



## Community Nursing Care In RT 01 And RW 02 Hamlet Mountain Three Village Cintaratu Pangandaran Parigi District

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### ABSTRACT

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Community health nursing is a very strategic field and plays an active role in improving the health status of the community. According to the World Health Organization (WHO) in 2009, 60-80% of health services in the world are provided by nurses, while in Africa almost 85% of health services are provided by nurses. Nursing care that has been carried out in the Gunungtiga Hamlet community RT 01 and 02 RW 06 Cintaratu Village can be concluded that there are several nursing problems that arise in the Gunungtiga community with the priority problem being Ineffective Health Care. As well as the implementation activities that have been carried out, namely exercise and health education related to the effectiveness of aerobic exercise and tomato juice in reducing blood glucose levels, also went smoothly and received good evaluations. , community nursing is a very strategic field and plays an active role in improving the health status of the community. So we as medical personnel should apply the concepts and theories of community nursing to the community directly that have been studied previously.

## **INTRODUCTION (12 pt, bold)**

Nursing is a profession that is oriented towards health services with all plans or actions to help improve the welfare of people's lives (Hidayat, 2007; Nabila, 2015). Community is a social group of various organisms that share an environment, generally have the same interests and habitat. In a community, individuals within it can have similar intentions, beliefs, resources, preferences, needs, risks and a number of conditions (Wenger, 2002; Muflih & Asmarani, 2021). Community health nursing is one of the most strategic fields and plays an active role in improving the health status of the community. Based on the World Health Organization (WHO) in 2009 said that 60-80% of health services in the world are provided by nurses while in Africa almost 85% of health services are provided by nurses. So the understanding and ability to apply community health nursing becomes a very necessary thing. The important thing in community health nursing is the provision of nursing care (askep) community directly in accordance with the needs of each community. Community nursing care is the core of all nursing actions and nursing practices and also the application of various actions and frameworks from community nursing references, concepts and theories (Harefa, 2019).

Diabetes Mellitus (DM) is a chronic disease characterized by blood glucose (blood sugar) levels exceeding normal, namely blood sugar levels at or above 200 mg/dl, and fasting blood sugar levels above or equal to 126 mg/dl (Misnadiarly, 2006; Petersmann et al., 2018). Elevated blood sugar in patients with type 2 DM is caused by decreased insulin secretion by the pancreas gland (Petersmann et al., 2018).

DM is known as a silent killer because it is often not realized by the person and when it is known complications have occurred (Kemenkes RI, 2014). DM can attack almost all systems of the human body, ranging from the skin to the heart which causes complications (Petersmann et al., 2018). DM complications can affect all aspects of the sufferer's life and have an increased risk of complications such as heart disease, stroke, neuropathy in the legs which can increase the incidence of infectious foot ulcers and even the need for amputation, retinopathy, kidney failure and can be life-threatening and even death if not immediately treated and properly controlled (Wulan et al., 2020; Syahid, 2021).

The International Diabetes Federation (IDF) organization in 2019 estimated that at least 483 million people aged 2079 years or 9.3% of the total population of the same age in the world had diabetes. The prevalence of diabetes is expected to increase as the population ages to 111.2 million people or 19.9% in the age range of 65-79 years. This figure is predicted to increase to 578 million by 2030 and 700 million by 2045 (IDF, 2019). Indonesia has the seventh highest number of people with diabetes in 2019 with 10.7 million people. The prevalence of DM in Indonesia according to the 2018 Riskesdas results shows that there is an increase in the incidence of diabetes at the age of >15 years to 2% (Bingga, 2021).

Writers can use Indonesian or English. Manuscripts in Indonesian must comply with the applicable EYD, and if they are in English, they should meet standard English grammar standards.

