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RELATIONSHIP OF KNOWLEDGE WITH OSTEOPOROSIS PREVENTION PREVENTED BY LANS IN WORKING AREA OF THREE RUNGGU HEALTH CENTER KECAMATAN PURBA, KABUPATEN SIMALUNGUN IN 2020

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Abstract

Elderly who lack knowledge of osteoporosis and inadequate efforts have a higher risk for increasing the degree of osteoporosis, by increasing knowledge of the elderly about osteoporosis can prevent the increase in osteoporosis. The study wanted to examine the Relationship between Knowledge and Osteoporosis Prevention by the Elderly in the Work Area of the Tiga Runggu Public Health Center, Purba District, Simalungun Regency in 2020. The design of this study was a cross-sectional type of research conducted in August - October 2020. The population and samples in this study were Patients with diabetes mellitus in the work area of the Tiga Runggu Public Health Center, Purba District, Simalungun Regency in 2020, as many as 30 people. The majority of respondents had good knowledge, namely 18 people, while the minority had less knowledge, namely 12 people. The majority of osteoporosis prevention in good respondents was 17 people, while the prevention of osteoporosis in respondents was less, namely as many as 13 people. From the results of the cross-table chi-square test of knowledge with osteoporosis prevention, the p value is 0.035 <0.05. It can be concluded that knowledge has a relationship in the prevention of osteoporosis in the elderly in the work area of the Tiga Runggu Public Health Center, Purba District, Simalungun Regency in 2020. This study can provide guidelines and motivate osteoporosis clients in preventing and providing additional information for patients and their families to carry out control. For Puskesmas, this research provides input and benefits for health care institutions, especially in nursing to improve services in osteoporosis management, especially in maintaining the health conditions of the elderly with osteoporosis prevention efforts.

Keywords: Knowledge, Osteoporosis Prevention

INTRODUCTION

Elderly (Elderly) as the final stage of the life cycle is a normal developmental stage that will be experienced by every individual who has reached that old age and is a fact that cannot be prevented (Stanley, 2006). Individually, at the age of over 55 years there is a natural aging process which will later cause physical, mental, social, economic, and psychological problems (Nugroho, 2000).

One of the health problems that need serious attention in old age is osteoporosis. Osteoporosis or porous bone is a disease characterized by reduced bone mass density and damage to the microarchitecture of bone tissue which results in brittle bones and break easily (Siagian, 2004). In this disease the bones become brittle and eventually break, just like other chronic diseases, show no early symptoms, and are not diagnosed until a fracture occurs (Lane, 2001). The causes of osteoporosis include low estrogen in women, low physical activity, lack of sun exposure, drugs that reduce bone mass, old age and low calcium intake (Klinikmedis, 2008). This is proven by the low average consumption of

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calcium in Indonesia, which is only 254 mg per day from 1000-1200 mg per day according to international standards (Ministry of Health, 2005).

According to the World Health Organization (WHO 1994), the incidence of fractures due to osteoporosis worldwide has reached 1.7 million people and it is estimated that this number will continue to increase to 6.3 million people in 2050 and 71% of these incidents will exist in developing countries. In Indonesia, 19.7% of the elderly or around 3.6 million people suffer from osteoporosis (Klinikmedis, 2008). Five provinces with a higher risk of osteoporosis are South Sumatra (27.7%), Central Java (24.02%), Yogyakarta (23.5%), North Sumatra (22.82%), East Java (21.42%)), East Kalimantan (10.5%) (Ministry of Health, 2005). Osteoporotic fractures have become a threat, almost 24% of elderly who experience hip fractures die in the first year, while 50% have a risk of being unable to carry out lifelong activities, and 25% require long-term care and need large funds and are not will be able to live without the help of others (Lane, 2001 and Yatim, 2000).

According to Notoadmodjo (2005), the knowledge possessed by a person affects his behavior, the better a person's knowledge, the better his behavior will be and the knowledge itself is influenced by the level of education, sources of information and experience. Knowledge is the result of using the five senses based on intuition and chance, authority and authority, tradition, and public opinion (Efendy, 2006). According to Soejoeti (2005 in Kristina et al, 2008), one of the factors that causes change, understanding, attitude and behavior of a person, so that a person is willing to adopt a new behavior, is psychological readiness, which is determined by the level of knowledge. Also explained by Green et al (2000 in Kristina et al, 2008), that knowledge is one of the predisposing factors for an attitude to become an action.

