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Elderly Participation in Elderly POSYANDU in Relationship with Family Support



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Abstract

In 2020, there are an estimated 727 million elderly over worldwide. In Indonesia, according to the East Java Health Profile, it is stated that the coverage of the elderly who received health services in 2019 was 62.9% of the 5,221,188 elderly (East Java Provincial Health Office, 2020) which is very far from the minimum standard for elderly posyandu services, which is 80%. The purpose of this study was to see whether there was a relationship between the involvement of the elderly in the posyandu for the elderly with family support. The Elderly Posyandu is one of the services for the elderly which includes prevention, improvement, treatment, and healing activities. This study was conducted to see whether there is a relationship between the participation of the elderly in the posyandu for the elderly in relation to support from the family. This writing uses a systematic mapping review design. Using the keywords "Elderly" AND "Family Support" AND "Participation in Elderly Posyandu" OR "Family Support" AND "Elderly" AND "Health Services". This writing uses a comparison technique. 10 articles were selected using CASP tools and JBI tools. Articles were taken from the Google Scholar database (1 journal), PubMed (2 journals), e-Journal (2 journals), Garuda (3 journals), and Researchgate (2 journals). There is a relationship between the actions of the elderly in attending the posyandu for the elderly with family support, which consists of instrumental assistance, information assistance, assessment assistance, and emotional assistance. From the results of the analysis, it has been found that there is a relationship between the participation of the elderly in the elderly posyandu in relation to family support. We hope that these findings can be used as a basis for analyzing plans to improve health for the elderly

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INTRODUCTION

One of the goals of the 2015–2030 Sustainable Development Goals (SDGs) program is health for all ages in its development strategy, including quality health for the elderly^[1]. Improved welfare and quality of life in the elderly group can be seen from the increasing life expectancy of the population. The elderly are one of the targets of midwives in community midwifery where one example of health services for the elderly is the elderly posyandu, but not all elderly actively participate in posyandu activities. The village midwife is the coordinator of the posyandu program with a simple routine treatment program^[2] is the posyandu program that is run. One of the obstacles for the elderly to get to the posyandu is the lack of family assistance in delivering or reminding them to come. Family support is one type of family therapy where health problems can occur and be treated simultaneously^[3].

According to the World Health Organization or WHO (2014), the elderly population in Southeast Asia reaches 8% of the population or about 142 million people^[4]. Indonesia's absolute population is 267 million people, according to the results of the Inter-Census Population Survey (SUPAS)^[5], and is expected to increase to 269.6 million people by 2019. Within fifty years, the number of elderly people in Indonesia has doubled fold. (1971-2019), which is 9.7% of the total population or about 25.9 million people. The East Java Health Profile states that the administrative inclusion of the elderly in 2017 was 62.23% of the 4,811,433 elderly^[6], in 2018 it was 64.38% of the 5,115,251 elderly^[7], and in 2019 the inclusion was reduced to 62.9% of the 5,221^[8].188 elderly who are very far from the standard of basic assistance for the old posyandu which is 80%.

Because the elderly does not use health services at the posyandu for the elderly, it is feared that the health of the elderly will not be monitored effectively, and if they get sick due to a decrease in body condition, it will be fatal and deadly. Endangering their lives^[9]. This begins with a decrease in the function of body cells, resulting in a decrease in body function and endurance, as well as an increase in disease risk factors. In 2015, the elderly population morbidity rate was 28.62 percent, followed by 27.46 percent in 2016, 27.72 percent in 2017, 26.72 percent in 2018, 25.99 percent in 2019, and 26. .20 percent in 2019.

In the posyandu for the elderly, family support is very important because it encourages them to participate in posyandu activities to maintain their health. The elderly will feel very helpful in dealing with their lives when they get social support from their families which will make them feel not alone in their struggles, and there are still other people who pay attention, want to listen. all complaints, sympathize, and empathize with their problems. experienced, and willing to help in solving any problems that may arise^[10].

