

FAMILY SUPPORT FOR ELDERLY COMPLIANCE IN FOLLOWING THE ELDERLY INTEGRATED HEALTH SERVICE POST

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Abstract

Family support is important in one's health. Through the family a variety of health problems can arise as well as be overcome. The elderly Integrated Health Service Post is used for the elderly, whose activities include preventive, promotive, curative, and rehabilitative activities. WHO estimates that the increase in the elderly population in 2025 compared to 1990 in Indonesia was 440%. At present there are 257 elderly in Jeruksawit Village. Until now there have been 39 members of the elderly who participated in the Integrated Elderly Health Service Post at the Semeru Ceria Elderly Integrated Health Service Post Jeruksawit Village, Gondangrejo District, Karanganyar Regency. This study aims to determine the relationship of family support to the obedience of the elderly in attending the elderly Integrated Health Service Post at the Semeru Ceria Integrated Health Service Post Jeruksawit Village, Gondangrejo District, Karanganyar Regency. This research method uses analytical research methods with a cross sectional approach. Sampling in this study was carried out by saturated sampling, meaning that all populations were sampled in this study, namely 39 elderly. The research instrument used a questionnaire. The results of univariate analysis showed that some respondents had low compliance (58.97%), and most had low family support (64.10%). Bivariate analysis using chi square showed that there was a relationship between family support and elderly obedience in attending the elderly Integrated Health Service Post with P value = 0.004 .. In conclusion there was a relationship between family support and elderly obedience in attending the Integrated Integrated Health Service Post at the Health Service Post Integrated Semeru Ceria elderly in Jeruksawit Village, Gondangrejo District, Karanganyar Regency.

Keywords: family support,elderly,compliance,integrated elderly health service post

1. INTRODUCTION

Family support is important in one's health. Through the family a variety of health problems can arise as well as be overcome. According to Friedmen [1], there are four types of family support, namely: Instrumental support, informational support, appraisal support and emotional support. Family is the main support system for the elderly in maintaining their health [2].

WHO estimates the increase in the elderly population in 2025 compared to 1990 in some countries in the world China 220%, India 242%, Thailand 337%, and Indonesia 440% [3]. The life expectancy of Indonesian people increased from 65 years in 1997 to 73 years in 2025. So that from 1990 to 2025 Indonesia will have an increase in the number of elderly people by 414% which is the highest number in the world. In 2000 the number of elderly people in Indonesia was projected at 7.28% and in 2020 to be 11.34% [4]. Elderly Integrated Health Service Post is an integrated service post for the elderly in a certain area that has been agreed upon, which is driven by the community where they can get health services. Activities from the Integrated Health Service Post for the elderly include preventive, promotive, curative, and rehabilitative [5].

According to the Karanganyar Regency Central Bureau of Statistics, there are 856,198 Karanganyar residents. Of these, the number of people aged 45-64 years is 201,105 and the population aged 65 years and over is 72,243 people. According to the report on the data collection of elderly people in Gondangrejo sub-district health center, there were 16,191 elderly people in Gondangrejo sub-district. Based on data from Gondangrejo Community Health Center, there were 421 elderly people in Jeruksawit Village. From the results of the survey at the beginning of January 2019, information was obtained that the Semeru Ceria Integrated Health Service Post was running through cadres. Until now there have been 39 members of the elderly who participated in the Integrated Elderly Health Service Post at the Semeru Ceria Elderly Integrated Health Service Post Jeruksawit Village, Gondangrejo District, Karanganyar Regency.

From the results of a preliminary study of family support with adherence to the elderly participating in the elderly Integrated Health Service Post, it was found that 40% of obedient elderly people attended the elderly Integrated Health Service Post with their family support. Based on this, the researchers wanted to find out more about the relationship of family support with elderly adherence in attending the elderly Integrated Health Service Post at the Semeru Ceria Elderly Integrated Health Service Post Jeruksawit Village, Gondangrejo District, Karanganyar Regency.

