



Implementation of Prokesia (Protokol Kesehatan Lansia) Booklets to Improve Elderly Knowledge Dealing with Covid-19 Health Protocol

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ABSTRACT

The elderly will have a positive impact if they are in a healthy, an active and a productive state. On the other hand, it will have a negative impact if the large number of elderlies, people becomes a burden when the elderly have health problems. The age group is vulnerable to the effects of the covid-19 virus, one of which is the elderly, due to a weakened immune system and lack of information of the corona virus, covid-19. Therefore, a Health promoter has a crucial role in providing information related to Covid-19 and directing the elderly to implement Health protocols. The purpose of the study was to determinate the effect of implementing the PROKESIA booklet on increasing the knowledge of the elderly about the covid-19 health protocol. The type of research was quantitative with a quasi-experimental design with a pre-test post-test approach with a control group. Sampling was done with a total sampling technique of 28 elderly people. The results of study after being given intervention in the case group showed that the average knowledge score in the case group was 79,52 while the control group was 50.71. The two groups had a significant difference in the average knowledge of the elderly in the intervention group and the control group ($p < 0.05$). Knowledge of the intervention group was higher than the control group. The conclusion of the study after getting the intervention, the knowledge score of the case group increased to good (score > 75), so that the application of the booklet affected the level of knowledge of the elderly on the Covid-19 Health protocol.

Keywords: *Health Protocol; Covid-19; Elderly*

1. INTRODUCTION

The aging process in the elderly is identical to the decline in all functions of the body's organs and body resistance and experiencing various kinds of diseases. Are faced by the elderly as stated above can have positive and negative impacts. The elderly will have a positive impact if they are in a healthy, active, and productive state. But on the other hand, it will have a negative impact if a large number of elderly people become a burden if the elderly have health problems [1].

It is estimated that in 2025 the number of elderly people will reach 1.2 billion, currently, the number of elderly people globally is estimated at more than 625 million people. Since 2000 the proportion of the elderly population in Indonesia has reached above 7% in 2010, the number of elderly people is estimated to increase to 9.58% with an average life expectancy of 70 years [2].

According to the 2019 Central Statistics Agency, Indonesia will enter the aging population marked by the percentage of elderly people which will reach 10% by 2020. Of all the elderly in Indonesia, young elderly (60-69 years) dominates with a magnitude reaching 63.82%, then the middle elderly (70-79 years) were 27.68% and the elderly (80+ years) were 8.50%.

The age group that is vulnerable to the effects of the coronavirus covid-19, one of which is the elderly due to several factors, namely the body's immune system is getting weaker and tends to have chronic diseases such as heart, lung, diabetes mellitus to kidney disease, as a result, the body is unable to fight the virus infection. . The elderly also lack information about the coronavirus covid-19 and restrictions on movement, especially the elderly also have difficulty getting the things they need to take care of themselves [3].

Covid-19 is a disease that arises due to infection with the SARS-CoV-2 (Severe Acute Respiratory Syndrome Corona Virus-2) virus or better known as the coronavirus. This virus causes a person to have respiratory problems and is generally transmitted through direct contact and droplets. The incubation period lasts from 1 to 14 days. The main signs and symptoms that are felt are generally fever, fatigue, dry cough, and even diarrhea. In the most severe cases, shortness of breath or hypoxia is common. Based on the cases treated, most patients have a good prognosis while the elderly generally have a poor prognosis [4].

The number of Covid-19 cases in the world as of May 16, 2021, was confirmed positive from 216 countries with a total of 163,694,333 people with a death rate of 3,392,634, while data on COVID-19 cases in Indonesia was confirmed to be 1,739,750 people with a death case of 48,093 people. Where in all cases it is dominated by the elderly who are in the vulnerable and at-risk category.

According to data from the Yogyakarta Special Region Health Office on May 17, 2021, 42,297 cases were confirmed positive. For this case of covid-19, the percentage of age and prevalence is higher at the age of 45 years - 65 years, who have a high mortality rate due to the coronavirus, this is all due to the weak immune system of the elderly and has begun to decline so they are easily infected with the covid-19 virus. . To prevent the spike in the transmission of Covid-19 cases in the elderly, it is necessary to take several actions, namely providing the right information related to Covid-19, one of which is about health protocols such as giving understanding to the elderly to stay at home, washing hands with soap after every activity. activities, wearing a mask when leaving the house.[5]

The lack of information and knowledge of the elderly regarding the COVID-19 disease, clean and healthy lifestyles, and early prevention of the disease as well as the unaffordability of health care facilities are also inhibiting factors for the elderly to obtain information related to COVID-19. Therefore, a health promotor has a very important role in providing information related to covid-19 and directing the elderly to take preventive actions, one of which is by implementing health protocols.