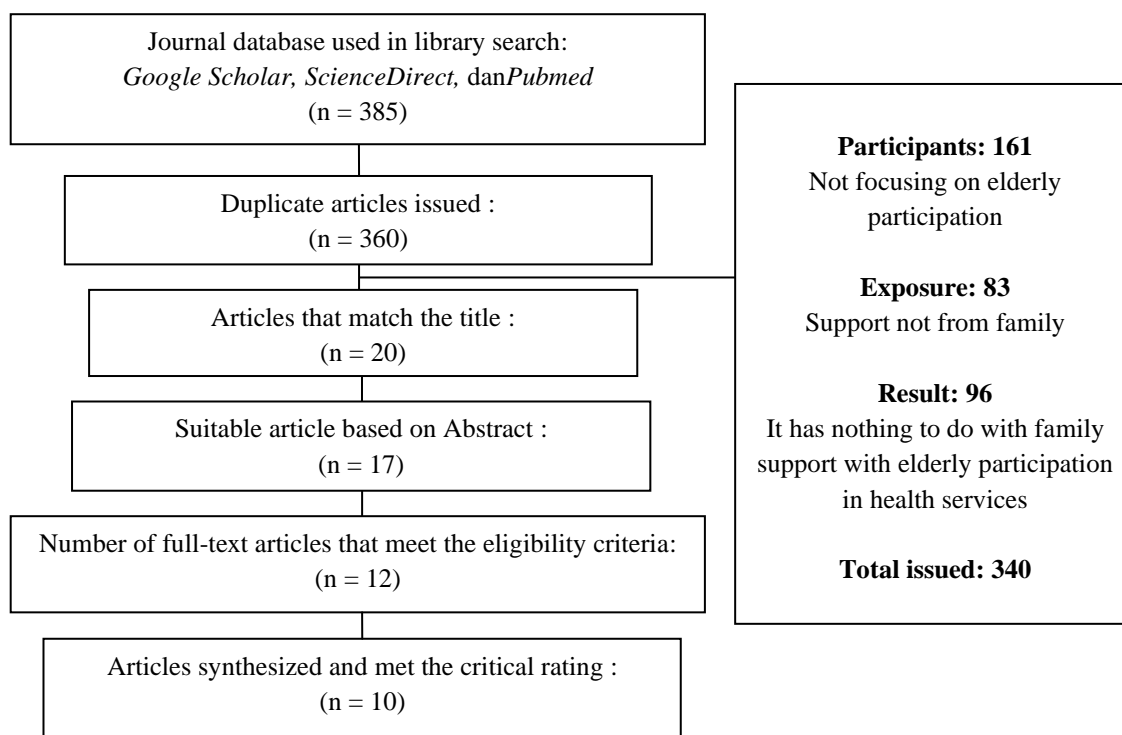
Based on the above context, the writer wants to investigate the relationship between family support and parental activities.

METHOD

This study was conducted to explain the relationship between the participation of the elderly in the elderly posyandu in relation to family support. The type of writing used is literature study. The type and method used by the author is a traditional review. Searches were made from internet sites such as PubMed, Google Scholar and others that matched the concept to be researched. The selection of journals is carried out by taking into account the PEOS framework as well as inclusion and exclusion criteria with the years published 2011-2021. Search for articles or journals using the keywords “family” AND “Parents” OR “Elderly” AND “Health Center” OR “Health Check-up” OR “Regular Check-up”. From the search results, the keyword results obtained as many as 358 journals. Then the journal was published due to duplication into 360 journals. Then adjusted with the title taken by the author into 20 journals. The journals are then selected according to the abstract and full text so that the final results are 10 journals consisting of 5 international journals and 5 national journals which are then analyzed one by one.

The inclusion criteria used are:

1. The writing subjects studied were the elderly aged over 45 years to 60 years and over.
2. Exposure to family support for the elderly.
3. The results to be obtained are the relationship between the participation of the elderly in the elderly posyandu in relation to family support.
4. Journals used in the last 10 years.
5. Journal of English and Indonesian.



The results of the examination contain a total picture of how to investigate the idea under study. Scientists look for similarities (Compare), which is a strategy to lead an audit by looking for similarities between several literary works and reaching a conclusion. Coordinate the writing to be checked. Incorporate the side effects of writing associations into the outline. Distinguishing significant problems to be dissected in writing a research literature review.

RESULT

The journal presented mentions family support for the elderly, elderly participation in health services to check their health, and the relationship between elderly participation in the elderly posyandu in relation to family support.

There were 10 journal articles analyzed and all of them used a cross sectional research design. The research instruments used in this study include 4 questionnaire journals, 3 questionnaire and interview journals, and 3 interview journals. The majority of respondents in the journal obtained were 60 years old.