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cm, a left margin of 3 cm and a right margin of 2 cm. The form of the manuscript is in the form of 2 columns with a distance between columns of 1 cm. Spacing between paragraphs is a single space. The font used is Times New Roman font, size 12 pt justified. The title of the manuscript must reflect the essence of the contents of an article. The title should highlight the phenomenon (object) being studied, not the method and not the activity (project). The title is informative, specific, effective and a maximum of 14 words. If the manuscript is in Indonesian, write the Indonesian title first, followed by the English title. If the authors are more than one person and work in the same institution, then the inclusion of one address is deemed sufficient to represent the addresses of other authors. The manuscript is organized into 4 subheadings namely: Introduction, Research Methods, Results and Discussion, Conclusions. Subtitles are written in capital letters and numbered with Arabic numerals. Acknowledgments (if any), Bibliography and Appendices (if any) are written sequentially after the Conclusion and are not numbered at the beginning of the word. The use of sub-headings should be avoided, if necessary they are numbered with Arabic numerals as in the following example: 1.1., 1.2., and so on.

The use of footnotes is not permitted. Symbols/symbols are written clearly and consistently. Foreign terms are written in italics. Abbreviations must be written in full the first time they are mentioned, after that you can write the abbreviated word.

## **METHOD**

General Purpose

Able to apply community nursing concepts and theories that have been obtained at the academic stage in real terms in providing Community Nursing Care in Gunung Tiga Hamlet RT 01 & 02 RW 06 Cintaratu Village.

Specific Objectives

- a. Conducting assessments in the community of RT 01 & 02 RW 06 Gunung Tiga Hamlet.
- b. Analyzing data from the assessment of the community in RT 01 & 02 RW 06 Gunung Tiga Hamlet.
- c. Determine nursing diagnoses from the results of the assessment of the community RT 01 & 02 RW 06 Gunung Tiga Hamlet.
- d. Determining the Community Nursing Care Plan for the community of RT 01 & 02 RW 06 Gunung Tiga Hamlet.
- e. Implementation and Evaluation of Community Nursing in the community of RT 01 & 02 RW 06 Gunung Tiga Hamlet.

## **RESULTS AND DISCUSSION**

### **COMMUNITY NURSING CARE**

Assessment

Community Core Data:

1. History  
Gunung Tiga Hamlet is one of the hamlets around Cintaratu Village, Parigi District, Pangandaran Regency. The majority of residents' buildings are made of walls and have natural beauty that is still well preserved. but the infrastructure is still lacking because there has been no revitalization due to the impact of the COVID-19 pandemic. Gunung Tiga Hamlet is one of the oldest hamlets in Cintaratu Village. The beginning of Gunung Tiga Hamlet began with 3 immigrant figures who came from Cilacap, Central Java and it is said that the three opinions are still descendants of the Demak kingdom. Then the three figures stopped by Padaherang and traveled to various areas and the last one settled in Gunung

Tiga around 1825. The origin of the name Gunung Tiga is because this hamlet is located between 3 hills, namely the sacred hill, the hill where there is a village, and the eastern hill near the jojogan.

## 2. Values and beliefs held by the community

The belief that the community adheres to is Islam, as evidenced by residents who say they always regularly come to the mushola to carry out religious practices such as recitation, and other religious activities.

The belief in the health culture adopted by the villagers of Gunung Tiga is that they will go to health services if they feel that their illness is already severe. If it is not yet severe, they only rely on stall medicine.

## 3. Religi

Based on the results of the assessment that has been carried out in Gunung Tiga Hamlet, the majority of the community adheres to Islam.

The community routinely attends the recitation which is held every Friday after the maghrib prayer.

## 4. Demographics of Gunung Tiga Hamlet

- Location :
  - Province : West Java
  - District : Pangandaran
  - Hamlet : Gunung Tiga
  - Sub-District : Parigi
  - Village : Cintaratu
  - RW : 06
  - RT : 01 and 02
- Total population of mountain three : 453 people
  - Man : 252 people
  - Woman : 201 people
  - total population studied : 22 people
- Jumlah Penderita Diabetes Mellitus : 1 people
- Gender
  - Man : 7 people
  - Woman : 15 people
- Family Tipe

The majority of family types in Gunung Tiga Hamlet are nuclear families but there are also extended family types.

