diseases (NCDs) have become the leading cause of death in the world since the third millennium. According to WHO in 2000, the proportion of deaths due to NCDs in the world continued to increase from 47% in 1990 to 56% in 2000 WHO (in Boutayeb & Boutayeb, 2005). In 2008 there was an increase, from 57 million deaths, 36 million or 63% were caused by NCDs, especially heart disease, diabetes, cancer and chronic respiratory diseases. Deaths due to non-communicable diseases as many as 29 million (80%) occurred in low and middle income countries (WHO, 2011a). WHO projections, deaths from non-communicable diseases will increase by 15% globally between 2010 and 2020 (for 44 million deaths). The largest increase will occur in Africa, Southeast Asia and the Eastern Mediterranean, will increase by more than 20%. In contrast, in the European region, WHO estimates that there will be no increase.

The proportion of NCDs as the cause of death in Indonesia has increased quite significantly, from 41.7% in 1995, to 49.9% in 2001, and 59.5% in 2007 (WHO, 2011b, Ministry of Health, 2012). In 2011 there was an increase of 64% (WHO, 2011c), and in 2012 there were

1,551,000 deaths, estimated to reach 71% caused by NCDs, consisting of cardiovascular/heart disease 37%, cancer 13%, chronic lung disease 5%, diabetes 6%, and other non-communicable diseases 10% (WHO, 2014). In Indonesia, deaths caused by NCDs, the probability of premature death is 23% (WHO, 2015).

CDs are known as chronic diseases or lifestyle-related diseases, not transmitted from person to person. NCDs are diseases with long duration and slow progression. The four main types of non-communicable diseases are cardiovascular diseases (such as heart attacks and strokes), cancer, chronic respiratory diseases (such as chronic lung disease and asthma) and diabetes (ESLM., 2014). Aikins (2016) defines non-communicable diseases as non-infectious diseases that last a lifetime and require long-term treatment and care. Non-communicable diseases can be prevented through effective interventions against risk factors, namely: tobacco use, unhealthy diet, lack of physical activity, and alcohol use (WHO, 2013a). Strong evidence is needed to support the explanation of the role of negative lifestyle behaviors in the incidence of chronic diseases, the role of positive lifestyle behaviors in the incidence and effective management (Dean and Söderlund, 2015).

The increase in NCD sufferers and 71% of deaths in Indonesia in 2012, is a problem for public health. This condition needs to be studied in order to prevent and control NCDs. Efforts to prevent and control NCDs can be done with a healthy lifestyle. WHO recommends a healthy lifestyle by eating lots of fruits and vegetables, reducing fat, sugar, and salt intake and exercising (WHO, 2014a). Efforts to prevent and control non-communicable diseases that are being developed in Indonesia are integrated non-communicable disease development posts. Integrated development posts are integrated activities to prevent and control community-based NCD risk factors according to community resources and habits (Ministry of Health, 2014a). The purpose of the integrated NCD development post is to increase community participation in preventing and early detection of NCD risk factors. The main target of the activity is healthy, at-risk groups and people with non-communicable diseases aged 15 years and over (Ministry of Health, 2014b). The purpose of this activity is to increase knowledge of early detection of non-communicable diseases (NCDs) in the Way Jepara Health Center work area. The purpose of this community service is to increase knowledge of early detection of non-communicable diseases (PTM) in the Way Jepara Health Center work area.

METHODS

The implementation of community service is carried out using the one group pretest posttest method, namely by measuring the level of knowledge before and after treatment. This treatment is to provide counseling on knowledge of early detection of non-communicable diseases at the Integrated Development Post.

RESULTS

Community service programs in the form of health checks, counseling and health education on "Knowledge of non-communicable diseases" can increase public knowledge about several signs of non-communicable diseases, how to prevent them and how to treat them at home and through this activity the community can make decisions in utilizing health service facilities in the community in an effort to minimize these numbers as evidenced by the Recapitulation of Questionnaire results before and after counseling was given.

Table 1. Knowledge Before Counseling

No	Knowledge	Total	Percentage (%)
1.	Good (Value 80 to 100)	4	27
2.	Enough (Value 50 to 79)	2	13
3.	Less (Value <50)	9	60
Total		15	100

Table 1 shows that knowledge before counseling was mostly in the less than ideal category at 9 (60%).

Table 2. Knowledge After Counseling

No	Knowledge	Total	Percentage (%)
1.	Good (Value 80 to 100)	12	80
2.	Enough (Value 50 to 79)	3	20
3.	Less (Value <50)	0	0
Total		15	100

Table 2 shows that knowledge after counseling is mostly in the good category at 12 (80%).

DISCUSSION

Knowledge increased before and after counseling. This was influenced by counseling on Early Detection of Non-Communicable Diseases at the Integrated Guidance Post, so that the community would know about the material. This is in line with the dedication that has been carried out by Hamzah and Fatma Nuraisyah et al., namely an increase in knowledge before and after counseling (B, Akbar and Sarman, 2021; Nuraisyah et al., 2022).

CONCLUSION

There has been an increase in knowledge about early detection of non-communicable diseases at the integrated development post in the Way Jepara Health Center work area, East Lampung Regency.

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