The results of a preliminary study conducted by researchers at Perum Soka Asri Permai Kadisoka Kalasan Sleman, there are still many who have not received information regarding the Covid-19 Health protocol so that there are still many elderly people who have not implemented Health protocols in their daily lives and do not care about their environment, for example, there are still many elderly people who do activities outside the home do not use masks, do not wash hands and do not do physical distancing.

Based on the above phenomenon, the researcher is interested in researching "The application of the *PROKESIA* booklet to increasing the knowledge of the elderly about the Covid-19 health protocol". The purpose of this study was to determine the effect of the application of the *PROKESIA* booklet on increasing the knowledge of the elderly about the Covid-19 Health protocol.

2. METHOD

The research used quantitative research with a quasi-experimental design and a pre-test-post-test approach with a control group. The population in this study were the elderly residents of Soka Asri Permai housing Kadisoka Kalasan Sleman who were classified as elderly as many as 28 people. The sample of this study was selected by the total sampling technique. This was because the sample of the population belonging to the elderly at Perum Soka Asri Permai was only 28 people. The samples taken must meet the inclusion and exclusion criteria. The inclusion criteria of respondents in this study were:

1. The elderly who was present at the time this research was carried out
2. Willing to be a respondent

At the time of the study, the number of respondents in the intervention group who met the inclusion criteria was 21 people. As the control group, there were 21 elderly residents of Kadirojo Kalasan Sleman hamlet.

The instrument used in this study to collect data from respondents was using a questionnaire sheet containing the Covid-19 Health protocol. The results of data collection with questionnaires were analyzed by univariate and bivariate. Univariate analysis was used to describe the characteristics and mental health status of respondents through frequency distribution. To test the hypothesis that has been made, an independent t-test was carried out with a 95% confidence degree.

3. RESULT AND DISCUSSION

3.1. Characteristics of Respondents

This research was conducted on the elderly residents of Perum Soka Asri Permai as the intervention group and the elderly residents of Kadirojo hamlet as the control group. The characteristics of the respondents of the two groups are described in the table 1.

The respondents of this study were mostly women. In the intervention group, female respondents were 66.7 percent and 76.2 percent in the control group. The number of respondents with young elderly criteria in the intervention group was 38.1 percent and the middle elderly were 61.9 percent. In the control group, the

number of young elderly respondents was 42.9 percent and the middle elderly were 57.1 percent

Most of the research respondents had junior and senior high school education. The number of respondents in the intervention group with SLTP/SLTA education was 76.2 percent and 81.0 in the control group. Most of

the respondents did not have productive activities. In the intervention group, only 14.3 percent of respondents were still working, and only 19.0 percent were in the control group. They were generally married. Only 9.2 percent of respondents were widow/widower in the intervention group and 9.2 percent in the control group.

Table 1 Characteristics of Respondents

Characteristics	Intervention Group		Control Group	
	Amount	Percent	Amount	Percent
Gender				
Man	7	33.3%	5	23.8%
Woman	14	66.7%	16	76.2%
Age				
Young Seniors (60 – 69th)	8	38.1%	9	42.9%
Middle Senior (70–79th)	13	61.9%	12	57.1%
Education				
Elementary school	3	14.3%	0	0.0%
junior high school	8	38.1%	11	52.4%
high school	8	38.1%	6	28.6%
PT	2	9.5%	4	19.0%
Job-status				
Housewife/Not Working	18	85.7%	17	81.0%
Working	3	14.3%	4	19.0%
Marital status				
Married	19	90.5%	19	90.5%
Widow/widower	2	9.5%	2	9.5%

3.1.1. Elderly knowledge about Health Procedures during the COVID-19 Pandemic before receiving intervention

To find out the difference in the average score of elderly knowledge about Health Procedures during the COVID-19 Pandemic between the intervention group and the control group before receiving the intervention

using a statistical independent t-test. The test results are described in the table 2.

The independent t-test showed that there was no significant difference in the average knowledge of the elderly in the intervention group and the control group ($p > 0.05$). This means that before the intervention, both groups had the same knowledge. This means that this respondent is taken from a homogeneous group.

