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FAMILIY'S SUPPORT AND ITS EFFECT IN INCREASING THE ELDERLY VISITATION TO POSYANDU

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ABSTRACT

Introduction: Along with global tendency of increasing life expectancy, the number of elderly in Indonesia also tends to increase. To monitor the well-being of the elderly, both from the mental and the physical standpoints, the government-run integrated health service posts (Posyandu) hold a special program for the senior citizens.

Aims: To analyze the association between families support and elderly visitation in Danau Panggang Health Center.

Methods: This study used analytic survey with cross sectional design. The population were 378 elderly age 59 years old and older in Danau Panggang Health Center in 2015, and with Taro Yamane, the chosen sample was 194 elderly. The chi-square test was used for statistical analyses.

Results: The study showed most of the respondents (56.7%) do not support and a majority of elderly do not actively participate (57.2%). Hypothesis test results showed that there is a correlation between family support and elderly participation to Posyandu with $p\text{-value} = 0.000 < (\alpha = 0.05)$.

Conclusion: Family supports can increase elderly visitation to Posyandu. Participating in Posyandu activities and following the health officers' directions prove beneficial to improve health conditions among the elderly. This research is expected to be an input for Posyandu to enhance its elderly program by optimizing the performance and presence of cadres in each activity.

Keywords: Family Support, Participation, Elderly Posyandu.

INTRODUCTION

The World Health Organization (WHO) defined the old age into four criteria, namely: middle age (45-59 years old), elderly (60-74 years old), old age (75-90 years old), and very old age (above 90 years old) (1). The increase in the number of elderly is almost the case in every country, whether developing or developed countries. Along with increasing life expectancy, the number of elderly in Indonesia also tends to increase. The proportion of people aged over 60 years is expected to double from about 11% to 22% between 2000 and 2050. The absolute number of people aged 60 years and older is expected to increase 605 million - 2 billion during the period(2). The increasing number of elderly need a serious handling because naturally this age group are experiencing a setback both from physical, biological, and mental. This is inseparable from economic, social and cultural issues so that the need for participation and support from the family in handling it. With the reduced function of various organs, elderly become susceptible to diseases that are acute or chronic. There is a tendency of degenerative diseases and metabolic diseases (3).

Elderly *Posyandu* (government-run integrated health service) is a form of health services that can be utilized to improve the health of elderly in the community. *Posyandu* is a primary health care program through community participation activities aimed at local people, particularly young children, women of childbearing age and the elderly. Service in elderly *Posyandu* includes physical, mental, and emotional monitoring which are: examination of daily activities, mental examination, the examination of nutritional status, blood pressure, hemoglobin, glucose and protein in the urine, and physical activities such as gymnastics or leisure hike (4). The elders' lack of regular visit to *Posyandu* may mean that early detection of aging-related medical condition cannot be monitored, hence they may poses greater risk for life-threatening diseases.(5).

Factors influencing the visits are predisposing factors (knowledge, behavior, beliefs, values, marital status and physical condition), enabling factors (health and work support facilities), supportive factors (skilled health worker, home's distance to *Posyandu*, and family support)(6). With the existence of *Posyandu* for Elders, then the elderly can get health service which aims to improve health status and quality of life. For this purpose, the family plays an important role as the main support system for the elderly in maintaining their health, by conducting directional talks on the utilization of *Posyandu*'s services, assisting in transport, finances, time and attention, and regular visit for health check (7).

Data from *Danau Panggang Health Center* in 2013 show that as only 8.5% of the elders are enrolled in *Posyandu*'s program (8). However, the number declined to 4% in 2014, which means that the utilization of health services in *Posyandu* is still very far from the expected target of 70%(9).

METHODS

This research used analytical survey research. The method used in this study was *cross-sectional* (cross approach) starting in January 2015 to August 2015. From secondary data, the study population was 378 elderly citizens of over 59 years (10). The sample was 194, obtained using *Taro Yamane*.

Analytical techniques used in this study was qualitative data analysis that describes and interpret data that has been obtained in the field. The analysis is based on the ability of reasoning in connecting facts, data and information, then the data obtained will be presented in a picture that reveal the problem. Analysis performed on each variable and the study will be presented in the form of a frequency distribution and presentation of each study variable. The test of the hypothesized relationship independent and dependent variables in this study was done by using *Chi Square*.

The instrument used in this study is a questionnaire and interviews for 10 questions. Both instruments were adopted and modified from scientific paper written by Suratmi and from the data register of elderly visit at *Danau Panggang Posyandu* (11). The measurement of the family support variable was done by using the Guttman scale answer format, which allowed definitive answer of a research subject that is "yes or no" with the following provisions: score 1 for answer yes, or 0 if no. The measurement of elderly participation were observed from the past year's attendance sheets. The participant is said to be active when making a visit six times or more and is inactive if less than six visits.

RESULTS

Frequency Distribution of Age, Family Support, and Elderly Participation in *Posyandu* with a total respondents 194 people.

