

EARLY EXAMINATION OF ELDERLY HEALTH CONDITIONS AND SOCIALIZATION OF ELDERLY CARE TO THE FAMILY IN KALIBUNTU VILLAGE, KRAKSAAN, PROBOLINGGO

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Abstract

The typical environmental conditions of the coast of Kalibuntu Village which are not kept clean, as well as frequent tidal floods in this area make the level of environmental health in Kalibuntu Village problematic. The flood caused the water in the rivers and wells of the residents to become cloudy, accompanied by the spread of garbage everywhere. In terms of elderly health, residents rely on the presence of the polindes as the fastest and easiest access to health services that are closest and financially affordable. From our collaboration with the Polindes and the Posyandu service for the elderly, the elderly in this village are quite vulnerable to respiratory diseases, stroke, cholesterol, gout, and high blood pressure. This disease is triggered by unhealthy environmental conditions and lack of ability to meet daily nutritional and nutritional needs. To help the elderly's health efforts, it is inseparable from the role of the family. From a societal perspective, the family is the basic system by which health and care behaviors are regulated, practiced, and carried out. With this condition the community service team decided to carry out a series of social activities with the aim of 1) Compiling a set of social activities to conduct an Early Examination of the Health Conditions of the Elderly, and 2) Compiling a set of social activities to conduct Socialization of Elderly Care, "Healthy Elderly", to Families elderly. This activity is expected to provide benefits in the form of: 1) Meeting the need for factual and "by the time" data regarding health conditions and health problems of the elderly, 2) Data can be used by health workers and local health policy makers to take anticipatory actions to avoid problems greater health care or responsive actions to immediately address the health problems of the elderly, 3) Socialization activities are intended to provide education for elderly families about the importance of alertness and knowledge of the health of the elderly, 4) Socialization activities are expected to be able to significantly ease the task of health workers and caregivers health policy in Kalibuntu Village, Kraksaan, Probolinggo.

Keywords: Early Examination, Elderly, Socialization of Care.

Abstrak

Kondisi lingkungan khas pesisir Desa Kalibuntu yang kurang terjaga kebersihannya, serta seringnya terjadi banjir rob di wilayah ini menjadikan tingkat kesehatan lingkungan di Desa Kalibuntu bermasalah. Banjir menyebabkan air pada aliran sungai dan sumur warga menjadi keruh disertai penyebaran sampah di mana-mana. Dalam hal kesehatan lansia, warga mengandalkan keberadaan polindes sebagai akses tercepat dan mudah dalam mendapatkan layanan kesehatan yang terdekat dan terjangkau secara finansial. Dari kerjasama kami dengan polindes dan layanan posyandu lansia, lansia di desa ini cukup rentan terhadap penyakit seputar pernafasan, stroke, kolesterol, asam urat, dan darah tinggi. Penyakit ini dipicu oleh kondisi lingkungan yang tidak sehat serta kurangnya kemampuan untuk memenuhi kebutuhan isi dan nutrisi harian. Untuk membantu usaha kesehatan lansia, tidak terlepas dari peran keluarga. Dari perspektif masyarakat, keluarga adalah sistem dasar tempat perilaku kesehatan dan perawatan diatur, dilakukan, dan dijalankan. Dengan kondisi ini tim pengabdian kepada masyarakat memutuskan untuk melakukan serangkaian kegiatan sosial dengan tujuan 1) Menyusun seperangkat kegiatan sosial untuk melakukan Pemeriksaan Dini terhadap Kondisi Kesehatan Lansia, dan 2) Menyusun seperangkat kegiatan sosial untuk melakukan Sosialisasi

Perawatan Lansia, “Lansia Sehat”, kepada Keluarga lansia. Kegiatan ini diharapkan untuk memberikan manfaat berupa : 1) Memenuhi kebutuhan data yang faktual dan “by the time” mengenai kondisi kesehatan dan problem kesehatan lansia, 2) Data dapat dimanfaatkan oleh tenaga kesehatan dan pihak pengampu kebijakan kesehatan setempat untuk melakukan tindakan antisipatif untuk menghindari masalah kesehatan yang lebih besar atau tindakan responsif untuk segera mengatasi masalah kesehatan lansia, 3) Kegiatan sosialisasi dimaksudkan untuk memberikan edukasi bagi keluarga lansia mengenai pentingnya kesigapan dan pengetahuan terhadap kesehatan lansia, 4) Kegiatan sosialisasi diharapkan dapat secara nyata dapat meringankan tugas tenaga kesehatan dan pihak pengampu kebijakan kesehatan di Desa Kalibuntu, Kraksaan, Kabupaten Probolinggo.

