

# The elderly's experiences: family support and participation in the integration of health services

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## The elderly's experiences: family support and participation in the integration of health services

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### Abstract

**Background:** Higher life expectancy in Indonesia alarms the government to become more serious in enhancing the implementation of community programs for elderlies. The programs are intended to improve the life quality of the elderlies. Integration of health services for the elderly program that is well-implemented will make it easier for elderlies to

**Purpose:** To determine the relationship between family support and the active participation of elderlies in attending integration of health services

**Method:** This correlational study was performed using a cross sectional approach on 30 elderlies as respondents who were purposively sampled. Data of this study were collected using questionnaires which were then analyzed in a univariate analysis using a frequency data. Bivariate analysis was also carried out using the *chi-square* test.

**Results:** Most of the respondents actively participated in the program (76.67 percent). They are aware that they are vulnerable to health problems because respondents have good family support (53.33 percent). In particular, they rated good emotional support (66.67 percent), good facility support (73.33 percent), good knowledge and information support (46.67 percent), and good appraisal support (46.67 percent).

**Conclusion:** The data analysis indicated the presence of correlation between family support and the active participation of elderlies in integration of health services for the elderly program in Ende Regency.

**Suggestion:** Public Health Center needs to raise awareness on the reluctance of elderlies in attending integration of health services for the elderly. It is necessary that health workers visit and approach the family of elderlies in order to improve elderlies' health and quality of life.

**Keywords:** Family Support; Health; Participation; Elderly; Integration of Health Services

### INTRODUCTION

The elderly population is growing rapidly. As reported by the International Population Reports, the population aged over 65 years reaches 617 million people, constituting 8.5% of the global population and is projected to reach 1.6 billion (17%) in 2050 (He, Goodkind, & Kowal, 2016). Indonesia has 18.1 million elderly people or 9.6% (Ministry of Health of the Republic of Indonesia, 2013). This number seems to

be increasing every year. In 1980 the elderly population was 5.45% of the total population, then increased to 8.90% in 2006, 9.77% in 2010, 10.60% in 2016 and is expected to reach 11.34% in 2020 (Coordinating Ministry for Human Development & Culture of The Republic of Indonesia, 2015).

There were 600 million elderly worldwide in 2012, of which 142 million elderly live in Southeast Asia (World Health Organization, 2017). The number of

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elderly population in 2010-2020 has increased by 28,822,879 people. Window Bulletin of Health Data and Information (2013) with a dependency percentage of 48.63% as reported by the Data and Information Center of the Ministry of Health (2015), where for every 100 productive individuals there are 48 elderly people who are dependents (Ministry of Health of the Republic of Indonesia, 2018). Increasingly high life expectancy in Indonesia has sparked the government's attention to implement a comprehensive elderly health program to improve the quality of life of the elderly (Secretariat Ministry of Country of The Republic of Indonesia, 2018). The increasing number of elderly people creates many challenges in the health sector because it affects various aspects of people's lives, including the need for the provision of long-term health services. Most of the world's elderly population suffer from non-communicable diseases such as degenerative and chronic diseases (Suzman & Beard, 2011).

The government has formulated various healthcare policies for the elderly to improve their health and life. The programs are held through several levels. The healthcare service at the community level includes *integration of health services for the elderly*. However, the active participation rate of the elderly in this program differs as affected by several aspects that include age, gender, elderly perceptions of health, family support, employment, economics, and distance from home to integration of *health services for the elderly* (Ministry of Health of the Republic of Indonesia, 2008). Social interactions with family members, close friends, neighbors, and acquaintances are a kind of social support. In Indonesia, the elderly generally live at home with their families. Family support for the elderly can be provided in four forms: emotional support, instrumental support, informational support, and appreciation (Friedman & Morsink, 1998; Padila, 2014; Langford, 2004; Johnston, Brosi, Hermann, & Jaco 2011). Appreciation support from family can improve elderlies' psychosocial state, motivation for life, and self-esteem as they perceive their presence meaningful for their families. Appreciation support makes elderlies feel recognized, involved and needed in their family (Kuntjoro, 2002).

As a support system, each family member plays an important role in maintaining the health of the elderly. In addition, family members must also maintain the mental health of the elderly, anticipate social and economic changes, and provide the necessary motivation and facilities (Maryam, Ekasari, Rosidawati, Jubaedi, & Batubara, 2008). Research in the village of Beji Depok found a significant relationship between emotional support (p value 0.001), appreciation (p value 0.01), and instrumental support (p value 0.013) from family members with the quality of life of the elderly (Yuselda & Wardani, 2016). Family support is very important because usually one of the triggers for depression is feeling "abandoned" or not getting attention from the family. However, awareness of this is still low. Families prefer to hand over elderly care to caregivers or health workers (Santoso, 2012). This condition often appears as a new stressor for the elderly which will affect their well-being and reduce their quality of life (Chaichanawirote, 2011). Integration of health services for the elderly provides easy access to basic health services for the elderly, so that the quality of life for the elderly population can be maintained properly and optimally. This program provides excellent activities that are beneficial for the elderly. Therefore, all elderly people need to take advantage of this program for more optimal health monitoring (Rohmani, Ferianto, Kustiawan, & Bula, 2022).

