Determinants of Activity In Activities of Posyandu Elderly In The Sudiang Health Center Makassar

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ABSTRAK

Increasing age causes decreased physiological function due to degenerative processes, so that many non-communicable diseases appear in the elderly. The realization of healthy, independent, quality, and productive elderly must be done with health development as early as possible during the life cycle to an advanced stage by taking into account the factors that must be avoided and protective factors that can be done to improve the health of the elderly. Elderly Posyandu focuses on health services on promotive and preventive efforts needed by the elderly with the aim to improve quality of life through improving health and well-being. This study aims to analyze the determinants of posyandu activity of the elderly. This research was conducted in the Sudiang Community Health Center in Makassar City. The research design used was quantitative research with cross sectional design. The sample of this study was screened by 403 elderly people selected using cluster random sampling technique. To see the determinants of activeness of the elderly posyandu using the chi square test. The results showed that there was an influence of distance, disease history, health perception, perceived benefits, family support and staff support (p <0.05) on the activeness of the elderly posyandu, while there was no effect of education (p = 0.737) on the activeness of the elderly posyandu. It is expected that the family increase their support and health workers support volunteers to further maximize counseling in the Sudiang Health Center in Makassar City in order to improve the quality of life of the elderly.

INTRODUCTION

According to population census data (BPS, 2017) in nearly five decades, the percentage of elderly Indonesians has doubled (1971-2017), ie to 8.97 percent (23.4 million) where elderly women are around one percent more compared to elderly men (9.47 percent vs. 8.48 percent). In addition, the elderly in Indonesia are dominated by the age group of 60-69 years (young elderly) whose percentage reaches 5.65 percent of the Indonesian population, the rest is filled by the 70-79 year age group (middle aged) and 80+ (elderly elderly). This year there are already five provinces that have an old population structure where the population

of the population has reached 10 percent, namely: DI Yogyakarta (13.90 percent), Central Java (12.46 percent), East Java (12.16 percent), Bali (10.79 percent) and West Sulawesi (10.37 percent). The percentage of the elderly population in the province of South Sulawesi is ranked in the top 10 provinces in Indonesia with an elderly population structure, where the percentage of elderly is 8.8% in 2015 and 9.8% in 2017 (Kemenkes RI, 2018).

Realization of healthy elderly, independent, qualified and productive to do with the coaching of health as early as possible during the life cycle until it enters the advanced phases of age by taking into account the risk factors that should be avoided and factors - protective factors that can be done to improve the health of the elderly (Kemenkes RI, 2016). One effort to empower the elderly in the community is through the formation and fostering of elderly groups in several areas called the Elderly Group (Poksila), Integrated Elderly Service Post (Posyandu Elderly) or Integrated Elderly Development Post (Posbindu Elderly). Elderly Posyandu focuses on health services on promotive and preventive efforts needed by the elderly in order to improve quality of life through improving health and well-being. In addition, the Posyandu Elderly helps spur the elderly to be able to indulge in and develop their potential (Kemenkes RI, 2018).

According to the health profile of South Sulawesi province in 2016, presenting the elderly health services in the city of Makassar by 59, 27 % (Dinkes Sulsel, 2018). Coverage of the elderly in 2017 in the working area Sudiang by 65, 69 % (Dinkes Kota Makassar, 2018).

Meanwhile, according to the results of the initial data collection in the health center perseantase Sudiang elderly are present in Posyandu by 37 , 86 %. This coverage is still below the expected target of 70%. According to Aldriana et al (2016), there is a significant relationship between knowledge, education, distance and transportation, family support, and the role of cadres with low elderly support to elderly Posyandu. In addition, Purwadi (2013) states that there is a significant influence on the type of gender, marital status, perception of health and perceived quality of service on the use of elderly Posyandu. Rugbeer et al (2017) found that increasing the participation of the elderly in group sports can improve the quality of life of the elderly. Different locations and community structures will give different results, so researchers want to find out what factors are most related to the activeness of the elderly in the elderly posyandu activities in Sudiang Health Center Working Area.

METHOD
Research Design and Location

This research will be carried out in the working area of the Sudiang Community Health Center, Biringkanaya District, Makassar City, conducted in April to July 2019. This type of research is an observational study with cross sectional design.

Population and Sample

The population in this study were all elderly in the working area of the Sudiang Community Health Center, Biringkanaya District, Makassar City, which totaled 1978 people. The sampling technique uses a cluster random sampling method

that takes samples based on inclusion criteria set by researchers, the overall sample size is 403 people.

Data Collection

Data collection was obtained through secondary data from reports and other official documents, especially data in the Sudiang Community Health Center in Biringkanaya District . Primary data obtained by interviews guided and directed from house to house using a questionnaire to get information about the variables to be analyzed in this study.

Data Analysis

The collected data is then processed and analyzed using SPSS. Data analysis was performed univariate and bivariate with chi square statistical tests.