Kata kunci: Lansia, Pemeriksaan Dini, Sosialisasi Perawatan.

Introduction

Kalibuntu Village, Kraksaan, Probolinggo Regency is a village in the Kraksaan District, Probolinggo Regency, East Java Province, Indonesia. This village is located on the north coast of Kraksaan District. The condition of this village is vulnerable to Rod flooding caused by the silting of the river estuary accompanied by an increase in sea level (tidal flooding). This area is famous as an area where the community is smoked fish producer, which is produced by household/micro-medium enterprises. In addition, this area is also famous for the existence of several companies that process marine fishery products such as fish canning.

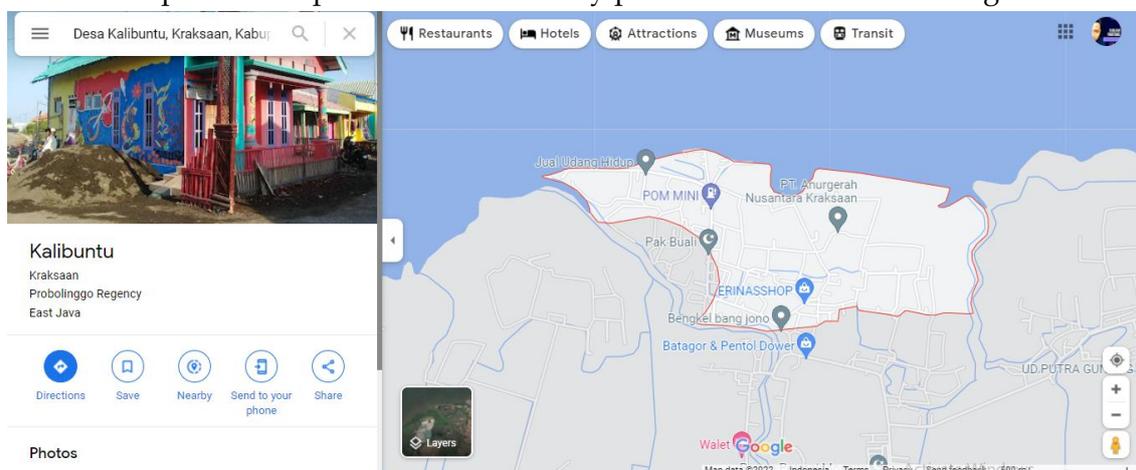


Image 1 Kalibuntu village location

The condition of the coastal environment that is not kept clean, and the frequent occurrence of tidal floods in this area make the level of environmental health in Kalibuntu Village problematic. Floods cause the water in the rivers and wells of residents to become cloudy, accompanied by the spread of garbage everywhere. However, this condition does not prevent residents from using river water in their daily lives. Not a few residents use river water (which is dirty) for bathing and washing toilets. In addition, the tidal flood also brought with it various garbage and spread it around the residents' houses, moreover also scattering the garbage collected by the residents in the burning pit. This is because the household waste management system in this area is barely managed by the Forestry & Environment Service. The community must try to destroy their own waste, the only option is to burn it, bury it, or throw it into the river.

In terms of elderly health, residents rely on the presence of polindes as the fastest and easiest access to health services that are closest and financially affordable. From our cooperation with the Polindes and the Posyandu service for the elderly, the elderly in this village are quite vulnerable to respiratory diseases, stroke, cholesterol, gout, and high blood pressure. This

disease is triggered by unhealthy environmental conditions and lack of ability to meet daily nutritional and nutritional needs.



Image 2 The environmental condition of Kalibuntu Village, full of garbage

The condition of the coastal environment that is not kept clean, as well as frequent tidal floods in this area make the level of environmental health in Kalibuntu Village problematic. Floods cause the water in the rivers and wells of residents to become cloudy, accompanied by the spread of garbage everywhere. However, this condition does not prevent residents from using river water in their daily lives. Not a few residents use river water (which is dirty) for bathing and washing toilets. In addition, the tidal flood also brought with it various garbage and spread it around the residents' houses, moreover also scattering the garbage collected by the residents in the burning pit. This is because the household waste management system in this area is barely managed by the Forestry & Environment Service. The community must try to destroy their own waste, the only option is to burn it, bury it, or throw it into the river.