This study aims to analyze the relationship between family support and the active participation of the elderly in integration of health services for the elderly, Ende Regency.

## RESEARCH METHOD

This observational analytical study employed a cross-sectional design. The variables of this study are family support, with the dependent variable being the activity of the elderly in participating in integration of health services for the elderly. There were 30 elderlies in Ende Regency who were purposively selected based on the following inclusion criteria. 1) resident of Ende Regency Village who is aged  $\geq 55$  years; 2) cooperative, able to read and write, and willing to be studied. Whereas, the exclusion criteria are 1) refusal

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to participate in this study, and 2) in sick condition. Two questionnaires were used, including the demographic questionnaire and family support questionnaire. To measure the support of the elderly family, researchers used a questionnaire by Nursalam (2015), which consisted of 20 questions related to four dimensions, namely facility support, information support, assessment support, and emotional support. The choice of answers is made using a Likert scale which is grouped into four points, namely "always"

worth 3, "often" worth 2, "sometimes" sometimes worth 1, and 0 for the answer "never". Univariate analysis in the form of variable frequency distribution and bivariate analysis using chi-square tests and logistics regression is used.

This research has received ethical Approval from the Health Research Ethics Committee Health Polytechnic Ministry of Health Kupang with number LB.02.03/1/0036/2021.

**RESEARCH RESULTS**

**Table 1. Demographic Characteristic of Respondents (N=30)**

Variable	Results
<b>Age (n/%) (Mean±SD)(Range)(Years)</b>	(64.47±8.063)(55-80)
55-65 years	19 /63
66-75 years	6 /20
> 75 years	5 /17
<b>Gender (n/%)</b>	
Male	9/30
Female	21/70
<b>Education (n/%)</b>	
Basic	25/83.3
Intermediate	4/13.3
High	1/3.4
<b>Employment (n/%)</b>	
Employed	22/73.3
Unemployed	8/26.7
<b>Income (n/%)</b>	
<1 Million IDR	24/80
1-2 millions IDR	4/13.3
>2 Millions IDR	2/6.7
<b>Home to Health Facility Distance (n/%)</b>	
Near (0-1000 meters)	27/90
Far (>1000 meters)	3/10

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<b>Participation in attending Integration Of Health Services (n/%)</b>	
Active	23/76.7
Inactive	7/23.3
<b>Family Support (n/%)</b>	
Good	16/53.3
Fair	8/26.7
Poor	6/20
<b>Emotional Support (n/%)</b>	
Good	20/66.7
Fair	7/23.3
Poor	3/10
<b>Facilitation (n/%)</b>	
Good	22/73.3
Fair	6/20
Poor	2/6.7
<b>Knowledge Support (n/%)</b>	
Good	14/46.7
Fair	11/36.7
Poor	5/16.7
<b>Assessment Support (n/%)</b>	
Good	14/46.7
Fair	9/30
Poor	7/23.3

The research results as presented in Table 1 show that the proportion of female respondents is 70% greater than male respondents. Most of the respondents were aged 55-65 years, accounting for 63% of the total respondents, of which 84% had a low educational background and 73% had a job, 80% earned <1 million rupiah and 90% were close to a health facility.

Most of the respondents actively participated in the program (76.7%). They are aware that they are vulnerable to health problems because respondents have good family support (53.3%). In particular, they rated good emotional support (66.7%), good facility support (73.3%), good knowledge and information support (46.7%), and good appraisal support (46.7%).

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**Table 2. Family Support and Participation in Attending Integration of Health Services (N=30)**

Variable	OR	95 % CI (Lower – Upper)	p – value
<b>Family Support</b>			
Good	3.686875	0.135181 – 4.97434	0,030*
Fair			
Poor			

As seen in Table 2, the significance value  $\alpha < 0.05$  in variable, namely family support ( $p = 0.030$ ), implying that research hypothesis is accepted. It can be concluded that there is a correlation between the beyond variables about health: the support of the family on the activeness of the elderly in participating in integration of health services for the elderly in Ende Regency.

#### DISCUSSION

A significant relationship was found between family support and the active participation of the elderly in integration of health services for the elderly (OR = 3.686; 95% CI = 0.135-4.97; p value = 0.030). OR 3,686 shows that the elderly who have family support visit integration of health services for the elderly 3,686 times more often than those who do not. Research in Pariaman City also found family support to be related to elderly compliance in participating with p-value = 0.023, where the p-value is lower than the 0.05 significance level indicating a significant relationship between the two variables (Deri, 2016). Research conducted in the work area of the Emparu Health Center in Sintang District also found a significant relationship between family support and the activeness of the elderly in participating in integration of health services for the elderly (OR = 2.37; 95% CI = 0.96-5.87; p value = 0.03) (Panjaitan, Frelestany, Latifah, Masan, Noberta, & Herman, 2017).