Table 1: Family Support

No.	Family Support	Total	%	Researcher and Publication Year
1.	Support	20	51,3	Daniel, 2019
	Does not support	19	48,7	
2.	Support	66	100	Maria, 2017
	Does not support	0	0,00	
3.	Support	16	44,4	Nia, 2017
	Does not support	20	55,6	
4.	Support	84	43,3	Wenty, 2017
	Does not support	110	56,7	
5.	Support	78	71,6	Ardelia dkk, 2016
	Does not support	31	28,4	
6.	Support	495	87,1	Ziaeefar, 2021
	Does not support	73	12,9	

Table 2: Types of Family Support

No.	Support Type	Researcher and Publication Year
1.	Economy, transport, treatment, encouragement and care	Aboagye, 2013 Acharya, 2019 Daniel, 2019 Elizabeth, 2018 Nia, 2017 Wenty, 2017 Ardelia dkk, 2016
2.	Economy	Jiang, 2018
3.	Encouragement and attention	Ziaefar, 2021
4.	Not explained	Maria, 2017

The participation of the elderly in the posyandu for the elderly was mentioned in four of the ten articles studied. The average number of

active elderly is around 8-84, while the average inactive elderly is around 19-110.

Table 3: The relationship between the participation of the elderly in the elderly posyandu in relation to family support

No.	Relationship between Family Support and Elderly Participation in Health Services	Amount	%	Researcher and Publication Year
1.	There is a significant relationship	7	70,0	Aboagye, 2013 Ardelia dkk, 2016 Daniel, 2019 Maria, 2017 Nia, 2017 Wenty, 2017 Ziaefar, 2021
2.	Not explained	3	30,0	Jiang, 2018 Elizabeth, 2018 Acharya, 2019
Total		10	100%	

Of the ten journals reviewed, there were 7 journals which stated that there was a significant relationship between family support and the participation of the elderly to participate in the elderly posyandu, while those that did not stated that there were 3 journals.

DISCUSSION

Based on the 10 journals that have been collected, all explain the relationship between family support and the participation of the elderly in participating in posyandu activities for the elderly.

Family Support for Elderly Health

From 10 journals, it is stated that support from family members has an influence on the

elderly in improving their quality of life. The quality of life of the elderly here includes their physical and psychosocial health. Elderly who receives support from their families tend to be happier and willing to improve their health through the use of health services. This is in line with theory^[11] which states that several things that have a relationship with the participation of the elderly in participating in posyandu activities for the elderly, one of which is support from the family. Where the elderly posyandu is one example of a service that is devoted to the elderly to check their health.

In economic support, usually the elderly are retirees or those who are less productive. In almost all countries in Asia, the main source income of the elderly comes from the family.

Even though the elderly receive a pension from government and other revenues, but the proportion of the largest is from his family (Ogawa 1985). For the elderly living at home with families, it is estimated that economic assistance will be more intensive for elderly.

In transportation support, the elderly who do not have transportation rely on family members or other forms of transportation to access health services. Public transport is usually unreliable and/or non-existent in many areas. Accessibility to healthcare is a problem for the elderly by transportation for geographical distances to health services that cause many obstacles for the elderly.

Family support is one type of social support. Reciprocal interactions between individuals or family members can cause relationship with each other. Family support can be in the form of: verbal and nonverbal information or advice, real help, appropriate action given by social intimacy or the feeling that the presence other people have emotional value or have a role in behavior social support recipients. Social support from the family is very necessary so that the elderly feel useful life. Especially for the elderly living with children, families/children must pay attention and encourage the elderly to be active in activities in the environment so that the elderly can socialize well. Families are also expected to pay attention which is more for elderly who live with their families because elderly also want attention, love and care not just material given^[25].

Of the 10 journals, the support chosen by families varies, such as 7 journals that mention providing support in the form of economics, transportation to health facilities, treatment, encouragement and attention which are journals from ^[12], ^[13], ^[14], ^[15], ^[16], ^[17], and ^[18] who said that to encourage the elderly to participate in posyandu activities, family support was needed. The assistance can be in the form of mentoring the elderly, always ready to accompany the elderly to the elderly posyandu, reminding the elderly of the posyandu schedule, and trying to help the elderly in overcoming problems. Journals^[19] which state the provision of economic support, journals^[20] which state the provision of emotional support such as encouragement and attention and reminding to take medication.