Table 1. Frequency Distribution of Age Elderly, Family Support, and Elderly Participation in Posyandu

No	Variable	Frequency	Percentage	
1	Age (Year)	60-74	179	92.3
		75-90	15	7.7
2	Family Support	Support	84	43.3
		Does not support	110	56.7
3	Elderly Participation	Active	83	42.8
		Inactive	111	57.2

From table 1, it can be seen that most respondents (179, 92.3%) who come to Posyandu are 60-74 years old; as many as 110 (56.7%) of the respondents do not receive family support; and most of the elderly are inactive participants (111, 57.2%).

Table 2. Relationships between Family Support's against Participation at *Posyandu* in Danau Panggang Health Center 2015

No	Family Support	Participation Elderly				Total	
		Active		Inactive		F	Percentage
		F	Percentage	F	Percentage		
1	Support	74	89.2	10	9	84	100
2	Does not Support	9	10.8	101	91	110	100
Total		83	37.6	111	62.4	194	100

Continuity Correction p=0.000(p< α =0.05)

Based on table 2 above, as many as 74 (89.2%) out of 84 respondents who receive family supports are active participants at Posyandu's program. Meanwhile, 101 (91%) out of 110 elders who do not get family support are inactively involved in the activities. Data test results using the chi-square obtained p value=0.000 < (α = 0.05).

DISCUSSION

Based on table 1, it is found that families who do not support elderly to participate at *Posyandu*'s activities are as many as 110 (56.7%) while only 84 (43.3%) families support the participation. The results of this study indicate that most families are largely unsupportive.

It can be concluded that the family of the elderly in Danau Panggang Health Center does not support the participation of the elderly to the *Posyandu*. Therefore, widespread awareness of the program benefits is indeed necessary to increase support from the family. According to Ekasari, along with increasing age, there is an increasing need for special services that are community-based (12). This is consistent with Freidman's theory which states that there are several factors that influence knowledge, namely the level of family education, instrumental support, social support, and information support(13).

The results are consistent with results of previous studies conducted by Dina Retno entitled Social Support Family Relationships With Anxiety In The Elderly Ngarep RW II Sub District of Banyuwangi Semarang in 2010 where most families did not provide support to the elderly(14).

With Table 1 in mind, the inactive elderly *Posyandu* participation were as many as 111 (57.2%), while those who are actively participating are 83 (42.8%). It can be concluded that the elderly in Danau Panggang Health Center inactively follow the activities. Low number of visit to *Posyandu* may be caused by the lack of a sense of responsibility towards their own health and the benefit of the program. A solution to this issue

is to promote its benefits to the senior citizens to foster more sense of responsibility towards their well-beings. The results are consistent with results of previous studies where the majority of respondents do not actively participate to *Posyandu* (15).

Table 2 demonstrates that from 84 elders with family support, 74 are actively participating while 10 are not active participants. On the other hand, from 110 elders whose family do not support their participation at *Posyandu*, only nine are actively participating while a 101 are inactive participants. Hypothesis test used was *chi-square* with 95% confidence level ($\alpha = 0.05$). Result $p = 0.000 < \alpha = 0.05$.

The results of this study are in accordance with the results of previous research conducted by Yohana where the analysis show that there is a relationship between family support and the liveliness of elderly following *Posyandu* activities(16). Another similar by Ratna also stated that the influence of family with patient compliance to control to Public Health Center in Tlogosadang Pacitan Lamongan was 59.7% (17).

However, the results of this study did not match with the research conducted by Ema, Dawam Jamil, and Nurul Huda, where there is no difference between the level of compliance and family encouragement(18). Similarly, the result of Diah Wahyuningsih study, mentioned that the elderly visit to Porong Health Center and Wonoayu Public Health Center of Sidoarjo Regency in 2005 was influenced by the quality of service(19).

Setiadi stated that a family is a service unit because family health issues are interrelated will affect the family members around them, and in the broader context, will also affect the country. Therefore, each family should try creating fun and harmonious relationship with mutual understanding between the younger and the older generation (20).

The results obtained that family support is associated with elders' adherence to come to *Posyandu*. Ferry Efendi and Makhfudli, said that the family is a source of social support for each of its member. Social support is every individual basic needs and will be increasingly needed when a person is going through difficult times such as illness. This is where family members play an important role in providing comfort to help coping with the pain (21).

Family support is an act of bringing about comfort, attention, appreciation or help to help people with the attitude of accepting the condition. Family support is very influential in boosting motivation. Arpact reveals that forms of family support include: informational support e.g. advice, suggestions or feedback about the situation or what the individual should do to understand and manage stressful situations; emotional support that enhance feelings of comfort, ease, and security; award support which helps a person improve his self-esteem, as they gain recognition or recognition from others; and instrumental support which includes direct assistance such as money, food, medicine or goods (22).

