

The Relationship of Active Elderly Posyandu Visits and Family Support with the Quality of Life of the Elderly in the Work Area of Puskesmas in Ulak Tano, Paluta Regency, 2019

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ABSTRACT

Quality of life is related to the welfare of the elderly, where the indicators can be seen through a person's physical, psychological and social relationships seen simultaneously. The initial survey showed that 56.3% of elderly people whose quality of life were not good in the work area of Puskesmas in Ulak Tano, Paluta Regency received family support and 68.7% always came to Posyandu. The purpose of this study was to analyze the relationship between active elderly Posyandu visits and family support (informational support, appreciation support, instrumental support and emotional support) with the quality of life of the elderly in the work area of Puskesmas in Ulak Tano, Paluta Regency, 2019. The research design used was cross sectional. The population in this study were all elderly in the work area of the Puskesmas in Ulak Tano, Paluta Regency, 2019 as many as 949 elderly. The sample was all elderly who live in the work area of Puskesmas in Ulak Tano and registered at the Puskesmas in Ulak Tano, 2019. The sampling technique was proportional random sampling totaling 196 elderly. Data obtained through interviews using a questionnaire. The results of the bivariate analysis showed that the variables related to the quality of life of the elderly were appreciation support ($p=0.025$), instrumental support ($p=0.048$) and emotional support ($p=0.024$). Meanwhile, the variables that were not related to the quality of life of the elderly were active elderly Posyandu visits ($p=0.420$) and informational support ($p=0.576$). From the results of the multivariate analysis, the most dominant variable related to the quality of life of

the elderly was appreciation support with Exp (B) of 2.049 (95% CI 1,140-3,684) meaning that the elderly who received appreciation support, the opportunity to have a good quality of life was 2.049 times greater than with the unsupported. It is recommended that the Health Officer at Puskesmas in Ulak Tano pay more attention to the quality of life of the elderly in the working area of the Puskesmas, and increase family involvement in caring for the elderly.

Keywords: Elderly Posyandu Visits, Family Support, Quality of Life of the Elderly

INTRODUCTION

Quality of life is related to the welfare of the elderly, where the indicators can be seen through a person's physical, psychological and social relationships seen simultaneously.

The Global Age watch Report says the best quality of life for the elderly in the world is Switzerland (90.1 out of 100) and Norway (89.9). The country with the best quality of life in Asia is Japan (80.8). Indonesia is located in the 74th rank (42.3), categorized as a country with a low quality of life. The quality of life for a person can be seen in terms of health, by means of how much longer the population 60 years and over (elderly) can live (the average length of life in Norway is 24 years, in Indonesia 18 years), most of the population aged 60 years and over are still healthy, namely (Norway as much as 17.4% and Indonesia 14.3%) and seen from the economic situation,

namely (Norway is 100% dependent on pensions while in Indonesia only 8%). The increase in population in the world is estimated until 2050 to focus on 9 countries: the Democratic Republic of the Congo, Egypt, Ethiopia, India, Indonesia, Nigeria, Pakistan, the Republic of Tanzania, and America. The year 2018 is a history for the first time people aged 65 years or over in the whole world passed the total of children under 5 years old. Predictions say that the population aged 65 years or over will be 2 times that of children under five by 2050 (United Nations, 2019).

According to the Badan Pusat Statistik (2019), in the last five years (1971-2019) the number of elderly people in Indonesia has doubled. In 2019, the number of elderly people will be 9.60% or 25.64 million people. This situation shows that Indonesia is experiencing a change in the direction of population aging because the population aged 60 years and over gets more than 7 percent of the total population and will become a country with an aging population structure if it reaches more than 10%. The categories of elderly are young elderly (60-69 years) as much as 63.39%, middle elderly (70-79 years) as much as 27.92%, and old elderly (aged 80+) as much as 8.69%.

The increasing number of the aging population in Indonesia will have impacts such as medical, psychological, economic and social aspects. Therefore it is necessary that the health services provided should be increased to the elderly, and the initial provision of health services is carried out at pre-elderly (aged 45-59 years). Due to the high number of elderly population in Indonesia, it will have positive and negative consequences. If the elderly population is healthy, active and productive it will have positive results, but if the elderly experience a decline in health it will have negative consequences because there will be additional costs for going to health facilities, lower income, increased disability, reduced social support and an environment that is not friendly to the elderly community which

results in the quality of life of the elderly is not good (Kementerian Kesehatan, 2018).