In terms of the health of the elderly, residents rely on several diseases that are mostly suffered by the elderly (elderly). Generally, the disease is caused by the aging process which reduces the function of the body's organs, so they do not work properly. The following are five diseases that are often suffered by the elderly: 1. Urinary incontinence, 2. Stroke, 3. Diabetes, 4. Hypertension, 5. Heart disease, 6. Problems with healthy lifestyle & bowel movements. With the various problems of this disease, along with many facts about environmental health problems, it is appropriate to carry out special social activities to identify health problems in the elderly early on. The result is mainly to become a data base for local health workers to take anticipatory actions to avoid bigger health problems or responsive actions to immediately address existing health problems.

To help the elderly's health efforts, can not be separated from the role of the family. From a societal perspective, the family is the basic system by which health and care behaviors are regulated, practiced, and carried out. Family function is also interpreted as a family understanding of the illness suffered by family members, if the family knows and understands the disease, the family will take attitudes and actions to take care of sick family Jember [1]. With this it can also be concluded that it is also necessary to carry out a set of socialization activities to provide education for elderly families about the importance of alertness and knowledge of the health of the elderly.

Based on the background and factual problems that occurred, the community service team determined the following objectives: 1) To develop a set of social activities to conduct an Early Examination of the Health Conditions of the Elderly in Kalibuntu Village, Kraksaan, Probolinggo Regency, and 2) To develop a set of social activities to carry out Socialization of Elderly Care, "Healthy Elderly", to Families in Kalibuntu Village, Kraksaan, Probolinggo

Regency. With the above objectives, there will be practical benefits, namely: 1) Meeting the need for factual and "by the time" data regarding the health conditions and health problems of the elderly in Kalibuntu Village, Kraksaan, Probolinggo Regency, 2) The data can be utilized by health workers and other parties. local health policy supervisors to take anticipatory actions to avoid bigger health problems or responsive actions to immediately address health problems in Kalibuntu Village, Kraksaan, Probolinggo Regency, 3) Socialization activities are intended to provide education for elderly families about the importance of alertness and knowledge about health elderly in Kalibuntu Village, Kraksaan, Probolinggo Regency, and 4) Socialization activities are expected to significantly ease the task of health workers and health policy makers in Kalibuntu Village, Kraksaan, Probolinggo Regency.

the existence of polindes as the fastest and easiest access to health services that are closest and financially affordable. From our collaboration with the Polindes and the Posyandu service for the elderly, the elderly in this village are quite vulnerable to respiratory diseases, stroke, cholesterol, gout, and high blood pressure. This disease is triggered by unhealthy environmental conditions and lack of ability to meet daily nutritional and nutritional needs.

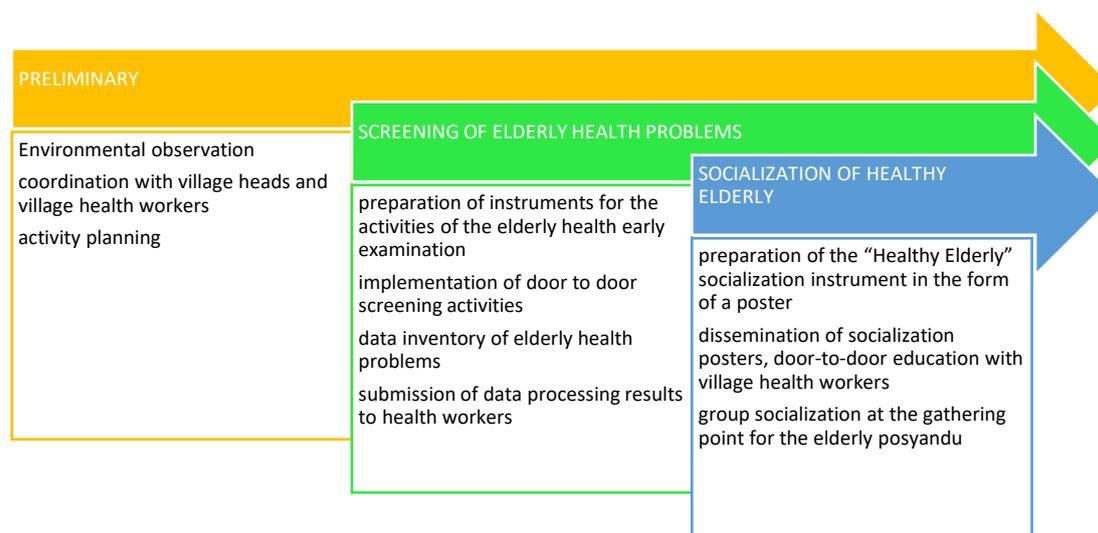
Implementation Method

Stages of implementation of Activities

The preliminary stage is carried out by carrying out observations on the environment that will be used as an area of community service. Coordination with village heads and village health workers is needed to facilitate access to elderly health information. Planning for joint activities is carried out to divide tasks between screening activities for health problems and socialization efforts.