LITERATURE REVIEW

Knowledge

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According to (Notoatmodjo, 2010), knowledge is the result of knowing, and this occurs after people sense a particular object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears. The content of the literature review is a description/foundation of scientific theories related to the subject matter of the study/research, written in Times New Roman 12 font. All theoretical sources cited in this chapter must be listed in the bibliography.

Osteoporosis

Osteoporosis is a bone disease characterized by a decrease in bone mass (bone density) as a whole due to the body's inability to regulate the mineral content in the bones and is accompanied by damage to the bone architecture which will result in a decrease in bone strength which in this case is bone loss, so it carries a risk of easy occurrence. fracture. Osteoporosis is a disease that is classified as a silent disease because it does not

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show specific symptoms. Symptoms can include pain in the bones and muscles, especially often in the back. Some common symptoms of osteoporosis, ranging from broken bones,

increasingly bent spine, decreased height, and back pain (Ministry of Health, 2015).

Seniors (Elderly)

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Aging (getting old) is a process of slowly disappearing the ability of the network to repair itself or replace and maintain its normal function so that it cannot survive infection and repair the damage suffered. The aging process is a continuous (continuous) process that naturally starts from birth and is generally experienced in all living things (Nugroho Wahyudi, 2000). Aging or getting old is a condition that occurs in human life. The process of aging is a lifelong process, not only starting from a certain time, but starting from the beginning of life. Getting old is a natural process, which means that a person has gone through three stages of his life, namely children, adults and old.

METHOD

This type of research is cross sectional, which is a research design by making observations at the same time (Hidayat.A.A, 2009). The research was carried out in the working area of the Tiga Runggu Community Health Center, Simalungun Regency. The population in this study were all elderly people in the working area of the Tiga Runggu Community Health Center, Simalungun Regency, in 2017 as many as 30 people. The sample is the subject (part) of the population selected in a certain way so that it is considered to be representative of the population (Arikunto, 2010). In this study, the entire population was taken as a sample of 30 people. This study used a questionnaire to collect data. That was done by the researchers themselves. Before the questionnaires were distributed to respondents, the researcher first explained the objectives, benefits and research procedures to be carried out and asked for their willingness to participate as research respondents. The collected data is then processed manually with the following steps, namely the Editing, Coding, Processing (data entry) and Cleaning processes.

RESULTS AND DISCUSSION

Contents Results and Discussion

This analysis is to obtain an overview of the frequency distribution of the variables studied. From the univariate analysis performed, the following results were obtained:

Table 1. Frequency Based DistributionRespondent Demographic Data Relationship between Knowledge and Prevention of Osteoporosis by the Elderly in the Working Area of Tiga Runggu Community Health Center, Purba District, Simalungun Regency in 2020

No	Demographic Data	F	%	
1	Age			
	Early Elderly 55 - 64 years	12	40.0	
	Elderly 65 - 70 years	14	46,7	
	High Risk Elderly > 70 years	4	13,3	
2	Gender			



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	Man	13	43,3	
	Woman	17	56,7	
3	Education			
	SD	5	16,7	
	JUNIOR HIGH SCHOOL	7	23,3	
	SENIOR HIGH SCHOOL	11	36,7	
	PT	3	10.0	
	No school	4	13,3	
4	Work			
	Retired Civil Servants/PNS	3	10.0	
	Traders/Entrepreneurs	7	23,3	
	Farmer	10	33,3	
	Private employees	4	13,3	
	Laborer	0	0	
	Not Working/IRT	6	20.0	

From table 1. above it was found that the majority of respondents were aged 65-70 years, namely as many as 14 people, while a minority aged > 70 years, namely as many as 4 people. The majority of female respondents were 17 people, while the male gender minority were 13 people. The majority of respondents have high school education, namely as many as 11 people, while the minority of Higher Education is as many as 3 people. The majority of respondents work as farmers, namely as many as 10 people, while the minority as retired civil servants, namely as many as 3 people.

Table 2.Frequency Based DistributionRespondents' Knowledge of Osteoporosis in the Work Area of the Tiga Runggu Community Health Center, Purba District, Simalungun Regency in 2020

No	Knowledge	F	%	
1	Not enough	12	40.0	
2	Good	18	60.0	

From table 2. above it was found that the majority of respondents had good knowledge, namely as many as 18 people, while the minority had less knowledge, namely as many as 12 people.

Table 3. Frequency Based DistributionPrevention of Osteoporosis in Respondents in the Work Area of the Tiga Runggu Community Health Center, Purba District, Simalungun Regency in 2020

No	Osteoporosis Prevention	F	%
1	Not enough	13	43,3
2	Good	17	56,7

From table 3. above it was found that the majority of osteoporosis prevention in good respondents, namely as many as 17 people, while the minority of osteoporosis prevention in respondents were less, namely as many as 13 people.