Based on data from the North Sumatra Provincial Health Office, in 2018 the life expectancy of the North Sumatra population is interpreted to increase in the last 4 years (2013-2017). In 2016, the 3 highest life expectancy rates in a row are Pematang Siantar City (72.63 years), Medan (72.40 years) and Binjai (71.75 years). While the best 3 (three) districts/cities with the lowest life expectancy are Mandailing Natal (61.97 years), Tanjung Balai (62.28 years) and South Tapanuli (64.28 years).

According to the Badan Pusat Statistik (2017) the number of elderly people in North Sumatra Province increased by 0.33 percent in the past year, from 7.25 percent in 2017 to 7.58% in 2018 or increased to 0.33%. In this way it is known that North Sumatra is in a location with an aging population structure. The morbidity rate in North Sumatra is 25.32%. It is known that one of the 4 elderly is sick. Judging from the age category, the increasing age of the elderly causes the number of morbidity to increase. Health conditions that interfere with daily activities are an obstacle to improving the welfare of the elderly. If the number of elderly who are sick is high, it shows that their health status is not good, whereas if the elderly are not sick or healthy, the high number indicates that the quality of life of the elderly is good.

Age, gender, education, marital status, residence status, active elderly Posyandu visits and family support are factors that affect the quality of life of the elderly. The low number of visits by the elderly to the posyandu results in the elderly being unable to see their health condition, because the dominant elderly has a hereditary or degenerative disease due to decreased physical factors. If the visit to the Elderly Posyandu is low, it will make the elderly unable to monitor their health, resulting in the elderly experiencing degenerative diseases. By regularly coming to the posyandu the elderly can prevent degenerative diseases. The declining health

of the elderly which causes the elderly to be unable to play an active role and have activities must receive more support and attention from family, cadres and the community (Sulaiman, 2016).

Based on the results of the preliminary survey conducted in the Puskesmas in Ulak Tano working area, it can be seen from the Ulak Tano puskesmas report data that there are 949 elderly people. The results of interviews from 30 elderly people were 16 (53.3%) elderly whose quality of life was not good and there were 14 (46.7%) seniors whose quality of life was good. Based on the results of interviews conducted with 16 elderly whose quality of life was not good, there were 9 (56.3%) elderly who received family support and there were 7 (43.7%) elderly who did not receive family support. There were 11 (68.7%) elderly who always came to the posyandu and there were 5 (31.3%) elderly who did not always come to the Posyandu. Elderly with poor quality of life.

Elderly who receive family support and visit Posyandu. Elderly people who are active have a good quality of life. With the active activity of the elderly coming to the posyandu, it can reduce the health problems of the elderly due to aging, because the disease can be seen as soon as possible. By visiting the Elderly Posyandu it has an impact on increasing health rates and life expectancy (UHH) and making the quality of life better. Based on the results of research conducted by Putri (2018) at Posyandu Ngudi Waras Sape Umbulmartani Ngemplak Sleman, it can be concluded that the active arrival of elderly people to Posyandu is related to the quality of life.

One of the ways the elderly can maintain their health is that the family must be the foremost in providing support, there are several things that can be given to the elderly, namely giving time to listen to stories, paying attention to the elderly for everything, providing assistance in the form of transportation, giving money, as much as possible. may involve the elderly in

everything, and always invite the elderly to do health checks. To get a good quality of life, the elderly must receive family support. Based on the results of research by Ningrum, *et al.* (2017) in the District of Sukamiskin Bandung City, it is known that there is a relationship between family support and the quality of life of the elderly.

There are many factors that affect the quality of life of the elderly. According to Andesty and Syahrul (2018); Wikananda (2015) said that the characteristics of the elderly such as gender, education, marital status are factors that affect the quality of life of the elderly.

Active elderly posyandu visits and family support also affect the quality of life of the elderly. Research conducted by Putri (2018) found that the activeness of elderly posyandu visits affects the quality of life of the elderly. According to Sincihu, *et al.* (2018), family support is also an important factor that can affect the quality of life of the elderly.

According to Friedmen (2008), there are four forms of family support, namely informational, rewarding, instrumental and emotional support. Research conducted by Muhlisoh and Herawati (2013) found that there is a relationship between family support and the quality of life of the elderly in the working area of Sungai Ulin Banjarbaru Puskesmas.

The purpose of this study was to analyze the relationship between active elderly Posyandu visits and family support (informational support, appreciation support, instrumental support and emotional support) with the quality of life of the elderly in the work area of Puskesmas in Ulak Tano, Paluta Regency, 2019.