The above is in accordance with the theory^[21] of instrumental support including the provision of complete and adequate equipment, as well as the provision of medicines and other

necessary items; information support requires the provision of advice, direction, or information; and assessment support requires providing feedback, guidance, and support. Problem-solving mediation serves as a source and validator of family identity, as well as providing emotional support, which involves caring, listening to her complaints, sympathizing and empathizing with her concerns, and even offering to help her solve the problem.

According to researchers, it is very important to provide family support to the elderly because the elderly is one of the risk groups with decreased organ function so that providing family support will be very meaningful for the elderly. Elderly people who receive support from their families also tend to be happier and healthier mentally and physically.

Elderly Participation in Participating in Elderly Posyandu Activities

Of all the journals reviewed, the elderly who are active in participating in the elderly posyandu or health services tend to be fewer when compared to the elderly who are not actively participating in their activities. This is shown from the journal of ^[14] which of the 30 elderly people there are 13 who are active to the posyandu while the remaining 17 people are not active to the elderly posyandu. The same thing is also stated by research from^[22] of 77 there are 9 active elderly people while the remaining 68 are inactive, research from^[16] of 36 total elderly there are 16 active people and 20 inactive people, research from^[17] from 194 total elderly there are 83 active elderly and 111 inactive elderly, and research from^[18] of total 109 elderly people there are 22 active elderly and 87 inactive elderly people.

Transportation to the posyandu for the elderly, the lack of explanation about the value of attending the posyandu for the elderly, the materials or prices for obtaining services, and social interaction are barriers for the elderly to be inactive, according to the overall results given above. This is in line with the theory^[23] which states that the obstacles to implementing posyandu for the elderly are the lack of knowledge about the benefits of posyandu for the elderly, the distance between the elderly's house and the posyandu, lack of family support, and poor attitude of health workers. This will certainly increase if the Posyandu area is easily accessible.

The interest and encouragement of the elderly to participate in posyandu activities will definitely increase if the posyandu location is easily accessible.

According to the researcher, the inactivity of the elderly in participating in the elderly posyandu is caused by the lack of family assistance, both instrumental, informational, evaluation, and emotional support. The elderly will feel more cared for by their families if they receive family support, which will increase their desire to seek health services to improve their health.

Relationship of Elderly Participation in Elderly Posyandu with Family Support

Six publications stated that there was a substantial relationship between family support and involvement in the posyandu for the elderly, while the other four stated that they were related but did not explain the relationship. Research^[24] said that behavior and family support on the use of health services for the elderly showed a significant relationship between family support, which includes informational support, instrumental support, emotional support, and assessment support with the elderly in utilizing health services.

According to the researcher, seeing the results which state that there is a relationship between family support and the participation of the elderly in participating in posyandu activities for the elderly, it requires good cooperation from health workers and family members to improve the quality of life and productivity of the elderly. In addition, the family also accompanies the elderly posyandu and provides information about the importance of attending the elderly posyandu in order to improve the health and welfare of the elderly.

The limitation in this literature study is that the researchers only analyzed previous research journals so that they could not prove directly to the intended respondents the relationship between family support and the participation of the elderly in attending the elderly posyandu.

CONCLUSION

Based on the results of research published in ten publications related to the issues mentioned above, there is a substantial relationship between family support and the involvement of the elderly in posyandu activities for the elderly.

Most family support for the health of the elderly is provided in the form of instrumental, informational, assessment, and emotional support, such as the provision of materials and transportation, providing advice and suggestions, providing related information, and providing support and attention, according to the findings of this study. When compared with the elderly who are not active in the elderly posyandu, the involvement of the elderly in the elderly posyandu is still low. Furthermore, there is a relationship between family support and the presence of the elderly in the elderly posyandu which has an impact on the physical and psychological health of the elderly.

SUGGESTION

For further researchers, it can provide data and reflections in additional exploration related to the relationship between family support and the actions of the elderly in attending the posyandu for the elderly. Then, it is better if health workers at the puskesmas with posyandu for the elderly can further improve their services and further promote services for the elderly and their families so that the elderly can be more active in participating in the posyandu for the elderly. And for the elderly, it is better to increase participation in participating in the posyandu for the elderly so that the health of the elderly can be monitored, maintained and improved.

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