Screening for elderly health problems is carried out starting with preparing activity instruments. The instrument in question is a self-data observation sheet and the health condition of the elderly. This activity is carried out door-to-door in order to directly target the elderly without having to wait for the elderly to collect at the posyandi, also considering the condition of some elderly people who cannot leave their homes. The data inventory of the health condition of the elderly is carried out according to the screening data that has been obtained.

Socialization of healthy elderly is carried out in accordance with the results of the report on health conditions. The main socialization is done to provide education on general problems and some very risky health cases. For this, it begins with the preparation of socialization equipment in the form of posters, distributing posters, house-to-house health discussions, and gathering the elderly to be educated in groups.



Partner

Our partners in carrying out community service are the Kalibuntu Village government and Kalibuntu Polindes health workers. The job descriptions of the participatory partners are: 1) supporting the service activities, 2) providing access to information on the whereabouts of the elderly, 3) assisting the service team to carry out screening of health problems and socializing "Healthy Elderly", and 4) utilizing all data that has been obtained by the team. to be used as a reference in implementing policies for the implementation of health services for the elderly.

Offered Solutions

Screening for elderly health problems: the community service team was mobilized to collect data on the health conditions of the elderly in Kalibuntu Village. Students are provided with a set of observation instruments in the form of a screening checklist regarding identity, health conditions, environmental conditions, and complaints of elderly health problems. The results of this data are useful to meet the need for factual and "by the time" data regarding the health conditions and health problems of the elderly. The data can be used by health workers and local health policy makers to take anticipatory actions to avoid bigger health problems or responsive actions to immediately address health problems in Kalibuntu Village, Kraksaan, Probolinggo Regency.

Healthy elderly socialization: the service team developed a set of socialization instruments in the form of posters. In addition, the team is equipped with knowledge about elderly health efforts so that they can be socialized to elderly families. Socialization activities are intended to provide education for elderly families about the importance of alertness and knowledge of the health of the elderly. The socialization activity is expected to be able to significantly ease the task of health workers and health policy makers in Kalibuntu Village, Kraksaan, Probolinggo Regency.

Results and Discussion

Social Activities Early Checkup on Health Conditions of the Elderly

There are at least 2 groups of common problems that we found after examining the health conditions of the environment and the elderly in Kalibuntu, including: 1) health problems, 2) environmental problems, and 3) problems with family members or elderly caregivers. From the 50 elderly people we managed to visit, we can conclude several health complaints and various health examination results. Physical health complaints mentioned included visual disturbances (32), joint pain (22), muscle cramps/tingling or “gringgingen” (in Javanese) (22), dizziness (19), digestive and gastric problems (10), nausea and lack of appetite (10), respiratory & coughing disorders (6), skin diseases such as itching due to fungus/allergy/virus (2), and others (5) including forgetfulness/senility, fatigue/tired easily, loss of balance, and sleepiness. Based on a temporary health examination, the elderly mentioned several diseases such as decreased motor power and vision (32), osteoporosis/bone and joint loss (22), ulcers/acute gastric acid (10), high cholesterol (9), high uric acid (6), hypertension/high blood pressure (6), diabetes (4), internal organ/heart-lung-respiratory disorders (6), and others (3) such as mild dementia and cognitive decline.