## 1. Physical Environment Data

### a. water sources and drinking water

Some residents of Gunung Tiga use PDAM as their water source, while others use well water. And for drinking water available, some residents use drinking water from gallon water and some cook themselves.

### b. House Condition

The condition of the majority of the home environment is not clean, but there are also some houses that are clean and the distance between residents' houses is also close together.

## 2. Ventilation looks like there is enough air entering the housePublic and Health Facilities.

### a. Public Facilities

Means of Group Activities

PKK: 1 Time/Month

Public gathering places

Village Hall : Available

Rw : Available

Rt : Available

Mosque : Available

Field : Available

### b. Health Facilities

There are no health facilities either Puskesmas or Hospital in Gunung Tiga Hamlet but there are health workers who live in the area such as midwives and nurses.

### c. Economy

Job characteristics

Farm laborer : 19 people

Housewife : 2 people

Self-employed : 1 person

## 3. Security and Transportation

### a. Security

The condition of the environment around residents is not quite safe because even though it is far from the highway and the traffic crowd, the access road to the settlement is quite risky because some roads have been

damaged (many holes and rocks) then the residents' settlements are also many large trees.

b. Transportation

People choose to use private vehicles because they feel more practical and efficient such as motorbikes and cars and also in Gunung Tiga Hamlet there is no public transportation.

4. Politics and Government

a. Organizational structure : exists

b. Community service groups: pkk, posyandu.

c. Government policy in health services is that there are health centers

d. There is a special government policy for DM disease, namely Prolanis.

5. Communication System

a. Existing communication facilities

TV : Available

Handphone : Available

b. Communication facilities that support DM groups do not yet exist.

c. Activities that support DM

Elderly posyandu by posyandu cadres and puskesmas health workers

6. Education

ELEMENTARY SCHOOL : 13 people

JUNIOR HIGH SCHOOL : 4 people

HIGH SCHOOL : 4 people

College : 1 person

7. Recreation

Tourist attractions that are usually visited are city parks, squares and beaches in Pangandaran.

7. Community Perception

The community has the perception that they are healthy so there is no need to conduct an early examination of their health. They also think that consuming coffee/tea is an obligation every day, even if they have a headache or other complaints they think that by drinking coffee/tea when there are complaints like that it will feel healed.

8. Health Officer

From the statements of several health workers in Gunung Tiga Hamlet, it is stated that the community there has a good level of health, but there are several people who have been diagnosed with Diabetes Mellitus.

Deviating Data	Etiology	Problem
<p>DS: Based on the results of the interviews, the majority of people do not know about a balanced diet, and Meals are very limited. There were some residents who said they smoked and consumed 6 cigarettes per day. The majority of the community does not exercise regularly The majority of the community said they consume artificial sugar and often consume sugary drinks such as sugar, tea and coffee The majority of the community said they consume sweetened drinks such as sugar, tea and coffee drinks such as sugar, tea, and coffee.</p> <p>DO: said they did not regularly check their blood sugar. The majority of the community has a primary school education level. Food frequency is not irregular and unbalanced</p>	<p>Low education background ↓ Not knowing balanced diet ↓ Unhealthy lifestyle ↓ Knowledge Deficit</p>	<p><b>Knowledge Deficit (D.0111)</b></p>

<p>DS: - From several residents who have high sugar levels said that they do not carry out routine treatment and check if there are health workers from the government only. government only -Some communities said they rarely check his health - There are some people who said that he was a smoker DO: - There are some residents who have blood sugar levels</p>	<p>Inadequacy of resources for problem solving</p>	<p>Community Coping Ineffective (D.0095)</p>
<p>DS: - The health culture beliefs adopted by Gunung Tiga villagers are that they will visit health services when they feel that their illness is already severe. The community has the perception that they are healthy, so they do not need to do an early examination of their health.</p>		
<p>by consuming coffee/tea it</p>		

