Establishment of Health Cadres in The Aisyiyah Branch Karangwaru

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Abstract. This service aims to improve the quality of life of the female members of Aisyiyah Karangwaru, most of whom are over 40 years old. Degenerative disease can affect a person's quality of life. The formation of health cadres in the Aisyiyah Branch is intended to prevent and early detect degenerative diseases among Aisyiyah Karangwaru members. General health and dental health consultation was carried out, as well as simple blood tests, namely blood sugar, uric acid and cholesterol, and training for the health cadres.

Keywords: Health Cadres, Aisyiyah, diseases

1 Introduction

Degenerative diseases are chronic diseases that affect a person's quality of life and productivity. According to the World Health Organization (WHO), at least four degenerative diseases are currently a big problem globally, namely coronary heart disease, diabetes, cancer, and chronic lung disease [1]. These four diseases negatively impact the community's quality of life and increase morbidity or mortality in the community [2]. Generally, people only go for a check-up after symptoms appear; therefore, early disease detection is important. Preventive medicine, carried out jointly or independently by the government and the community, is one way to treat degenerative diseases before serious complications occur. Cheaper prevention efforts usually start with primordial prevention (before the disease occurs), anticipating the emergence of degenerative diseases [3,4].

Preventive medicine can allegedly overcome and prevent degenerative diseases [5]. The program that would be carried out is the formation and training of cadres for health screening with tools that can be carried out independently by cadres [6]. Health checks include blood pressure, blood sugar, cholesterol, and uric acid.

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Health cadres are people the community chooses to work voluntarily and are tasked with developing the community [7]. The role of cadres is as health promoters, who can provide health information to the community, mobilize the community to carry out clean and healthy living behaviors, and invite the public to come to Posyandu (Integtrated Service Post) or health care provider groups [8].

2 Methodology
2.1 Problem Analysis
Karangwaru Sub-District is located in the Tegalrejo Sub-District, Yogyakarta City, which borders Sleman Regency. The area is densely populated as it is close to well-known schools, from elementary school to college, and is close to Gadjah Mada University. Besides that, it is also located near the tourist center of Malioboro. This quite strategic place causes its dense population of 6,298, consisting of 2,383 men and 2,915 women. Most of the population has a high school educational background and the equivalent, while those with D3, D4, S1 and above educational background are almost equal to those with junior high and elementary school education. The residents' occupations also vary greatly (karangwarukel.jogjakota.go.id, 2020). It has an impact on the variety of lives and abilities of the population, as well as the understanding and practice of dental health and healthy living behavior. The population's age distribution also varies, dominated by teenagers and adults. Although the age of older people does not dominate the population, it is considered as quite many. There are many boarding houses in the Karangwaru area as it is close to schools and colleges. [9].

The Aisiyah branch of Karangwaru covers densely populated areas; many are over 40 years old. Health observation at the age of over 40 years is very important to avoid the emergence of degenerative diseases. However, the management of the health branch in Karangwaru has not had health cadres.

2.2 Issues of the Research Object
Aisiyah Branch Karangwaru is located in a densely populated area. Many were over 40 years old when degenerative diseases appeared. Aisiyah branch's routine activities have been implemented; sometimes filled with recitations, health counseling, gymnastics, etc. However, the management has not had health cadres who could help observe the health of its members. Therefore, it is necessary to establish health cadres and train those qualified to independently carry out medical tests and assist in observing the health of branch members.

2.3 Solutions and Implementation Method
1. Formation of health cadres for Aisiyah Branch Karangwaru
2. Aisiyah Branch Karangwaru health cadre training
3. Routine Branch Activities filled with medical examinations
4. Provision of medical examination tools and sterilization support tools

Service Implementation
This service aimed to form health cadres.
1. Training for Aisiyah Branch Karangwaru health cadres.
The Blunyahrejo branch of Aisiyah expanded its participants, very close to the location.
   a. Providing materials by resourceful people (general health that needs attention was with dr. Zugna, and dental and oral health was with drg. Ika Sukma, Sp Ort).
   b. Hands-on examination exercises, blood pressure measurement practice, GDS, cholesterol, uric acid (drg. Erlina and drg. Ika Andriani)
2. Formation of health cadres for Aisiyah Branch Karangwaru
   a. Coordinated by a branch head
   b. Preparation of cadre tasks
3. Submission of grants for medical examination tools
   a. Temporary blood sugar test kits, cholesterol and uric acid
   b. Tensimeter digital
   c. Thermogun
   d. alcohol swab, hand scone
4. Observation of the implementation and ability of self-examination by cadres on members