RESULTS

Table 1. Distribution of Respondents Answer Categories in Elderly at Sudiang Health Center Makassar

Variables	Active/High/Close/Well		Inactive/Low/Far/Well	
	n	%	n	%
Posyandu Activity	69	17,1	334	82,9
Education	59	14,6	344	85,4
Distance to Posyandu	310	76,9	93	23,1
History of Disease	240	59,6	163	40,4
Health Perception	177	43,9	153	38
Perception of Posyandu Benefits	383	95	20	5
Family Support	162	40,2	241	59,8
Health Workers Support	86	21,3	317	78,7

Table 1 shows that most respondents were less active in joining the posyandu for the elderly, as many as 334 people (82.9%), while those who actively participated in the posyandu for the elderly were 69 people (17.1%). Respondents with low education level (≤SMP) were 344 people (85.4%), the most distance to the nearest posyandu was 310 people (76.9%), the majority of respondents did not have a history of disease or only one type of disease namely 240 people (59.6%), most respondents had good health perceptions namely 177 people (43.9%), respondents who had a good posyandu benefit perception were 383 people (95%), respondents who were less supported by their families were 241 people (59.8%), and 317 respondents (78.7%) lacked official support.

Table 2 shows that there is no relationship between education and the activeness of the elderly in posyandu activities (p = 0.737). Elderly people who actively participate in posyandu are more likely to have high education as many as 11 people (18.6%) than low (16.9%). There is a relationship between the distance to the posyandu to the activeness of the elderly in the activities of the posyandu (p = 0,000), the elderly who actively participate in the posyandu are more likely to have respondents who

are close to the posyandu as many as 69 people (22.3%) than those far away (0%). There is a relationship between the history of the disease and the activeness of the elderly in posyandu activities (p = 0,000). Elderly who actively participate

in posyandu are more in the respondents who do not have a history of disease or only have one disease that is as many as 56 people (23,3) than those who have more than one history of disease (8%).

Table 2. Determinants of activety in elderly posyandu in the Sudiang Health Center Makassar

Activity Variables	Activity				Sig
	Active		Inactive		
	n	%	n	%	
Education					
High	11	18,6	48	81,4	0,737
Low	58	16,9	286	83,2	
Distance to Posyandu					
Close	69	22,3	241	77,7	0,000
Far	0	0	93	100	
History of Disease					
0 or 1 disease	56	23,3	184	76,7	0,000
More than 1 disease	13	8	150	92	
Health Perception					
Well	69	18	314	82	0,000
Less	0	0	20	100	
Perception of Posyandu Benefits					
Well	65	46,1	76	53,9	0,000
Less	4	1,5	258	98,5	
Family Support					
Well	49	30,2	113	69,8	0,000
Less	20	8,3	221	91,7	
Health Workers Support					
Well	61	70,9	25	29,1	0,000
Less	8	2,5	309	97,5	

Table 2 also shows that there is a relationship between health perceptions of the activeness of the elderly in posyandu activities (p = 0,000). Elderly

people who actively participate in posyandu are more likely to have respondents who perceive good health as many as 69 people (18%) than those who

lack (0%). There is a relationship between the perception of the benefits of posyandu to the activeness of the elderly in the activities of the elderly posyandu (p = 0,000), indicating that older people who actively participate in the posyandu are more likely to have respondents who perceive the benefits of posyandu as good as 65 people (46.1%) compared to the less (1, 5%). There is a relationship between family support for the elderly liveliness Posyandu activities (p = 0.000), elderly people who actively follow posyandu more respondents who support family well even as many as 49 people (30,2 %) compared to less (8.3 %) . There is a relationship between the support of officers to the activeness of the elderly in the activities of the elderly posyandu (p = 0,000), the elderly who actively participate in the posyandu are more likely to have a good support of 61 respondents (70,9 %) than the less (2.5%)

DISCUSSION

In this study shows that the variables that influence the activity of participating in the elderly Posyandu in the work area of the Sudiang Health Center are distance to the posyandu, history of illness, health perception, perceived benefits of the posyandu, family support, staff support, and variables that do not influence are education.

The results showed that most respondents were less educated than those of tertiary education and there was no relationship between education and the activeness of the elderly. Generally, if the higher one's education then it will be much knowledge. But this does not become a person's influence to take advantage of elderly exercise. The results of this variable test are in line with the Tantinis et al (2016) research which states that the elderly with an active agreeing attitude towards the elderly exercise are found in the elderly with a high school education. Unused elderly gymnastics by highly educated elderly can be caused by the decision to choose other sports that are more severe and risk damaging than the elderly because they are considered sufficient to improve health (Puspitasari et al., 2017; Tantinis et al., 2016). The results of this study are not in line with other studies which state that there is a significant relationship between education and livelihood activities following the posyandu. Less educated individuals have less knowledge and therefore are less aware of the benefits of the Posyandu Seniors. The education level of respondents who are highly educated is considered to understand and know about nutrition and health sciences as well as the importance of visiting elderly Posyandu (Sofiana et al., 2018).