RESEARCH METHODS

This type of research is quantitative with a cross-sectional design, where measurements or observations are carried out at the same time on the independent and dependent variable data at one time (Notoatmodjo, 2010).

The population in this study were all elderly in the work area of the Puskesmas in Ulak Tano, Paluta Regency, 2019 as many as 949 elderly. The sample was all elderly who live in the work area of Puskesmas in Ulak Tano and registered at the Puskesmas in Ulak Tano, 2019. The sampling technique was proportional random sampling totaling 196 elderly. Data obtained through interviews using a questionnaire.

In this study, data processing and analysis were carried out on the data obtained from each variable. The data obtained were then processed and analyzed

data. The stages include bivariate and multivariate analysis.

RESULT

Bivariate Analysis

Bivariate analysis was conducted to determine the relationship between the independent variables of the active elderly Posyandu visits and family support (informational support, appreciation support, instrumental support and emotional support) with the quality of life of the elderly in the work area of Puskesmas in Ulak Tano, Paluta Regency, 2019.

Table 1: The Relationship of Active Elderly Posyandu Visits and Family Support (Informational Support, Appreciation Support, Instrumental Support and Emotional Support) with the Quality of Life of the Elderly in the Work Area of Puskesmas in Ulak Tano, Paluta Regency, 2019

Independent Variable	Quality of Life				χ^2	p
	Not Good		Good			
	n	%	n	%		
Active of Visits Elderly Posyandu					0.651	0.420
Not Active	44	55.0	36	45.0		
Active	57	49.1	59	50.9		
Informational Support					0.312	0.576
Does Not Support	47	49.5	48	50.5		
Support	54	53.5	47	46.5		
Appreciation Support					5.052	0.025
Does Not Support	66	58.4	47	41.6		
Support	35	42.2	48	57.8		
Instrumental Support					3.902	0.048
Does Not Support	61	58.1	44	41.9		
Support	40	44.0	51	56.0		
Emotional Support					5.094	0.024
Does Not Support	63	58.9	44	41.1		
Support	38	42.7	51	57.3		

Source: Research Results

The results of the bivariate analysis showed that the variables related to the quality of life of the elderly were appreciation support ($p=0.025$), instrumental support ($p=0.048$) and emotional support ($p=0.024$). Meanwhile, the variables that were not related to the quality of life of the elderly were active elderly Posyandu visits ($p=0.420$) and informational support ($p=0.576$).

The relationship of active elderly Posyandu visits with quality of life shows that inactive elderly people have more poor quality of life, namely 44 elderly (55.0%), and active elderly people have a good quality of life, namely 59 elderly (50.0%). While the relationship between information

support and the quality of life of the elderly, it is found that the families that do not support more have good quality, namely 48 elderly (50.5%) and families that support more have bad quality, namely 54 elderly (59.5%).

Support for the appreciation of the quality of life of the elderly was found that there were more than 66 elderly people (58.4%) who did not support and supported more having a good quality of life, namely 48 elderly (57.8%). Instrumental support with the quality of life of the elderly was found that those who did not support had more poor quality, namely as many as 61 elderly (58.1) and supported more having a good quality of life, namely as many as 51

elderly (56.0%). Meanwhile, emotional support with the quality of life of the elderly is found that it is not supported that more have a bad quality of life, namely as many as 63 elderly (58.9%) and supports more having a good quality of life, namely as many as 51 elderly (57.3%).

Analisis Multivariat

Multivariate analysis was conducted to determine the relationship between the independent variable which has a p value < 0.25 and the dependent variable, namely the quality of life of the elderly. In this study, using multiple logistic regression tests with the backward LR method. The variables included in the test were those that had a p value < 0.25.

Table 2: Results of Selection of Independent Variables that Can Be Included in the Model

No	Variable	p	Value Assignment	Modeling
	Independent Variable			
1	Active Elderly Posyandu Visits	0.420	p>0.25	Enter The Model
2	Informational Support	0.576	p>0.25	Enter The Model
3	Appreciation Support	0.025	p<0.25	Enter The Model
4	Instrumental Support	0.048	p<0.25	Enter The Model
5	Emotional Support	0.024	p<0.25	Enter The Model

Source: Research Results

Based on Table 2, the variables of posyandu visit activeness and informational support which have p > 0.25 are still included in the multivariate analysis because these

variables are substantially important variables. The results of the multivariate analysis of the backward LR method can be seen in the following table:

Table 3: Multiple Logistic Regression Test Results to Identify the Variable Most Associated with the Quality of Life of the Elderly in the Work Area of Puskesmas in Ulak Tano

Variable	Coefficient (B)	Exp (B)	p	95% CI	
				Lower	Upper
Active Elderly Posyandu Visits	0.851	2.343	0.054	0.985	5.571
Informational Support	-0.724	0.485	0.093	0.208	1.129
Appreciation Support	0.718	2.049	0.016	1.140	3.684
Constant	-0.348	0.706	0.205		

Source: Research Results

From the results of the multivariate analysis, the most dominant variable related to the quality of life of the elderly was appreciation support with Exp (B) of 2.049 (95% CI 1,140-3,684) meaning that the elderly who received appreciation support, the opportunity to have a good quality of life was 2.049 times greater than with the unsupported

CONCLUSION AND SUGGESTION

The results of the bivariate analysis showed that the variables related to the quality of life of the elderly were appreciation support (p=0.025), instrumental support (p=0.048) and emotional support (p=0.024). Meanwhile, the variables that were not related to the quality of life of the elderly were active elderly Posyandu visits (p=0.420) and informational support (p=0.576). From the

results of the multivariate analysis, the most dominant variable related to the quality of life of the elderly was appreciation support with Exp (B) of 2.049 (95% CI 1,140-3,684) meaning that the elderly who received appreciation support, the opportunity to have a good quality of life was 2.049 times greater than with the unsupported.

It is recommended that the Health Officer at Puskesmas in Ulak Tano pay more attention to the quality of life of the elderly in the working area of the Puskesmas, and increase family involvement in caring for the elderly.

REFERENCES

1. Andesty, D., & Syahrul, F. (2018). Hubungan interaksi sosial dengan kualitas hidup lansia di unit pelayanan terpadu (UPTD) Griya Werdha Kota Surabaya tahun

2017. *Indonesian Journal Public Health*, 3(12), 169-180.
2. Badan Pusat Statistik. (2017). *Statistik Penduduk Lanjut Usia Provinsi Sumatera Utara 2017*.
3. Badan Pusat Statistik. (2019). *Statistik Penduduk Lanjut Usia 2019*.
4. Friedman, M. M. (2008). *Buku Ajar Keperawatan Keluarga: Riset, Teori dan Praktek*. Jakarta: EGC.
5. Kementerian Kesehatan. (2018). *Infodatin Pusat Data Dan Informasi Kementerian Kesehatan RI (Situasi Lanjut Usia Di Indonesia)*.
6. Muhlisoh, Adenan, & Herawati. (2013). Dukungan keluarga dengan kualitas hidup lansia di wilayah kerja Puskesmas Sungai Ulin Banjarbaru. *DK*, 1(1), 88-95.
7. Ningrum, T. P., Okatiranti., & Wati, D. K. (2017). Hubungan dukungan keluarga dengan kualitas hidup lansia (studi kasus: Kelurahan Sukamiskin Bandung). *Jurnal Keperawatan BSI*, 5(2), 83-88.
8. Notoatmodjo, S. (2010). *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta.
9. Putri, B. L. (2018). *Hubungan Keaktifan Kunjungan ke Posyandu dengan Kualitas Hidup Lansia di Ngudi Waras Sapan Umbulmartani Ngemplak Sleman*. Universitas Aisyiyah Yogyakarta.
10. Putri, M. (2018). Faktor-faktor yang berpengaruh terhadap niat keaktifan lansia dalam mengikuti Posyandu Lansia. *Jurnal Promkes*, 6(2), 213-225.
11. Sincihu, Y., Maramis, W. F., & Rezki, M. N. (2018). Improving elderly's quality of life through family role. *Jurnal Kesehatan Masyarakat*, 13(3), 374-381.
12. Sulaiman. (2016). Faktor-faktor yang berhubungan dengan pemanfaatan Posyandu Lansia di wilayah kerja Desa Sukaraya Kecamatan Pancur Batu. *Jurnal Ilmiah Research Sains*, 2(2), 29-37.
13. United Nations. (2019). *World Population Ageing 2019*. New York: Uniter Nations.
14. Wikananda, G. (2015). Hubungan kualitas hidup dan faktor resiko pada usia lanjut di wilayah kerja Puskesmas Tampaksiring I Kabupaten Gianyar Bali. *Directory of Open Access Journals*, 8(1), 41-49.

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