2. METHODS

The research method used is analytical with the approach used in this study is a cross sectional method. The location to be researched at the Semeru Ceria Integrated Health Service Post. The population to be studied is the elderly aged 60-74 years who reside in the Semeru Ceria elderly Integrated Health Service Post area. The sample used in this study was 39 elderly people. Data collection in this study uses primary data and secondary data. Primary data obtained by researchers from the elderly using a questionnaire. Secondary data is data obtained from the results of the report. Secondary data obtained by researchers came from the health center and the Integrated Health Service Post at Semeru Ceria. Data analysis was carried out by univariate, bivariate analysis. The instrument used to collect data is a questionnaire that contains a series of questions that refer to the independent variable.

3. RESULTS AND DISCUSSION

a. Characteristics of Respondents

Characteristics of respondents used include age, gender, education level, and occupation..

1) Age of Respondents

Table 1 Characteristic Distribution of Respondents by Elderly Age at the Semeru Ceria Elderly Health Service Post in 2019

Age (years)	Frequency	Percentage(%)
60-65	19	48.72
66-70	12	30.77
> 70	8	20.51
Total	39	100

Source: Primary data, processed in 2019

Based on the results of research on the age of the respondents, it shows that the age of the majority of respondents is 60-65 years as many as 19 people (48.72%). In Wijayanti's opinion [6] this may be because the elderly experience changes or setbacks in various aspects of their lives, both physically and psychologically. This agrees with the research of Rahayu et al [7] which said that elderly people aged 70 years and over were not active in participating in the Integrated Health Service Post due to a decrease in their bodily functions. This is inversely proportional to Henniwati's research [8] which says that age does not have a significant effect on the use of elderly Integrated Health Service Posts. This means that the use of Integrated Health Service Posts will increase along with increasing age. There is a tendency for older people to get sick more often, so they often use health services at the Integrated Health Service Post for the elderly.

2) Gender of Respondents

Table. 2 Distribution of Characteristics of Respondents by Elderly Gender at Semeru Ceria Elderly Health Service Post in 2019

Gender	Frequency	Percentage (%)
Male	17	43.59
Female	22	56.41
Total	39	100

Source: Primary data, processed in 2019

Based on the results of research on the sex of the respondents, it showed that the majority of elderly sexes were 22 women (56.41%). According to Hardywinoto [9], the number of elderly women in general is more than men, this can be seen from the presentation of men and women and the sex ratio of the elderly male and female population. This agrees with Henniwati's research [8] which says that in general the morbidity rate in women is higher and women are more likely to feel pain so that women should consult with health authorities more for physical examination in the midwifery and dental polities, women are more sensitive to feelings of pain than men man, but men are more concerned with quality of life, one of which is the element of health.

Gender is the difference in the shape, nature, and biological function of men and women who determine the difference in their support in carrying out efforts to carry on the line [10]. Gender or sex is a biologically determined division of two sexes, namely that men have a penis and produce sperm, while women have reproductive organs such as having a uterus, breasts (for breastfeeding) and vagina (channel for delivery), and producing egg. Gender is permanently unchanged and is a biological provision or natural provision [11].

3) Respondent's Education Level

Table 3. Distribution of Characteristics of Respondents by Elderly Education Level at the Semeru Ceria Elderly Health Service Post in 2019

Education	Frequency	Percentage (%)
No School	13	33.33
Primary school	10	25.64
Junior High School	9	23.08
Senior High School	7	17.95
Total	39	100

Source: Primary data, processed in 2019

Based on the results of the study according to the education level of the respondents showed that the education level of the highest respondents was not in school (33.33%) and the least level of education was SMA as many as 7 people (17.95%). This is because when they were at school, the school was still rare and only certain people could go to school. This is in agreement with the research of Rahayu et al [7] which states that the level of education does not affect the intensity of visits to the elderly Integrated Health Service Post. This is inversely proportional to Henniwati's research [8] which says that the higher the level of education of a person will also increase knowledge, information obtained. This shows that the higher the education, the higher the demand and demand for health services, the lower education will result in them having difficulty receiving counseling provided by extension workers.

According to Mubarak [10] education as a process in a series of influences and thus will lead to changes in behavior in itself, because it cannot be denied that the higher a person's education is, the more easily they receive health information. Conversely, if someone has a low education level, it will hinder a person's development towards acceptance, health information and new values introduced.

