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Original Research



Increased the Intensity of Elderly Visit to Posyandu with Family Support

Desi Sandra Fatmawati¹, Edy Soesanto²

- ¹ Indonesian National Nurses Association of Central Java, Indonesia
- ² University of Muhammadiyah Semarang, Indonesia

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Abstract

The decline in health, especially in the elderly will affect the independence and quality of life of the elderly. The role of the family is needed to motivate the elderly in health checks to health services. One of the health services for the elderly is the elderly Posyandu which is an integrated health service for the community-based elderly. Based on data the level of elderly visits to Posyandu the elderly shows that the level of elderly visits to the Posyandu of the elderly is relatively low. The low number of elderly visits to Posyandu is influenced by several factors, one of them is the support from the family. The low number of elderly visits to Posyandu is influenced by several factors, one of them is the support from the family. The purpose of the research was to found out the relationship between family support and the intensity of elderly visits to PosyanduSumber Sehat. This research used a quantitative descriptive correlational study with a cross-sectional design. The sample in this study was 82 elderly respondents with a purposive sampling technique. The results showed that good family support was 46 (56,1%) and less family support was 36 (43,9%). The intensity of elderly visits in the low category was 48 (58.5%) and there were 34 (41.5%) with high visit intensity. There was a significant relationship between family support and the intensity of elderly visits to posyandu.

INTRODUCTION

As a person ages, the physiological function will decrease due to the aging process thereby increasing the risk of many noncommunicable diseases appearing in the elderly. In addition, the degenerative process will reduce the body's resistance to infectious diseases. Degenerative diseases commonly suffered by the elderly are hypertension (57.6), arthritis (51.9), stroke (46.1), COPD (8.6) and DM (4.8).¹

One of the government's efforts to improve the welfare and health status of the elderly is by organizing elderly *Posyandu* activities. This health service program approach is on focused integrated services promotive and preventive prioritizing efforts on elderly health through empowerment and the active role of the community. The health service program is expected to be able to detect early on the health problems experienced by the elderly.²

Corresponding author:

Edy Soesanto

soes antoe disoes @gmail.com

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The elderly *Posyandu* that is still actively held today is one form of health services for the elderly, one of which is the *Posyandu* Elder "Sumber Sehat" located at Rw 05 Kangkung Village. The list of the attendance rates of the elderly in the health source *posyandu* for the period January 2018 - December 2018, shows that the coverage rate of elderly visits to the health source *posyandu* is only 14.2%. This proves that the attendance rate is still very far from the expected coverage rate of 80% set by the Ministry of Health of the Republic of Indonesia.¹

The low rate of absence of the elderly to the Posyandu for the elderly is influenced by several factors including the age of the elderly, the knowledge of the elderly about the benefits of the Posyandu, employment, the elderly attitude towards the use of the Posyandu, infrastructure, geographical location (distance of the elderly home to the location of the elderly Posyandu), the role of health workers and family support.³

Family support is very important in motivating the elderly to check their health conditions for health services because of the good physical and emotional family relationships. The existence of a family becomes something that is very needed by the elderly where the family can accompany and accompany the elderly to visit the *Posyandu* for the elderly.⁴

Family support includes informative support in the form of advice, direction, and explanation. Instrumental support is the provision of tangible or physical assistance which can be in the form of goods, services, supporting infrastructure advice including providing time opportunities. Emotional support in the form of giving attention, trust so that someone becomes convinced that other people are able to give love and affection to him and support assessment in the form of a positive assessment of the individual which includes feedback and approval.⁵

Based on the results of research conducted by another research that the highest level of support from families is good support at 88.1% and less support at 11.9%. The majority of respondents received support from families, but in practice controlling their health respondents did not get full support from families, this indicated there were still 26.3% of families not taking time for respondents, and 24.9% did not want to take respondents to check into services health.⁶

The results of a preliminary study conducted by researchers on November 10, 2018, by conducting interviews with 8 elderly people at the Posyandu elderly healthy sources, the results show that as many as 3 elderly people said that the factor that caused the elderly not to attend the posyandu was the healthy source because they forgot the posyandu schedule for the elderly and there were no family members who took the elderly to the elderly posyandu implementation site. Lack of support from families due to family members busy with their work so that families tend not to have much time to accompany and accompany the elderly.