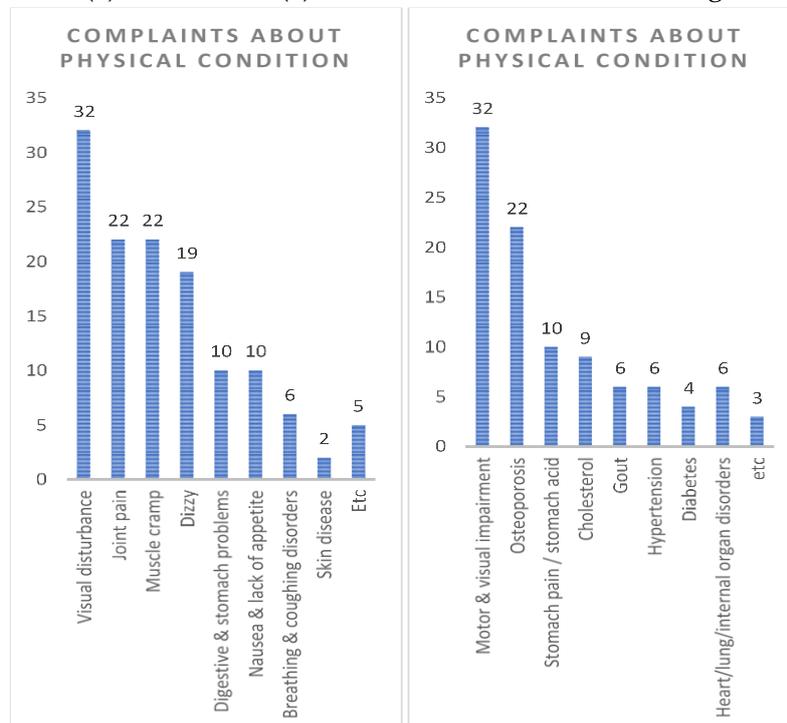


Image 3 Graph of physical complaints and diseases experienced by the elderly

From the various complaints of physical and health conditions above, we can draw a common thread related to environmental conditions. That most of the diseases suffered by the elderly, in addition to being caused by decreased body/physical and cognitive endurance, are also exacerbated by environmental hygiene disorders such as cleanliness of water sources, cleanliness of air, and the environment both at home and outside the home. In addition, it is also important to pay attention to the quality of food for the elderly.

The elderly/elderly (≥ 65 years) are more susceptible to morbidity and mortality from food-borne gastroenteritis than younger individuals. Several factors contribute to the increased susceptibility to infections caused by food quality factors and other infections in the elderly,

who are susceptible to disease. These include decreases in humoral immunity (antibodies and body secretions) and cellular immunity (macrophages, lymphocytes, neutrophils), age-related changes in the digestive tract (decreased gastric acid production and decreased intestinal motility), malnutrition, lack of exercise, mental/psychological decline. due to admission to nursing homes, and excessive use of antibiotics [2].

To help the elderly's health efforts, can not be separated from the role of the family. One of the functions of the family according to experts is care. The family is a place to instill the concept of health and healthy behavior, health promotion, disease prevention, health maintenance and disease management. Family members provide informal care to sick families and serve as primary support providers [1], [3].

From a societal perspective, the family is the basic system by which health and care behaviors are regulated, practiced, and carried out. Families provide health promotion and preventive health care, and share care for their sick members. Therefore, the family has the primary responsibility for initiating and coordinating the services provided by health professionals [1]. And also, Holistic care to the entire family may avert the crisis of elder abuse [4].

Family function is also interpreted as a family understanding of the illness suffered by family members, if the family knows and understands the disease, the family will take attitudes and actions to take care of sick family members [1].

This family care function was developed into a family task in the health sector. Family duties in health care include: a) Recognizing disorders in the health development of sick family members, b) Making decisions to take appropriate action on sick family members, c) Providing care to sick family members, d) Maintaining the atmosphere a house that benefits the health and personality development of family members, and e) Make good use of health facilities for sick family members.

With this we can imagine that the next of kin who cares for an elderly person is the same as only a nurse. A holistic definition of family health for nursing is proposed which includes five realms of family experience which make up the family health system. The proposed classification is offered as a beginning heuristic model to organize knowledge generation for use in the practice of family nursing [5].



Image 4 The condition of the elderly who are sickly and powerless to carry out daily activities

Elderly Care Socialization Activities to Families

Our findings regarding the awareness of elderly and elderly families to want to take advantage of the existence of the posyandu in Kalibuntu Village are in line with the findings of Aditya (2021) in his writing on the Implementation of the Implementation of the Elderly Posyandu in the Work Area of the Sronдол Health Center, Semarang. The lack of awareness of the elderly about the importance of them coming and checking themselves to the posyandu

is a major problem in the performance of the elderly posyandu. In addition, other problems arise from the lack of training for posyandu officers, the lack of willingness of human resources who are willing to contribute their energy in the implementation of posyandu, as well as the lack of availability of quality medicines and sufficient funds to support the activities of the elderly posyandu [6].