4) Occupation of Respondens

Table 4 Distribution of Characteristics of Respondents by Occupation Elderly at the Semeru Ceria Elderly Health Service Post in 2019

Occupation	Frequency	Percentage (%)
Labor	6	15.38
Farmer	15	38.46
Self Employed	8	20.51
Retired	3	7.69
Not Working	7	17.95
Total	39	100

Source: Primary data, processed in 2019

The table above explains that the work of the most respondents is as many as 15 farmers (38.46%) and at least 3 are retirees (7.68%). This is because the elderly do not want to depend on their families, the elderly want to live independently without help from their families. This is supported by research by Rahayu et al [7] who said that the inactivity of the elderly because the majority of the elderly are still working and the elderly also say they do not want to depend on others. So as much as possible they want to have their own resources. This is not in accordance with the research conducted by Henniwati [8] explaining that work does not have a significant effect on the utilization of the services of the elderly Integrated Health Service Post.

5) Family Support

**Table 5 Univariate Analysis of Elderly Family Support
at the Semeru Ceria Elderly Health Service Post in 2019**

Family Support	Frequency	Percentage (%)
Height	14	35.90
Low	25	64.10
Total	39	100

Source: Primary data, processed in 2019

The results showed that 25 respondents had low family support (64.10%). Family support influences adherence in participating in the elderly Integrated Health Service Post, and the majority of respondents whose family support is low have a non-compliant category. This is because the elderly who are not reminded of the schedule of the Integrated Health Service Post by their families because the family is busy working and the family does not encourage the elderly to attend the Integrated Health Service Post for the elderly. This is in agreement with Hidayati's research [12] which concluded that the intensity of relationships with other people did not affect the intensity of visits to the elderly Integrated Health Service Post. It is said that humans are social creatures, as long as humans still live wanting to connect with other people as well as even though they are elderly people want to connect and be contacted by others.

According to Setiadi [13] that the family is a service unit because family health problems are interrelated and affect each other between members and will also influence families around them or the surrounding community or in a broad context affecting the country.

Family support is very important in the stages of health care, starting from the stage of improving health, prevention, treatment to rehabilitation. Social support is needed by every individual in every life cycle. Social support will be increasingly needed when someone is experiencing problems or illness, this is where family members support is needed to go through difficult times quickly [14].

6) Compliance

Table 6. Univariate Analysis of Elderly Compliance at the Semeru Ceria Elderly Health Service Post in 2019

Compliance	Frequency	Percentage (%)
Comply	16	41.03
Not Compliant	23	58.97
Total	39	100

Source: Primary data, processed in 2019

According to the results of the study, most of the elderly at the Semeru Ceria Elderly Integrated Health Service Post Jeruksawit Village, Gondangrejo Subdistrict, Karanganyar District did not obey attending the Integrated Health Service Post for 23 people (58.97%) because there were still many working elderly. This agrees with the research of Rahayu et al [7] which said that the factors that affect the inactivity of the elderly coming to the Integrated Health Service Post for the elderly include organ dysfunction, work that cannot be abandoned and because the elderly feel themselves healthy. Social support in the form of emotional support from other family members, friends, time and money are important factors in compliance with medical programs. Family and friends can help reduce anxiety caused by certain diseases, they can eliminate the temptation to disobedience, and they can often be a support group to achieve obedience [15].

b. Bivariate Analysis

Table 7. Bivariate Analysis Relationship between Family Support and Elderly Compliance Following Elderly Integrated Health Service Post at Semeru Ceria Elderly Health Service Post in 2019

Family Support	Compliance		Total	p-value
	Comply	Not Compliant		
Height	10	4	14	0.004
Low	6	19	25	
Total	16	23	39	

Source: Primary data, processed in 2019

Table 7 shows that 16 people have high family support with 10 people obeying and 4 people not obeying, while 25 people have low family support with 6 people obeying and 19 people not obeying. The results of statistical analysis using Chi Square to show P-value 0.004 < 0.05 means that there is a significant relationship between family support and adherence of the elderly in attending the Integrated Health Service Post for elderly.