<p>becomes an obligation every day even if they feel a headache or other complaints they consider that by drinking coffee/tea when If there are complaints like that, it will feel healed. <b>DO:</b> - Access to health services is quite far - Lack of programs to address public health issues, relying on posyandu for the elderly</p>		
<p>DS: -Some people said they were not regular in the time and frequency of their meals. -Some people said that they did not have a balanced daily diet -There was one resident who said that he consumed DO alcohol: -One of the residents who consumed alcohol got married at an early age (&lt;17 years old). (&lt;17 years old)</p>	<p>Lack of exposure to information, Unhealthy culture and lifestyle choices</p>	<p>Health Behavior Risk Tendency (D.0099)</p>

-The majority of the community rarely exercise regularly		
DO: - One of those who consumed alcohol was married at an early age (<17 years old). (<17 years old) -Majority of the community rarely exercise regularly.		

diabetes category  - There are some people who .  - have BMI >25 There are people  - who consume food with unbalanced nutrition		
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<b>DS:</b> The majority of people said they consume artificial sugar and often consume sugary drinks such as sugar, tea, and coffee. The majority of people said they do not regularly check their blood sugar. There was one resident who said that he consumed alcohol  <b>DO:</b> - There is one resident with the results of measuring the level of blood glucose levels at 57 mg/dL (Hypoglycemia )  - Some people's blood sugar levels when checked fall into the pre-	Ignorance of information on risk factors and management of blood glucose levels. Excess sugar consumption , lack of daily physical activity	Risk Instability Blood Glucose Levels (D.0038)
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<b>DS:</b> -Some people say they feel aches and pains around their -waist and back These people said they often take low back pain medication bought at the nearest stall The majority of the community works as farmers and farms every day in the fields There are some residents who say they have a history of rheumatic disease Some residents said that they often have pain in their	Age >60 years ↓ Whole body degenerative ↓ Degenerative musculoskeletal function ↓ Pain, soreness, back and waist ↓ Acute pain	Acute Pain (D.0077)
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<p>knees and the pain often occurs when they wake up There are residents who look careful when they stand up and hold on to the hands of the chair Some residents look lethargic and occasionally stroke their knees because of pain</p>		
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<p>DS: -There is a resident who said he lost his sense of sight -when lifting rice with her husband There are also residents who complain that their vision is blurred because they experience DO: glaucoma -There is a resident who cannot see When walking, the resident feels/holds surrounding objects DS: -There are some people who say they only live alone with their husbands DO: - Access to services -Access to health services is quite far Lack of programs to address community health issues, as they rely on posyandu elderly -Needs fulfillment Unbalanced nutrition -There is a resident who said he lost his sense of sight</p>	<p>Health facilities are far away ↓ Unbalanced nutrition ↓ sick only rely on local elderly posyandu ↓ lack of programs public health program ↓ community health deficit  ↓</p>	<p>Health Deficit Community (D.0110)</p>
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<p>DS:- DO: - There are residents who have difficulty doing activities, feel stiff, and have blurred vision. blurred vision -When speaking, it also sounds less clear</p>	<p>Has a diagnosis of type 2 DM ↓ Rarely do exercise and sometimes eat and drink drinks that contain artificial sweeteners ↓ The situation gets worse ↓ Difficulty in performing activities, stiffness, blurred vision, and difficulty in verbal communication ↓ Verbal communication disorder</p>	<p>Interference Verbal Communication (D.0119)</p>
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<p>DS : -There are some residents who said that if they were tested for blood sugar, they were afraid of becoming mind DO: -The majority of people rarely do</p>	<p>Lack of knowledge ↓ Don't want to get checked out for fear of being thought of ↓ anxiety</p>	<p>Anxiety (D.0080)</p>
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<p>-Majority of the community rarely do regular exercise - Majority of the community's last education is elementary school</p>	<p>↓</p>	
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**Nursing Diagnosis**

1. Knowledge deficit b.d. ignorance of information d.d:

Subjective data: Based on the results of the interview, the majority of people do not know a balanced diet, and a makeshift meal menu.

Objective data: The majority of the community has a primary school education level, irregular and unbalanced eating frequency.