Table 2 Average Score Elderly knowledge about Health Procedures during the COVID-19 Pandemic before intervention

Group	Average Knowledge Score	SD	t-test	P
Case	41.67	6.95	0.387	0.701
Control	42.62	8.89		

3.1.2. Knowledge of the Elderly about Health Procedures during the COVID-19 Pandemic after receiving intervention

The difference in the average score of the knowledge of the elderly about Health Procedures during the COVID-19 Pandemic between the intervention group and the control group after receiving the intervention was also tested using a statistical independent t-test. The aim

was to find out. The test results are described in the table 3.

The independent t-test showed that there was a significant difference in the average knowledge of the elderly in the intervention group and the control group ($p < 0.05$). This means that after the intervention, the two groups have different knowledge. Knowledge of the intervention group was higher than the control group.

Table 3 Average Score Knowledge of the Elderly about Health Procedures during the COVID-19 Pandemic after intervention

Group	Average Knowledge Score	SD	t-test	P
Case	79.52	8.79	0.242	0.810
Control	50.71	12.28	6.38	0.000

3.2. Discussion

The results of the statistical test showed that there was an increase in knowledge in the case group after receiving an intervention in the form of health promotion with booklet media. At first, the knowledge score of the control group was only 41.67. After receiving the intervention, the knowledge score of the case group increased to 79.52. This shows that the knowledge score of the elderly in the case group increased by 37.85 or an increase of about 90 percent.

A booklet is a medium for delivering health messages in the form of a book with a combination of writing and pictures [6]. The advantages of booklet media are that the information contained is more complete, more detailed, and clear. The booklet that is used as an educational medium is brought home, so it can be read over and over again by the elderly and stored. This can help the elderly to understand health promotion information provided through booklets.

The selection of booklets as a medium is related to the characteristics of the elderly target group. The elderly who became respondents in this study mostly had low education. They mostly cannot use communication technology such as gadgets and so on.

Media booklets for elderly health education have also been carried out in previous studies with the results of elderly knowledge about calcium intake and physical activity of the elderly increased after receiving health education with the media booklet [7]. Booklets are effective for increasing the knowledge of the elderly about covid-19 and its prevention [8]. The knowledge of the control group also increased, although the increase in their knowledge was not as high as the increase in the case group. At first, the knowledge score of the control group was 42 and increased to 50 at the post-test. This is understandable because information related to the Covid-19 health protocol is quite intensively carried out by the government.

Preventive efforts in the health protocol implemented by the community in breaking the chain of transmission of Covid-19 during the New Normal period are by getting used to wearing masks, washing hands with soap (hand sanitizer), maintaining distance (social distancing), staying away from crowds and avoiding going outside. regions, especially areas that have been declared red zones[9]. The implementation of the health protocol above will not be optimal if the behaviour of the individual concerned is not based on strong knowledge. Knowledge is a cognitive domain that is very influential in shaping one's actions[10]. Acceptance of new behaviour will be easier if it is based on knowledge, while the behaviour will not last long without being based on knowledge.

Elderly behaviour also requires family support, so an effort is needed to increase the role of the family in maintaining the quality of life of the elderly. Previous research results show that the elderly who have good family support have a 41,760 times better chance of having a quality of life than the elderly who lack family support [11].

The elderly is a group at high risk of contracting the Covid-19 disease because the elderly's immune system has decreased in the face of disturbances from within and from outside the body. A decrease in body power can be minimized with a healthy lifestyle. Health education with this booklet media is an alternative to increase the knowledge of the elderly about health protocols to avoid this dangerous virus. Health education to maintain the health of the elderly needs to involve their families.

4. CONCLUSION

Based on the results of the study, the following conclusions can be drawn The level of knowledge of the elderly about the Covid-19 Health protocol before receiving intervention was in the less category (score < 50) and After receiving the intervention, the knowledge score of the case group increased to good (score > 75), so that the application of the PROKESIA (*Protokol Kesehatan Lansia*) booklet affected the level of knowledge of the elderly about the Covid-19 Health protocol.

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The research recommends the following suggestions:

- a. Health education for the elderly to prevent contracting Covid-19 by carrying out health protocols is still being carried out. PROKESIA (*Protokol Kesehatan Lansia*) booklet media can be used as an alternative educational media.
- b. In addition to the elderly who were given education, elderly families were also given an understanding that the elderly group was vulnerable so that the family actively participated in protecting the elderly.

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