In Ismawati et al [5] which stated that family support was very supportive in encouraging the interest or willingness of the elderly to take part in the activities of the elderly Integrated Health Service Post. Families can be a powerful motivator for the elderly if they always provide themselves to accompany or take the elderly to the Integrated Health Service Post, remind the elderly if they forget the schedule of the Integrated Health Service

Post, and try to help overcome all problems with the elderly. According to Research Rahayu et al [7] said that in our society as an eastern person with a very strong family culture, children, grandchildren, and elderly relatives generally do not mind to accept the existence of elderly people in their families. Inactivity to Integrated Health Service Posts between respondents who live with their husbands or wives and who live with children is almost not the same, even though elderly people are motivated by family members and receive support from their children. Social support is a condition that is beneficial to individuals obtained from other people who can be trusted, so that someone will know that there are other people who pay attention, respect, and love them. The effects of social support on health and well-being function together. More specifically, the existence of adequate social support is proven to be associated with decreased mortality, easier to recover from illness, cognitive function, physical, and emotional health. Besides that, the positive influence of family social support is on adjusting for events in life that are full of stress [13].

4. CONCLUSION

The results of the study have not been able to prove the ability of MST to match the prognostic accuracy possessed by MNA-SF in detecting the risk of malnutrition in hospitalized geriatric patients. However, given its ease of use, it is recommended to consider MST as an alternative screening method in certain conditions that require rapid detection.

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REFERENCES

- [1] Friedman M. *Keperawatan Keluarga Teori Dan Praktik (Family Nursing: Theory and Practice)* Edisi 3. Jakarta: EGC; 1998.
- [2] Batubara RMERAJI. *Mengenal Usia Lanjut Dan Perawatannya*. Jakarta: Salemba Medika; 2009.
- [3] Irdawati AS and. *Persepsi Lansia Terhadap Kegiatan Pembinaan Kesehatan Lansia di Posyandu Wilayah Kerja Puskesmas Prambanan 1 Yogyakarta*. J Kesehat. 2008;1(17).
- [4] Amarwati DBA and U. *Menjaga Kesehatan Usia Lanjut di Posyandu Lansia Sruni*. Warta. 2007;10(2).
- [5] Proverawati CISP. *Posyandu & Desa Siaga: Panduan Untuk Bidan & Kader*. Yogyakarta: Nuha Medika; 2010.
- [6] Wijayanti. *Hubungan Kondisi Fisik RTT Lansia Terhadap Kondisi Sosial Lansia di RW 03 RT 05 Kelurahan Tegalsari, Kecamatan Candisari, Semarang*. J Ilm Peranc Kota dan Permukim. 2008;7(1).
- [7] Harjanto SRPD. *Faktor-Faktor yang Mempengaruhi Ketidakaktifan Lanjut Usia ke Posyandu di Puskesmas Cebogan Salatiga*. J Kebidanan dan Keperawatan. 2010;6(1).
- [8] [Henniwati. *Faktor-Faktor yang Mempengaruhi Pemanfaatan Pelayanan Posyandu Lanjut Usia di Wilayah Kerja Puskesmas Kabupaten Aceh Timur*. 2008.
- [9] Hardywinoto. *Panduan Gerontologi*. Jakarta: Gramedia; 2005.
- [10] Mubarak WI. *Buku Ajar Ilmu Keperawatan Komunitas 2 Teori & Aplikasi Dalam Praktik Dengan Pendekatan Asuhan Keperawatan Komunitas, Gerontik Dan Keluarga*.

- Jakarta:Agung Seto. 12) Niven, N. 2000. Psikologi Kesehatan : Pengantar Untuk Perawat & Profesional Kesehatan Lai. Jakarta: EGC; 2006.
- [11] Sudarman M. Sosiologi Untuk Kesehatan. Jakarta: Salemba Medika; 2008.
- [12] Hidayati S. Perbedaan Karakteristik Lanjut Usia Yang Aktif dan Tidak Aktif Dalam Kegiatan Posyandu Lanjut Usia Di Wilayah Kerja Puskesmas Mantrijeron Yogyakarta. 2002.
- [13] Setiadi. Konsep & Proses Keperawatan Keluarga. Yogyakarta: Graha Ilmu; 2008.
- [14] Effendi F. Keperawatan Kesehatan Komunitas : Teori Dan Praktik Dalam Keperawatan. Jakarta: Salemba Medika; 2009.
- [15] Putro NH. Hubungan Antara Dukungan Keluarga Terhadap Motivasi Lansia Menghadiri Posyandu Lansia. Semarang; 2008.