Associated with the theory of interaction, in this case between posyandu health workers and the elderly as the main object in the elderly posyandu business, Marizki (2019) in a thesis written at Mercubuana University with the title "External Communication to Increase Elderly Visits at Posyandu Wijaya Kusuma, Dusun Taskombang Palbapang Bantul", explained the need for posyandu staff to improve the quality of external communication with the elderly. External communication in question is to carry out direct socialization, organize the communication process between communicants (elderly) and communicators (health workers) to become more familiar and dyadic, provide interesting instrumental support facilities as media, and compose clear socialization messages so that what is conveyed easy for the elderly to understand [7].

Given these situations and conditions, we took the initiative to develop a participatory activity to assist health workers in increasing the attention and participation of the elderly and elderly families to be active in posyandu activities for the elderly. Some of our participatory activities are 1) poster making, 2) house-to-house intensive dyadic socialization, and 3) socialization in group meetings.

Posters are needed to provide interesting infographics for the elderly and their families regarding the factors that affect health, efforts to improve the quality of life and health, as well as ways to cope and deal with old age.



Image 5 various posters to support socialization efforts

Dyadic-intensive socialization is an intense socialization effort by visiting the elderly several times, and forming intimacy and closeness to show sympathetic communication and mutual understanding (dyadic). This activity was carried out by students from house to house. Equipped with various health information for the elderly, as well as encouragement of motivational speeches so that the elderly and their families want to visit the posyandu.



Image 6 : house-to-house intensive dyadic socialization, accompanied by poster distribution

Bringing academics in front of the community is the same as presenting social leadership. Social leadership in terms of health education is tasked with disseminating information, setting an example and as a role model, making awareness, motivating, guiding, mobilizing targets and the community, facilitating and allocating resources [8].

Likewise, presenting academics in joint forums, in situations of joint socialization meetings, will create a form of social capital. The role of social capital in community empowerment in the health sector includes mutual trust between families and the community, cooperation between community members, leaders and health workers, mutual help, reciprocal social norms, kinship relations, neighbors and friendships as well as a network of community organizations [8].

Therefore, socialization in group meetings is also carried out so that the elderly feel their position as part of the community and do not feel alone. Likewise with family members who both take care of the elderly. Social support & circles are built here to form a space for communication and discussion between them. Posyandu students and health workers are involved in this activity.



Image 7 Group socialization, targeting village community associations

In this kind of social meeting, the village government is assisted by local health workers and academics to develop a shared awareness by the community about their health condition, which is then called a community involvement strategy. By involving problems, the community will be understood about the severity of the problems that arise (severity), the number of people affected (prevalence), the increase in disease rates (rate of increase), the wishes of the community (degree of unmet needs), the social benefits obtained if the problem occurs. handled (social benefit), public concern for the problem (public concern), available technology (technical feasibility), available resources (resources availability), and available political support (political climate). The strategy of community involvement in the

introduction of health problems towards independent health management can be quite effective in identifying the problems of public health problems [9].

Efforts to raise public awareness are more important than just carrying out mass relief and treatment activities. Without awareness, people will not be moved by their hearts, thoughts, and actions to take the initiative or at least to support problem solving. Because public health problems are not now personal matters and self-restraint in the face of disease. Healthy environmental conditions, the existence of a mutual help and preparedness system to provide first aid, the existence of self-awareness to isolate oneself if it is an infectious disease, and together to think about how to take anticipatory steps against the spread of the disease; is a social matter. This thinking is as stated by several research and community service results which as a whole reveal the conclusion that the social support system is the main concern in public health socialization [10], [11].

Conclusion

This manuscript has described how students from Nurul Jadid University demonstrated their participation as agents of change, helping to support the efforts of village health workers to improve the quality of life of the elderly in Kalibuntu Village, Kraksaan, Probolinggo Regency. Since May 2022, Nurul Jadid University students have carried out a series of research and service in Kalibuntu village as a form of their participation in improving the quality of life of the community around the university. Students have carried out the process of adaptation, exploration, and analysis of problems in the village elderly community. Students have played a role in conducting studies on the problems of the elderly community, as well as providing assistance, socialization, and education to the elderly community in Kalibuntu Village, Kraksaan, Probolinggo Regency. As a form of best practice study, this paper shows a concrete form of embodiment of student participation for the community, which in turn will be an example of good practice that can be applied by other students / academics.

Sebagai bentuk rekomendasi, para penulis berharap bahwa kegiatan ini akan dapat terus dilaksanakan dan berkelanjutan oleh mahasiswa lainnya agar usaha pemerintah dalam mengembangkan kualitas hidup masyarakat desa Kalibuntu dapat tetap didukung oleh peranan perguruan tinggi dan akademisi di sekitarnya.

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