



Relationship between family support and the number of visits to the Posyandu for the elderly

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ABSTRACT

Posyandu for the elderly 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 ranging from promotive, preventive, curative and rehabilitative but its utilization cannot be carried out optimally, as is the case with the Elderly Posyandu. which are in the working area of the Pataruman I health center in their activities are only attended by about 30% and this figure is still below the achievement target. The purpose of this study was to determine the relationship between family support and the number of visits to the elderly posyandu in the work area of the Pataruman I Public Health Center, Banjar City. This research is analytical using a cross sectional approach. The population in this study amounted to 404 people with a sample obtained as many as 80 respondents. Sampling technique Purposive Sampling. Collecting data using an observation sheet in the form of a checklist sheet. Data analysis used univariate and bivariate analysis with Chi-square. The results of the study concluded that there was a relationship between family support and visits to the Elderly Posyandu ($p = 0.000$), the standard was significantly lower than 0.05 or ($p < \alpha$), then H_0 data was rejected and H_1 was accepted. It is recommended to provide counseling to the elderly and their families about the benefits of the Elderly Posyandu, to empower the Elderly Posyandu cadres to provide information to the elderly about the Elderly Posyandu, to provide counseling to the elderly families to be able to provide support to the elderly to take advantage of the Elderly Posyandu, to motivate health workers to provide information to each and every person. Elderly who visit the Puskesmas or other health facilities and their families about the benefits of Posyandu for the Elderly

Keywords: *Visite Rate, Family Support, Elderly Posyandu*

Introduction

Elderly (elderly) according to Law Number 13 of 1998 is someone who has reached the age of 60 (sixty) years and over. The elderly population continues to increase along with progress in the health sector which is marked by an increase in Life Expectancy (UHH) and a decrease in mortality. (BPS, 2019). The world's elderly population is expected to increase by 223% or by 694 million people between 1970–2025. This figure is even estimated to reach 2 billion people by 2050, and 80% of the population is in developing countries. The World Health Organization (WHO) estimates that by 2025 the number of elderly people worldwide will reach 1.2 billion people which will continue to grow to 2 billion people in 2050. WHO also estimates that 75% of the world's elderly population in 2025 will be in developing countries, half of the world's elderly are in Asia. Asia and Indonesia from 2015 have entered the era of the aging population because the population aged 60 years and over exceeds 7 percent (Ministry of Health, 2017).

In almost five decades, the percentage of the elderly in Indonesia has more than doubled (1971-2019), namely to 9.6 percent (25 million) where there are about one percent more female elderly than male elderly (10.10. percent versus 9.10 percent). Of all the elderly in Indonesia, the young elderly (60-69 years) far dominate with a magnitude that reaches 63.82 percent, followed by the middle elderly (70-79 years) and the elderly (80+ years) with a magnitude of each. 27.68 percent and 8.50 percent respectively. According to the Banjar City Health Office, in 2018 the number of elderly in the working area of the Banjar I Health Center reached 1570 elderly with the new visit rate reaching approximately 30%. (Banjar Health Office Health Profile 2019).

The impact of the increase in the number of elderly, among others, the problem of degenerative diseases will often accompany the elderly who are chronic and multipathological, in handling it requires quite a long time and large costs. Facing such conditions, it is necessary to study the problems of the elderly that are more basic and in accordance with the needs, naturally increasing age will cause degenerative changes with manifestations of several diseases such as hypertension, heart disorders, diabetes mellitus, uterine/prostate cancer, osteoporosis and others. other. Although old age is not a disease, but along with the aging process, the incidence of chronic disease and disability will increase. Given these conditions, the elderly are a population group that is quite vulnerable to problems both economic, social, cultural, health and psychological problems that cause the elderly to become less independent and not a few elderly people need the help of others to carry out daily activities (Suardiman, 2011).

Integrated and sustainable elderly health development is needed for the elderly in the form of promotive, preventive, curative and rehabilitative efforts by taking into account socio-cultural environmental factors and the potential that exists in the community. Law Number 13 of 1998 concerning Elderly Welfare explains that health services must be provided as an effort to fulfill the rights of the elderly in improving their social welfare. Government efforts that have been made include the establishment of home care for the elderly with special needs, productive economic business programs, and the Posyandu for the Elderly (Mustari, Andie Surya, et al, 2015). The Elderly Posyandu is a self-help activity from the community in the health sector. Elderly health services in question are residents aged 45 years and over who receive health services according to standards by health workers both at the Puskesmas and at the Posyandu for the Elderly Group (Zakir M, 2017).