Bivariate analysis was carried out to see the relationship between the independent variables and the dependent variable. From the bivariate analysis using the chi-square test, the following results can be obtained:



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Table 4. Cross Table of the Relationship between Knowledge and Osteoporosis Prevention by the Elderly in the Work Area of the Tiga Runggu Health Center, Purba District, Simalungun Regency in 2020

I ul bu District, Simulatingun Regency in 2020								
		Osteoporosis Prevention			Total			
No	Knowledge	edge Not		G	Good		itai	p-value
	_	F	%	F	%	F	%	
1	Not enough	8	26,7	4	13,3	12	40	
2	Good	5	16,7	13	43,3	18	60	0.035
Total		13	43,4	17	56,7	30	100	

From the results of table 4. above it can be seen that of the 12 respondents (40%) who lack knowledge, 8 people (26.7%) are lacking in preventing osteoporosis while 4 people (13.3%) are good at preventing osteoporosis. Of the 18 respondents (60%) who had good knowledge, 5 people (16.7%) were lacking in preventing osteoporosis while 13 people (43.3%) were good in preventing osteoporosis.

From the results of the cross-table chi-square test of knowledge and prevention of osteoporosis, the p-value is 0.035 <0.05. It can be concluded that knowledge has a relationship in preventing osteoporosis in the elderly in the working area of the Tiga Runggu Health Center, Purba District, Simalungun Regency in 2020.

Contents of Discussion Results

In accordance with the research objectives and hypotheses proposed in this study. So the discussion of research results is directed at the relationship between the independent variable (knowledge) and the dependent variable (osteoporosis prevention). Based on the results of the Chi-Square test there is a significant relationship (p=0.035) between knowledge and prevention of osteoporosis in the elderly in the working area of Tiga Runggu Health Center, Purba District, Simalungun Regency in 2020.

Elderly people (elderly) are at risk of suffering from osteoporosis, so every fracture in the elderly needs to be assumed to be osteoporosis, especially if it is accompanied by a history of mild trauma and health such as the eyes, heart and other organ functions. At the age of 60-70 years, more than 30% of women suffer from osteoporosis and the incidence increases to 70% at the age of 80 years and over this is related to estrogen deficiency during menopause and decreased bone mass due to the aging process. In men osteoporosis is more due to the process of old age so that the incidence is not as much as women.

Elderly women with a good level of knowledge, 92.9% took good precautions and 7.1% took less precautions, meanwhile, aged women whose level of knowledge was lacking was 58.3% with good precautions and 41.7% is less precaution. The results of the statistical analysis showed that there was a significant relationship between the level of knowledge of osteoporosis and the prevention of osteoporosis in Jati Village (p<0.05). The results of this study are comparable to research conducted by Maha in Medan Selayang District, Medan in 2009 which found that there was a significant relationship between the level of knowledge and prevention of osteoporosis with a value of p = 0.004 (p <0.05).



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CLOSING

Conclusion

Based on the results of the research that has been carried out and described in the discussion that was exposed in the previous chapter, the researcher can provide the following conclusions:

- 1. The majority of respondents have good knowledge, namely as many as 18 people, while the minority have less knowledge, namely as many as 12 people.
- 2. The majority of prevention of osteoporosis in good respondents, namely as many as 17 people, while prevention of osteoporosis in less respondents, namely as many as 13 people.
- 3. From the results of the cross-table chi-square test of knowledge and prevention of osteoporosis, the p-value is 0.035 <0.05. It can be concluded that knowledge has a relationship in preventing osteoporosis in the elderly in the working area of the Tiga Runggu Health Center, Purba District, Simalungun Regency in 2020

Suggestions and Acknowledgments

1. For Respondents

This research can provide guidance and motivation for osteoporosis clients in prevention and provide additional information for patients and familiescarry out the control.

2. For health centers

Provide input and benefits for health service institutions, especially in nursing to improve services in the management of osteoporosis, especially in maintaining the health condition of the elderly by preventing osteoporosis

3. For Educational Institutions

To add references to medical surgical nursing in the prevention of osteoporosis by increasing knowledge of elderly people with osteoporosis and can be used as a form of tri dharma of higher education lecturers by providing counseling.

4. For Further Research

This research can also be used as a guideline in conducting further research on knowledge about prevention of osteoporosis in the elderly

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