Statistical tests show that there is a relationship between the distance to the posyandu and the posyandu activeness, where the elderly who are close to the posyandinya have a greater active presentation following the posyandu. Distance to the posyandu will make it difficult for the elderly to reach the posyandu for the elderly. This can also influence the elderly not to visit the elderly Posyandu. Research shows that distance to health facilities is an extraordinary determinant of health service utilization, which is also comparable to observations in previous studies conducted in Vietnam (Tran et al., 2016). Research conducted by

Qadri et al (2013) shows that around one sixth of the respondents mentioned the distance that must be taken or the long waiting time as a barrier to the use of health facilities.

Short walking distance is preferred for elderly mobility because walking does not require the assistance of others, has no cost, and does not require the ability to drive or ride a vehicle (Srichuae et al., 2016). Patients tend to use more health facilities if they are near them than if they are far away. The issue of patient distance to centers is seen as one of the main determinants of the use of health services (dos et al., 2016).

Statistical tests show there is a relationship between the history of the disease and the activeness of the elderly in attending the posyandu, where the elderly who have no history of disease or have only one disease are more likely to be actively participating in the posyandu. Research says there is a relationship between the history of the disease with the activities of the elderly, compared with the group that is not physically active, the chance of multimorbidity decreases (Dhalwani et al., 2016). Seniors who have a history of more than one tend to be less active due to illness brand a have sometimes made limited activity. An increase in the number of chronic diseases is directly related to greater functional disability. Brazilian and international studies have shown a significant relationship between chronic illness, functional disability and the quality of life of the elderly (dos et al., 2010; Miranda et al., 2016; Onunkwor et al., 2016). An increased level of multimorbidity is associated with poorer quality of life

related to health, especially physical health (Prazeres et al., 2016).

Statistical tests show that there is a relationship between health perceptions and activeness in elderly Posyandu, where older people who have good health perceptions are more likely to be actively participating in elderly Posyandu. Research conducted by Purwadi et al (2013) showed that after analysis, 2 influential variables were found , namely the perception of the quality of posyandu services and perceptions of sick health. Individuals who have bad perceptions about the quality of posyandu for the elderly and also have bad perceptions about health and illness have a probability of not utilizing posyandu for the elderly. Healthy perception of illness has an influence on the use of elderly posyandu. The results of this study are consistent with what was revealed by Notoatmodjo which states that the perception of sick health affects a person using health services, if the public perception is the same as the perception of health service providers then the community will tend to utilize health services, and vice versa (Purwadi et al., 2013). Research shows the importance of individual health perceptions rather than only focusing on the number of chronic diseases. Health management programs must provide a holistic approach to maximize health outcomes and to promote successful aging (Tkatch et al., 2017).

Statistical tests show that there is a relationship between the perception of the benefits of posyandu with the activeness of the elderly in posyandu, where the elderly who have the perception of the benefits of posyandu both have a greater active presentation in the activities of the elderly

posyandu. Test results on this variable are in line with Puspitosari et al (2016) research that the elderly with a high perception of benefits regarding posyandu activities , the elderly will do elderly exercise becomes more routine. It was also said that the elderly with high perceived benefits would have the possibility of 26 , 95 times more likely to do gymnastics for the elderly (Puspitosari et al., 2016). The perceived benefits of respondents Posyandu activities include socializing with fellow elderly, health obtain easily, detect early disease and improve knowledge of the elderly on how to clean and healthy living through health education in Posyandu (Arimby et al., 2017).

Statistical tests show there is a relationship between family support and active elderly in posyandu, where the elderly who have good family support are more likely to have an active participation in the elderly posyandu. The family as the main support for the elderly is expected to motivate, maintain, and facilitate the needs of the elderly in maintaining their health (Puspitosari et al., 2016). Research shows that most respondents do not get support from their families. Even though family support is very instrumental in the use of elderly Posyandu (Aldriana et al., 2016). The family is the main supporter of care for the elderly and represents an informal support network, because care is done voluntarily (Unsar et al., 2016). The effect of adequate family support on health and well-being is proven to reduce mortality, accelerate healing from illness, improve cognitive, physical and emotional health (Naberta et al., 2017).

The statistical test shows that there is a relationship between the support of officers and the activeness of the elderly in posyandu, where the elderly who have the support of good officers are more active in the elderly posyandu. According to Subarniati in Pertiwi (2013) defines that the community will utilize services depending on the assessment of the service. If the service is less good or less quality, then the tendency to not use it will be even greater (Pertiwi, 2013). Cadre support is an assessment based on cadres' perceptions of supports so that the elderly are willing to utilize the services of elderly posyandu. The results showed that cadre support was related to the use of elderly Posyandu services (Sulaiman, 2016).

CONCLUSION AND SUGGESTION

This study concludes that distance, disease history, health perception, perceived posyandu benefits, family support, and staff support have an influence on the activeness of the elderly in posyandu activities. To succeed the posyandu program for the elderly, it is expected for cadres and health workers to further enhance health information dissemination and dissemination and invite the elderly to attend and participate in posyandu activities. Puskesmas should provide counseling and training to cadres to pay more attention to the quality of life of the elderly by maximizing activities in the posyandu as well as activities that are not in the Posyandu.

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