Families are the people who most often provide continuous support so that the elderly continue to strive to maintain their health, one of which is by participating in Posyandu activities for the elderly on a regular basis. Psychological interventions that can be provided by the family cause the elderly to be motivated and obedient to participate in regular elderly posyandu

activities. The family is the main support system for the elderly in maintaining their health (Zakir M, 2017). According to Azizah (2011), the elderly have the greatest emotional bond with their family, so the elderly need family support to make decisions and solve important problems in their lives, including the health problems they experience. In terms of health, the family has an important role, as far as possible controlling and reminding the elderly to have their health checked regularly at health service places including posyandu.

The existence of family support for the elderly can cause inner peace and feelings of pleasure in the elderly. In addition, the existence of family support has an impact on the convenience of the elderly to participate in activities at the Posyandu for the elderly. The family also has a major role in providing encouragement to the elderly before other parties also provide encouragement. The pattern of the relationship between family support and activity shows that the higher the family support, the higher the active participation in the Posyandu activities for the elderly. On the other hand, the lower the family support, the lower the active participation in the Posyandu activities for the elderly. The activeness of elderly visits to posyandu for the elderly can also be influenced by factors of age, education, and occupation.

The elderly registered in the elderly Posyandu in the Pataruman I Health Center work area as many as 404 elderly, the average attendance every month is 30%. This proves that the utilization of health services at the Elderly Posyandu is still very far from the expected target of 70% set by the Indonesian Ministry of Health (Depkes RI, 2010). The results of interviews conducted on 10 elderly people in one of the 8 existing posyandu, namely the Sekar Mawar posyandu, showed that 6 elderly people said that their families were busy so they did not have time to take them to the posyandu, while the posyandu was far from where they lived and 4 elderly people said their families always took them. to the posyandu and pick him up. Elderly people who do not actively use health services at the Posyandu for the elderly, their health condition cannot be monitored properly, considering that the elderly are a population group that is quite vulnerable to problems both economic, social, cultural, health and psychological problems.

Objective

Based on introduction, the researcher is interested in knowing more about the relationship between family support and the number of visits to the elderly posyandu in the Pataruman I Health Center Work Area, Banjar City in 2019.

Method

This research is analytic by using a cross sectional approach. The population in this study amounted to 404 people with a sample of 80 respondents. Sampling technique Purposive Sampling. Collecting data using an observation sheet in the form of a checklist sheet. Data analysis used univariate and bivariate analysis with Chi-square. which are spread over eight posyandu for the elderly, namely: Posyandu for the elderly Sekarmawar, Sekarwangi, Sekar Tanjung, Cempaka Putih, Puncaksari, Giri Mulya, Melati and Kencana. The research instrument used a family support questionnaire. This questionnaire consisted of 20 questions. Furthermore, for the number of visits to the elderly posyandu with a checklist sheet. The questionnaire for family support has a reliability test value of 0.468, the value is > 0.05 .

Data processing is done by editing, scoring, coding, entry, cleaning, and tabulating stages. Data analysis was performed for univariate and bivariate. Bivariate analysis using Chi Square test

During the study, researchers also paid attention to ethics, including: anonymity, confidentiality, privacy, and self-determination..

Results

a. Characteristics of Respondents

Table 1. Frequency Distribution of Respondents by Gender in the UPTD Pataruman I Health Center Work Area

Gender	f	%
Male	34	57,5
Female	46	42,5
Total	80	100

Source: Primary Data 2019

Table 2. Frequency Distribution of Respondents by Age in the UPTD Pataruman I Health Center Work Area

Age	f	%
60-74 years	53	66
74-90 years	27	34

b. Univariate Analysis

Table 4. Frequency Distribution of Respondents to Family Support in the UPTD Pataruman I Health Center Work Area

Family support	f	%
High	13	16,25
Low	67	83,75
Total	80	100

Source: Secondary Data (Statistics) 2019

c. Bivariate Analysis

Table 6. Relationship between Family Support and Visits to the Elderly Posyandu in the UPTD Pataruman I Health Center Work Area

Dukungan Keluarga	Visits to the Elderly Posyandu				Total	P Value
	Active		No Active			
	f	%	f	%		
High	1	100	0	0,0	13	0,000
Low	1	1,5	6	98,5	67	
Total	1	17,5	6	82,5	80	
	4		6			

Source: Secondary Data (Statistics) 2019

Total	f	%
80	100	

Source: Primary Data 2019

Table 3. Frequency Distribution of Respondents by Occupation in the UPTD Pataruman I Health Center Work Area

Work	f	%
Farmer	55	69
civil servant	3	4
Private employees	2	2
Self-employed	12	15
Doesn't work	8	10
Total	80	100

Source: Primary Data 2019

Table 5. Distribution of the frequency of visits to the Elderly Posyandu in the UPTD Pataruman I Health Center Work Area