The majority of respondents who attended integration of health services for the elderly had good family support (46.7%) related to: emotional support (50%), facility support 60%, information/knowledge support (40%) and appraisal support (43.3%). Meanwhile, most of the respondents who did not actively participate in integration of health services for

the elderly had poor family support (13.3% from 23.3%). The results of this study are in line with research at the Lumban Sinaga Health Center, where 100% of the elderly who actively attend integration of health services for the elderly have good family support (38.46%) and adequate living (46.13%) (Ginting & Brahmana, 2019).

Family support is very instrumental in encouraging the interests or willingness of the elderly to participate in integration of health services for the elderly activities. Family can be a strong motivator for the elderly and provide accompany to come to integration of health services for the elderly, remind the elderly about integration of health services for the elderly scheduling, and try to help overcome all problems that arise (Lumongga & Tukiman, 2013). Adequate family support in relation to health and well-being is proven, where it reduces the mortality rate, accelerates recovery from illness, improves cognitive, physical and emotional health, while it also positively affects the daily activity of elderlies (Handayani, 2012).

Based on the results of the answers to the questions about emotional support: most respondents who actively participated in the program stated that the family always accompanied during treatment (63.3%) and they were accepted their condition better (56.7%). Nearly half of the respondents stated that the family encouraged them and motivated them (43.3%), always reminding them to do prayers and be grateful even during illness (40%) and were always listening and paying attention during health or illness (36.7%). The emotional support provided by the family can be in the form of sympathy and empathy, love, trust and appreciation. Someone who is facing a problem often cannot bear the burden until several people show concern, listen to their complaints and empathize with

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them even though they cannot provide a solution to the problem. The family is a safe and peaceful place to rest and recover and get rid of emotions (Friedman Bowden, & Jones, 2010).

Based on the results of the questionnaire about supporting facilities, it was found that most of the respondents who actively participated in integration of health services for the elderly stated that their families were always willing to bear medical expenses (73.3%) and provide basic needs such as clothing and toiletries (70%). In addition, several respondents mentioned that their families always provide time and facilities for treatment (50%) and play an active role in managing their illness (50%). This finding is in line with research at the Dr. Moewardi Surakarta who stated that facility support is a real form of support, including direct assistance from family members (Hasan & Rufaidah, 2013). In this context, the family acts as a practical and concrete source of assistance, such as ensuring the patient's eating and drinking needs, providing rest periods, and preventing patients from experiencing fatigue (Friedman et al, 2010). In addition, instrumental support or facilities aim to help individuals carry out their activities related to the problems they face by providing equipment, medicines and other resources needed (Setiadi, 2008).

The results of the information/knowledge support questionnaire showed that most of the respondents who attended integration of health services for the elderly stated that their families always reminded them to check themselves, take medicine, exercise, and maintain their diet (50%). In addition, almost half of the respondents reported that their families always informed them about the results of examinations and treatment from doctors (40%), reminded them of behaviors that worsened their condition (36.7%), informed them about things that were unclear related to their illness (33.3%), and emphasized the importance of thinking positively about their health condition (40%). This finding is in line with research at Dr. Moewardi Surakarta, that family support in the form of information and feedback can help patients make decisions and manage their disease effectively (Hasan & Rufaidah, 2013). The role of the family in providing information and advice to sick family members is an

important aspect of family health. As stated by House (1994), information support can help individuals overcome problems by providing advice, ideas or directions as needed. This information can also be shared with other people who may face similar problems (Setiadi, 2008). The family system is the basis for organizing, implementing, and promoting health maintenance behaviors. Families provide health promotion, preventive health care, and treatment for sick members (Friedman et al, 2010).

Respondents' answers to the questionnaire items related to Support Assessment: show that those who actively participate in integration of health services for the elderly get positive comments from their families when I comply with dietary restrictions (30%), the family advises me to eat on a set schedule (36.7%) and the family gives comments positive when I do physical exercise as recommended (30%). Support for this assessment appears in the form of positive greetings with the people around them, encouragement or statements of agreement with individual ideas or feelings (Hasan & Rufaidah, 2013). The family assessment/appreciation support dimension acts as a feedback guide, guide and media for problem solving, as a source and validator for identification of family members including providing support, appreciation, attention (Kendall, Rodger, & Palmer, 2010). Assistance assessment is a form of appreciation given by someone to another party based on the patient's actual condition. This assessment can be positive and negative, which means a lot to someone, but a positive assessment is a very helpful assessment (Setiadi, 2008). This positive support or appraisal makes a person feel valuable, competent and valued. Reward support involves a more positive appraisal of other individuals. This form of award support arises from a person's appreciation and appreciation for his abilities and achievements. This support also arises from acceptance and appreciation of one's total existence including the strengths and weaknesses one has (Hasan & Rufaidah, 2013).

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## CONCLUSION

There is a relationship between external variables about health: family support on the activeness of the elderly in participating in integration of health services for the elderly in Ende Regency with p-value <0.05.

## SUGGESTION

The results of this study are evidence-based knowledge that can be employed by relevant institutions, especially health workers about the importance of family support for the elderly in participating in integration of health services for the elderly. More comprehensive studies need to be conducted to examine about what kind of support should be provided by the family so that the elderly can actively participate in activities using to attend *integration of health services for the elderly using a qualitative in-depth interview.*

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