In addition to some of the above, the benchmark of success of health efforts that are promotive and preventive is the adequate quality and quantity of resources, which can be in the form of facilities, medical personnel, nurses or other health personnel. It can be concluded that it is important to grow the family support to encourage the elders' to actively participate in *Posyandu's* health program and conversely the family does not support more sedentary elderly to *Posyandu*.

CONCLUSION

Based on the results, most families do not support the elderly to attend the neighborhood health center in Danau Panggang Health Center in 2015 and there are relationship between family support and the elders' participation. Participating in *Posyandu* activities and following the health officers' directions prove beneficial to improve health conditions among the elderly. This research is expected to be an input for *Posyandu* to enhance its elderly program by optimizing the performance and presence of cadres in each activity.

CONFLICT OF INTEREST

There is no conflict of interest.

REFERENCES

1. Mubarak WI, dkk. Ilmu Keperawatan dan Komunitas 2. Jakarta: Salemba Medika. 2011.
2. World Health Organization. 2012. Available in <http://www.who.int/ageing/about/fact/engindex.html>. (accessed 8 April 2015).
3. Tamher, S dan Noorkasiani. Kesehatan Usia Lanjut dengan Pendekatan Asuhan Keperawatan. Jakarta : Salemba Medika. 2009.
4. Departemen Kesehatan RI. Profil Kesehatan Indonesia 2007. Jakarta. 2008.
5. Departemen Kesehatan RI. Profil Kesehatan Indonesia 2005. Jakarta. 2007.
6. Notoatmodjo, S. Promosi Kesehatan Teori dan Aplikasinya. Edisi revisi. Jakarta : Rineka Cipta. 2010.
7. Maryam, S, dkk. Mengenal Usia Lanjut dan Perawatannya. Jakarta: Salemba Medika. 2008.
8. Buku Register Posyandu Lansia Wilayah Kerja Puskesmas Rawat Inap Danau Panggang. 2013.
9. Departemen Kesehatan RI. Rencana Strategi Kementerian Kesehatan Tahun 2010-2014. Jakarta.2010.
10. Profil Posyandu Puskesmas Rawat Inap Danau Panggang Kabupaten Hulu Sungai Utara 2015.
11. Rahmawati S. Faktor-Faktor yang Berhubungan dengan Praktik Lansia yang Berkunjung ke Posyandu Lansia di desa Sukohaji Kecamatan Sukohaji Kabupaten Majaleka. Karya Tulis Ilmiah. Diponegoro : UD. 2007.
12. Ekasari, Fatma. Mengenal Usia Lanjut dan Perawatannya. Jakarta: Salemba Medika.2008.
13. Murwani A, Priantari W. Gerontik Konsep Dasar dan Asuhan Keperawatan Home Care dan Komunitas. Cetakan ke-2. Yogyakarta: Fitramaya. 2011.
14. Retno, D. Hubungan Dukungan Sosial Keluarga Dengan Kecemasan Pada Lansia di Wilayah RW II Kelurahan Ngarep Kecamatan Banyuwangi Semarang. Skripsi. Semarang : UMS. 2010.
15. Mulyani, S. Hubungan Antara Pengetahuan Tentang Kegiatan Posyandu Lansia dengan Partisipasi Lansia Di Posyandu Wilayah Puskesmas Patuk 1 kab. Gunung Kidul. Skripsi. Semarang : UMS. 2008.
16. Yohana SC. Hubungan Dukungan Keluarga dan Faktor Lainnya Dengan Keaktifan Lanjut Usia (Lansia) Mengikuti Kegiatan Posyandu Lansia Di Wilayah Kerja Puskesmas Rajabasa Indah. Skripsi. Lampung: Universitas Lampung. 2017.
17. Ratna Fitaliyanti. Hubungan Antara Peran Keluarga dengan Tingkat Kepatuhan Minum Obat Penderita TB Paru di Puskesmas Ylogosadang Pacitan Lamongan. 2009.
18. Ema H, Dawam JM, Huda SN. Faktor Faktor Yang Mempengaruhi Tingkat Kepatuhan Lansia Untuk Datang Ke Posyandu Di Desa Trimurti Dan Terban Kota Yogyakarta. 2007.
19. Wahyuningsih. Pengaruh Mutu Pelayanan Kesehatan terhadap Jumlah Kunjungan di Puskesmas Porong dan Wonoayu kabupaten Sidoarjo, Program Studi Pendidikan Dokter: Universitas Jembe. 2008.
20. Setiadi. Konsep dan Proses Keperawatan Keluarga. Yogyakarta: Graha Ilmu. 2008.
21. Ferry Effendi Makhfudl. Keperawatan Komunitas : Teori dan Praktek dalam Keperawatan. Jakarta : Salemba Medika. 2009.
22. Arpact, F. A Study into the Quality of Life of the Elderly Living at the Rest Homes in Turkey. Pakistan Journal of Sosial Science, 5 (1), 76-81. 2008.