2. Ineffective Health Care (D.0117) b.d Frequent eating and drinking that contains artificial sweeteners d.d:

Subjective data: Some of the residents who have high sugar levels said that they did not take treatment regularly and only checked if there were health workers from the government, Some people said they rarely checked their health, There were several people who said that they were smokers.

Objective data: There are some residents who have high blood sugar levels, The majority of people often eat and drink things that contain artificial sweeteners, The majority of people rarely exercise regularly, Some people do not show interest in health services.

3. Ineffective Community Coping (D.0095) b.d Inadequacy of resources for d.d problem solving:

Subjective data: The health culture beliefs adopted by Gunung Tiga villagers are that they will visit health services when the community feels that the disease is severe. If it does not feel severe, they only rely on stall medicine, the community has the perception that they are healthy so they do not need to do an early examination of their health, they also think that consuming coffee / tea is an obligation every day, even if they feel a headache or other complaints they think that by drinking coffee / tea when there are complaints like that it will feel cured.

<p>DS: - DO: -Majority of people reported consume artificial sugar and often consume sugary drinks such as sugar, tea, and coffee. Some residents complained of frequent nausea and bloating During the assessment, the majority of the community had unbalanced nutritional intake Some residents were seen stroking their stomachs and their faces were lethargic.</p>	<p>Frequent consumption of sweet tea ↓ Complains of nausea and bloating ↓ Nutritional intake is not balanced ↓ Imbalance Nutrition: Less than Need Body</p>	<p>Nutrient Deficit (D.0019)</p>
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- Objective data: Access to health services is quite far, Lack of programs to address public health problems, because they rely on the elderly posyandu.
4. Risky Health Behavior (D.0099) b.d Lack of exposure to information, Culture and unhealthy lifestyle choices d.d:  
Subjective data: There are some people who say that they do not regularly apply the time and frequency of eating, Some people say that they are not balanced in consuming daily food, There is one resident who says that he consumes alcohol.  
Objective data: The one resident who consumed alcohol was married at an early age (<17 years old), The majority of the community rarely exercise regularly.
  5. Risk of Blood Glucose Level Instability (D.0038) b.d Ignorance of information about risk factors and management of blood glucose levels d.d:  
Subjective data: The majority of people said they consume artificial sugar and often consume sugary drinks such as sugar, tea, and coffee, The majority of people said they do not regularly check their blood sugar, There is one resident who said that he consumes alcohol.  
Objective data: There is one resident with a blood glucose level measurement result of 57 mg/dL (Hypoglycemia), Some people when checked their blood sugar levels fall into the pre-diabetes category, There are several people who have BMI>25, There are people who consume foods with unbalanced nutrition.
  6. Acute pain (D.0077) b.d. age factor, pain, aches, back and waist sciatica d.d.:  
Subjective data: Some residents said they felt aches and pains around the waist and back, The community said they often took low back pain medication purchased at the nearest stall, The majority of people work as farmers and farm every day in the fields, There are several residents who say they have a history of rheumatic diseases, Some people say they often have pain in the knees and the pain often occurs when they wake up.  
Objective data: There are residents when going to stand up look careful and hold on to the hands of the chair, Some residents look lethargic and occasionally stroke their knees because of pain.
  7. Verbal Communication Disorder (D.0119) b.d verbal communication difficulties d.d:  
Subjective data:  
Objective data: There are residents who have difficulty doing activities that feel sore, stiff, and blurred vision, when speaking it also sounds less clear.
  8. Sensory Perception Disorders: Vision (D.0085) b.d. age factor, d.d. peripheral vision changes:  
Subjective data: There is a resident who said she lost her sense of vision when lifting rice with her husband, There is also a resident who complains that her vision is blurred because she has glaucoma.  
Objective data: There was a resident who could not see, When walking, the resident felt / held the surrounding objects.
  9. Community Health Deficit (D.0110) b.d lack of community health programs d.d:  
Subjective data: There are some people who say they only live with their husbands.  
Objective data: Access to health services is quite far, Lack of programs to address public health problems, because they rely on the elderly posyandu, Fulfillment of nutritional needs is not balanced.
  10. Anxiety (D.0080) b.d Don't want to get checked out for fear of becoming a d.d thought:

Subjective data: There are some residents who say that if they are tested for blood sugar, they are afraid of becoming thoughts.