METHODS

This type of research is a quantitative study that uses a descriptive correlational design with an approach carried out in a crosssectional way. In this study the population was the elderly who participated in the Posyandu elderly activities of Sumber Sehat in the last 3 months, amounting to 104 respondents. The sampling method used in this study is to use purposive sampling so that the sample becomes 82 respondents. This research was conducted at the Sumber Sehat elderly posyandu and in every elderly house registered following the elderly posyandu located in Rw 05 Kangkung Village. Data collection tool with a questionnaire sheet. The research process took place from 12 -25 July 2019. analyzed by univariate and bivariate (Spearman Rank Correlation test).

RESULTS

Characteristics of respondents most of the respondents included in the category of elderly 76 (92.7%), the majority of elderly women were 69 (84.1%), education as many as 48 (58.5%) respondents did not attend school, the elderly worked as farmers 44 (53.7%), and 37 (45.1%) respondents lived with children.

Based on table 1 above shows that of 82 respondents there are 46 elderly (56.1%) get good family support while for the lack of support as many as 36 elderly (43.9%). Based on table 1 above shows that of the 82 respondents there were 48 elderly (58.5%) with low visit intensity. While 34 elderly (41.5%) with high visits.

Table 1
Frequency Distribution of Elderly Characteristics in

Posyandu						
Indicators	f	%				
Age						
Elderly	76	92,7				
Old Age	6	7,3				
Gender						
Male	13	15,9				
Famale	69	84,1				
Education						
No school	48	58,5				
Elementary school	32	39				
Middle school	2	2,4				
Occupation						
Does not work	31	37,8				
Farmers	44	53,7				
Entrepreneur	7	8,5				
Status of Stay						
Son	37	45,1				
Couple	24	29,3				
Spouse and Children	20	24,4				
Sibling	1	1,2				
Family support level						
Support	46	56,1				
Less Supportive	36	43,9				
Intensity of Visit						
Posyandu						
Low	48	58,5				
High	34	41,5				

The results of the study revealed that the average visit intensity score was 5.9024 with a median value of 6. The highest value was 11 and the lowest value was 1 and the standard deviation was at 2.20826. The data

normality test results using Kolmogorov-Smirnov obtained a p-value of 0,000 so that the data obtained were not normally distributed, then the categorization is based on a median value of 6.

The results of the study revealed that the mean family support score was 13.41 with a median value of 15. The maximum value was 18 and the minimum value was 2 with the standard deviation being at 3.607. The results of normality test data using Kolmogorov-Smirnov obtained a p-value of 0,000 so that the data obtained were not normally distributed, then categorization is based on a median value of 15.

Table 2
Description of Family Support for the Elderly in
Posyandu

1 obyaniaa				
Variable	Mean	SD		
Family support	13,41	3,607		
Intensity of Visits	5,9024	2,16373		

Table 3 shows that the majority of respondents who received active family support participated in posyandu for elderly with high intensity of visits as many as 28 (34.1%) respondents, and a small portion of respondents who did not get support from families not actively participated in elderly Posyandu with low intensity of visits as much as 12 (14.6%) respondents. The Spearman Rank Correlation test results obtained p-value = 0,000 meaning there is a significant relationship between family support and the intensity of elderly visits to the Sumber Sehat elderly posyandu in Rw 05 Kangkung Village.

Table 3
Relationship between Family Support and Intensity
of Elderly Visit to Posyandu

of Elderly Visit to 1 Osyandu						
п и	Intensity of Visit			p		
Family	High		Low			
Support -	f	%	f	%		
Support	28	34,1	18	22,0		
Less support	24	29,3	12	14,6	0,000	

DISCUSSION

The results showed that the majority of respondents received support from families as many as 46 respondents (56.1%) while respondents who lacked family support were 36 respondents (43.9%). The size of the support given by the family is closely related to the family's understanding of the perception of the benefits of health services for the elderly.