3 Result and Discussion
The activity began with morning exercise, which Aisiyah Karangwaru women routinely carried out. The gymnastics were carried out in the yard of SD Muhammadiyah Karangwaru Yogyakarta, followed by general health education about degenerative diseases, early detection, and prevention by the community service team.

Apart from that, counseling was also carried out on dental health, including dental malocclusion, which could be a provision for Aisiyah's mothers in observing the growth of their sons, daughters, or grandchildren's teeth. Thus, it is expected to increase the spirit of a healthy lifestyle and be useful for the family [10,11,12].

Blood sugar checks were carried out for all 43 participants, while only 16 needed cholesterol and uric acid. The results of blood sugar checks are shown in Table 1. Blood tests were carried out by the Community Service Team (doctors, dental emergency team) and followed by cadres.
This activity was attended by 43 Aisyiah women from the Karangwaru branch, where 40 participants were over 50 years old, while only 3 participants were under 50.

Table 1. Results of a simple blood test

<table>
<thead>
<tr>
<th>No</th>
<th>Age range</th>
<th>Blood sugar</th>
<th>Cholesterol</th>
<th>Uric acid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Normal: 39</td>
<td>Participants:</td>
<td>Participants:</td>
</tr>
<tr>
<td></td>
<td>Over 50 years (40</td>
<td>High: 1</td>
<td>16 Normal: 1</td>
<td>16 Normal: 15</td>
</tr>
<tr>
<td></td>
<td>participants)</td>
<td></td>
<td>High: 15</td>
<td>High: 11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Normal : 3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Under 50 years</td>
<td>High: 0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>old (3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>participants)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Age distribution of participants

<table>
<thead>
<tr>
<th>Age range</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 50 yrs</td>
<td>3</td>
</tr>
<tr>
<td>50-59 years</td>
<td>11</td>
</tr>
<tr>
<td>60-69 years</td>
<td>18</td>
</tr>
<tr>
<td>70-79 years</td>
<td>9</td>
</tr>
<tr>
<td>80 years and above</td>
<td>2</td>
</tr>
</tbody>
</table>

Quick blood tests showed that almost all participants were in normal condition. Only 1 participant was high. It indicated mothers had maintained their lifestyle by reducing sweet foods and beverages. The blood test was carried out after the morning exercise and counseling section, and the participants had not received the morning snack. Snacks were distributed after the participants underwent a simple blood test. As for cholesterol, only 16 participants participated, and 15 had cholesterol above normal. It occurred as Aisyiah's women had not realized the state of their cholesterol, and eating fried foods was still very common among women. Gout was also followed by 16 participants, the same participants who had their cholesterol checked. Most uric acid results were high, with 11 participants, while only 5 people were normal.
Considering the result of the quick blood tests, it appears that women in Aisyiyah Karangwaru had a risk of degenerative diseases. The age distribution of the participants was also greater in older people (Table 2). Degenerative diseases that might not yet have symptoms must be recognized early to prevent their continuation. Independent early detection by local cadres provides great benefits for preventing the emergence and continuation of degenerative diseases [13]. In addition, examinations carried out among internal groups will strengthen the spirit of improving the quality of life of its members, remind each other, pay attention to each other, give each other empathy, and strengthen the role of the Aisyiyah Karangwaru organization that can increase the quality of life of its members [14].

The role of health cadres is essential in a group or organization. Cadres, as group coordinators, must encourage each other and remind them of the importance of health [11,14]. Cadres can also help carry out early detection with tools granted to the Management of the Aisyiyah Karangwaru Branch. Therefore, periodic checks can be carried out on their environment, and progress can be followed and observed. If there is a development towards aggravating matters, it can be examined by a professional health service.

4 Conclusion

The formation of health cadres was needed for the early detection and prevention of degenerative diseases to improve the quality of life of the women of Aisyiyah Karangwaru.

References