Objective data: The majority of people rarely do regular exercise, the last education of the majority is elementary school.

11. Nutritional Deficit (D.0019) b.d unbalanced nutritional intake d.d:

Subjective data: The majority of people said they consume artificial sugar and often consume sweet drinks such as sugar, tea, and coffee, some residents complained of frequent nausea and bloating, and at the time of assessment, the majority of people had an unbalanced nutritional intake.

Objective data: Some residents were seen stroking their stomachs and their faces were lethargic.

Community Nursing Care Plan

No.	Nursing Diagnosis	Outcome	Intervention
1.	<b>Ineffective Health Care</b> (D.0117) b.d Frequent eating and drinking containing artificial sweeteners d.d There are some residents who have high blood sugar levels, the majority of the	<b>Health Maintenance (L. 12106)</b> After carrying out nursing interventions for 1x24 hours, health maintenance increases with the outcome criteria: Showing adaptive behavior increases <ul style="list-style-type: none"> <li>Showing an understanding of healthy behavior increase.</li> </ul>	<b>Health education (I. 12383)</b> <ul style="list-style-type: none"> <li>Observation Identify readiness and ability to receive information.</li> <li>Identify factors that can increase and decrease motivation for clean &amp; healthy living behavior Therapeutic.</li> </ul>

community often eat and drink containing artificial sweeteners, the majority of the community rarely exercise regularly, some people do not show interest in health services.	<ul style="list-style-type: none"> <li>The ability to carry out healthy behavior increase.</li> <li>Showing interest in improving healthy behavior increases</li> <li>Having a support system increases</li> </ul>	<ul style="list-style-type: none"> <li>Provide health education materials and media.</li> <li>Schedule health education according to the agreement.</li> <li>Provide opportunity to ask questions Education.</li> <li>Explain risk factors that can affect health.</li> <li>Teach clean and healthy behavior.</li> <li>Teach strategies that can be used to.</li> <li>improve clean and healthy behaviors</li> </ul>
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### Community Nursing Implementation

Nursing Diagnosis	Day/Date	Implementation	Evaluation
Ineffective Health Maintenance (D.0117) Often eat and drink containing artificial sweeteners. There are some residents who have high blood sugar levels.	Sunday, October 30, 2023 At 07.00 - 10.00 AM	1. Doing physical activity by exercising, namely gymnastics together in the morning 2. Providing health education about diabetes mellitus, the benefits of consuming tomato juice, and also the benefits of aerobic exercise. 3. Giving fresh tomato fruit to residents for consumption at home 4. Conducting blood glucose checks after doing aerobic exercise	S: - O: - A: - People said that they enjoy doing gymnastics together People said they understood the health education materials provided People who attended 30 people Community members checking their blood glucose levels after doing gymnastics the community enthusiastically listened to the health education provided P: The community understands the material provided The intervention can be continued, participants can implement by implementing a healthy lifestyle by doing physical activity in the form of gymnastics at least once a week either by themselves or by others. By Together with other communities in Gunung Tiga hamlet and consume tomato juice that can be made at home at least once a week.

### CONCLUSIONS AND RECOMMENDATIONS

Based on the Nursing Care that has been carried out in the Gunungtiga Hamlet community RT 01 and 02 RW 06 Cintaratu Village, it can be concluded that there are several nursing problems that arise in the Gunungtiga community with the priority problem of Ineffective Health Maintenance. As well as implementation activities that have been carried out, namely gymnastics and Health Education related to the effectiveness of aerobic gymnastics and tomato juice in reducing blood glucose levels also run smoothly and get a good evaluation.

#### Lesson Learned

Based on the explanation above, the lesson we can take is that community nursing is one of the most strategic fields and plays an active role in improving the health status of the community. So we as students should be able to apply the concepts and theories of community nursing to the community directly that have been studied before.

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