Support can be described as a feeling of belonging or belief that other people can play an active role in everyday life. Family support that is realized by giving attention, being sympathetic, and giving help and encouragement will lead to a feeling of being more stable and safe in the elderly.^{7,8}

informative Family support includes support in the form of giving information in solving a problem which includes giving advice. direction. and explanation, instrumental support is providing tangible assistance or fisk which can be in the form of goods, services and advice supporting infrastructure to help or help others including giving time opportunity. Emotional support in the form of giving attention, trust so that someone becomes convinced that other people are able to give love and affection to him as well as assessment support in the form of a positive assessment of individuals consisting of social support which includes feedback and approval.5

The results showed that most of the elderly were not actively participating in the elderly posyandu with a low intensity of visits of 48 respondents (58.5%). While the rest are 34 elderly (41.5%) with high visit intensity. Factors that influence the intensity of elderly visits to posyandu elderly are gender. Based on the results of this study showed that the majority of the elderly who participated in the Posyandu for the elderly were women, amounting to 69 elderly (84.1%). Most of the elderly who are male do not attend the posyandu for the

elderly because they are still active at work, therefore they tend to not have much time to attend the posyandu for the elderly.

Another factor that influences the intensity of elderly visits to posyandu is work. In this study, it is known that some are still working as farmers, amounting to 44 elderly (53.7%). Work is an activity that is carried out by someone continually to get compensation. This is caused because the elderly do not want to depend either financially or otherwise on the family. Most of the elderly want to live independently by not relying on family.

The Spearman Rank correlation test results obtained a p-value of 0,000 (p < 0.05) so that it can be concluded that there is a significant relationship between family support and the intensity of elderly visits to the posyandu of healthy elderly sources. The correlation coefficient (r) of 0.586, the value is in the range of a strong relationship level (0.51 - 0.75). These results are in line with another research which concludes that there is a relationship between family support and the level of depression in the elderly at the Posyandu Sejahtera GBI Setia Bakti Kediri.⁹

Family support is very instrumental in encouraging the interest of the elderly to participate in elderly Posyandu activities. The family can be the main support for the elderly if they always take the time to accompany or take the elderly to the posyandu, remind the elderly if they forget the posyandu schedule and try to help overcome all problems with the elderly.⁴

This is consistent with the theory Friedman which states that the family can function as the main support for its members so that members view that people who are supportive are always ready to provide help and assistance if needed.

CONCLUSION

The most family support given to the elderly is a good support of 46 respondents (56.1%). The intensity of elderly visits to posyandu for the elderly with healthy sources is mostly in the low category of 48 respondents (58.5%). There is a relationship between family support with the intensity of elderly visits to Posyandu elderly.

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CONFLICTS OF INTEREST

Neither of the authors has any conflicts of interest that would bias the findings presented here.

REFERENCES

- Kemenkes RI. Infodatin Lanjut Usia (Lansia). Indonesia; 2016:12. doi:10.1016/S0040-4039(98)00661-3
- 2. Dinas Kesehatan Kota Semarang. Laporan Posbindu Di Kota Semarang Tahun 2013. 2014.

- 3. Sunaryo MK et al. Asuhan Keperawatan Gerontik.; 2015.
- 4. Sulistyorini, C., Pebriantri, S., Proverawati A. *Posyandu Dan Desa Siaga*. Yogyakarta: Nuha Medika; 2010.
- 5. Harnilawati. *Konsep Dan Proses Keperawatan Keluarga*. Pustaka As Salam; 2013.
- Soesanto E, Istiarti T, Pietojo H. Praktik Lansia Hipertensi dalam Mengendalikan Kesehatan Diri di Wilayah Puskesmas Mranggen Demak. *J Promosi Kesehat Indones*. 2018;5(2):127-139. doi:10.14710/jpki.7.3.127-139
- 7. Friedman, M., Bowden, V., & Jones E. Buku Ajar Keperawatan Keluarga; Riset, Teori dan Praktek. 2010.
- 8. Yanto A, Setyawati D. Dukungan Keluarga Pada Pasien Diabetes Mellitus Tipe 2 Di Kota Semarang. In: Seminar Nasional Universitas Muhammadiyah Semarang. Vol 1. Universitas Muhammadiyah Semarang: LPPM Universitas Muhammadiyah Semarang; 2017. http://eriset.unimus.ac.id/index.php/psn1201 2010/index.
- Astuti VW. Hubungan Dukungan Keluarga Dengan Tingkat Depresi Pada Lansia Di Posyandu Sejahtera GBI Setia Bakti Kediri. J Penelit STIKES RS Baptis Kediri. 2010;3(2):78-84