Elderly Posyandu Visit	f	%
Active	14	17,5
no Active	66	82,5
Total	80	100

Source: Secondary Data (Statistics) 2019

Discussion

a. Family support

From the data obtained, it shows that most of the respondents whose family support is still low are 67 people (83.75%) while for the high category family support is 13 people (16.25%). From the results of the study above, it shows that most families do not support the elderly to actively come to the posyandu for the elderly. Whereas family support plays a very important role in encouraging the interest or willingness of the elderly to participate in the activities of the elderly posyandu. Low family support shows that family members care about the health of the elderly is still lacking, so that it can affect the number of elderly visits to the elderly posyandu, even though family support can affect a person's comfort where the person feels cared for and appreciated. This support can be in the form of: 1) Emotional support: includes support that is manifested in the form of affection, trust, attention, listening and being heard, as well as providing a sense of comfort, security, and affection from family to the elderly; 2) Reward support: includes giving praise, support, appreciation, and increasing self-confidence; 3) Instrumental support: includes the provision of materials (money), goods, food and drink, as well as transportation from the family to the elderly; 4) Information support: includes providing advice, suggestions, suggestions, instructions and providing information related to things that are needed by the elderly; 5) Network support includes encouragement from families to the elderly to get to know health workers at the posyandu for the elderly and participate in posyandu activities with other elderly people.

b. Number of Elderly Posyandu Visits

Based on table 5, the number of elderly visits in participating in elderly activities states that 66 of 80 respondents (82.5%) elderly are still not actively visiting the elderly posyandu. visits of the elderly who regularly participate in Posyandu activities in the last 3 months. This inactivity causes the health of the elderly to be difficult to serve. This is because one of the centers for providing health services to the elderly is the Posyandu for the elderly. In the working area of the Pataruman I Public Health Center, several reasons were found why the elderly did not actively participate in the activities of the first elderly posyandu because the elderly were sick, could not leave work, had no one to accompany them, and were far to reach. These conditions cause some elderly to be less active in participating in the activities of the elderly posyandu. While 14 out of 80 respondents or (17.5%) are elderly who do not actively participate in activities even though they have received family support. This is probably because the elderly said they were lazy to come to the elderly posyandu, and did not want to be directed to participate in the elderly posyandu activities. This is what causes even though the family has provided support, the elderly still do not want to join the Posyandu for the elderly.

Even though it is known that the Posyandu for the elderly aims to increase the reach of elderly health services in the community, so that health services are formed that are in accordance with the needs of the elderly (Intarti, 2018).

c. Relationship between family support and the number of visits to posyandu for the elderly

The relationship between family support and the number of elderly posyandu visits in the work area of the Pataruman I Health Center in Banjar City in 2019, based on table 6 above, it can be seen that the number of family support in the high category is 13 people (16.25%) while the low support is 67 (83, 7%). Based on the results of the Chi-square test calculation, it is found that

p value = 0.000 if the alpha value = 0.05 then the p value (0.000) <0.05 then H_0 is accepted so there is a relationship between family support and the number of visits to the elderly posyandu in the work area of Pataruman I Health Center Banjar City in year 2019.

This is in accordance with Maryam's research (2011) which says that the family is the person who most often provides continuous support so that the elderly continue to strive to maintain their health, one of which is by regularly participating in Posyandu activities for the elderly. Psychological interventions that can be provided by the family cause the elderly to be motivated and obedient to participate in Posyandu activities for the elderly on a regular basis. The family is the main support system for the elderly in maintaining their health (Maryam et al, 2011). According to Azizah (2011), the elderly have the greatest emotional bond with their family, so the elderly need family support to make decisions and solve important problems in their lives, including the health problems they experience. In terms of health, the family has an important role, as far as possible controlling and reminding the elderly to regularly check their health regularly at health service places including posyandu (Aryantiningasih, 2014). The existence of family support for the elderly can cause inner peace and feelings of pleasure in the elderly. In addition, the existence of family support has an impact on the convenience of the elderly to participate in activities at the Posyandu for the elderly. The family also has a major role in providing encouragement to the elderly before other parties also provide encouragement. (Rusmin, et al 2017). The pattern of the relationship between family support and activity shows that the higher the family support, the higher the active participation in the Posyandu activities for the elderly. On the other hand, the lower the family support, the lower the active participation in the Posyandu activities for the elderly. The activeness of elderly visits to posyandu for the elderly can also be influenced by factors of age, education, and occupation (Menko, 2015)

Conclusion

The description in the discussion of this study can be concluded that there is a significant relationship between family support and the number of elderly posyandu visits in the UPTD Pataruman I Health Center in Banjar City in 2019 as evidenced by a statistical test of p value = 0.000 where the p value is less than 0.05

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