ORIGINAL ARTICLE

Elderly Independence in Fulfilling Daily Activities with Family Support as Caregivers in the Work Area of Leuwigoong Health Centre, Garut 2019

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ABSTRACT

Introduction: Physical, social, psychological and various other changes occur with the increase in the life expectancy of an elderly person. The data was obtained from a population of 4,338 people with 501 elderly from the working area of Leuwigoong Community Health Centre in Garut Regency, Indonesia. The purpose of this study was to find the correlation between family support and the freedom of the elderly in fulfilling everyday activities. **Methods:** The research method used is correlation analytic with a cross-sectional approach. The sample sizes in this study were 501 people; the sampling technique used purposive sampling as many as 83 people. **Results:** The results showed that family support for the aged people in fulfilling day to day activities was in the support category at 54.2%. Independence in the aged people in fulfilling everyday activities is in the independent category by 44.6%. There is a connection between family help and the freedom of the aged people in fulfilling everyday activities with test chisquare value of 0.000. **Conclusion:** The family should be able to increase their knowledge about health issues, especially regarding the elderly independence in fulfilling daily activities, so that the family can carry out the family's health duties as far as possible.

Keywords: Support, Family, Independence, Elderly, Activities

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INTRODUCTION

Currently, worldwide, the number of elderly people is estimated to be more than 629 million people (one in 10 people are over 60 years), and by 2025, the elderly will reach 1.2 billion. In developed countries, an increase in the population of elderly people has been anticipated since the beginning of the 20th century. It is not surprising that people in developed countries are better prepared to face the growing population of elderly people with various challenges. However, currently developing countries are starting to face the same problem. This phenomenon clearly has a number of consequences, including the emergence of physical, mental, social problems and the need for health and nursing services, especially degenerative disorder (1).

Health development is an integral part of National Development in the Indonesian Constitution no. 36 of 2009 concerning Health Article 138

- 1. "Health care efforts for the elderly must be demonstrated to maintain healthy and productive lives socially and economically in accordance with human dignity".
- 2. "The government is obliged to guarantee the availability of health service facilities and facilitate the elderly to be able to live independently and productively socially and economically".

As a result of successful development there has been a decrease in the birth rate, morbidity and mortality rates as well as an increase in the life expectancy of the Indonesian population. As a result of an increase in the number of elderly people (over 60 years) in Indonesia, which in 1980 amounted to 8.0 million, increased in 2010 to 24.4 million and it is hoped that the count of aged people in 2020 will be 29 million (2).

The existence of elderly people is marked by life expectancy which is increasing from year to year. This requires efforts to maintain and improve health in order to achieve a healthy, happy, efficient and productive old age(3). Elderly can be said to be a golden age, because

not everyone can reach that age, so the elderly people need both love and care in this age that they can enjoy the period happily (4).

The term elderly is a polite way of saying that someone is old. The age that is classified as elderly is between 60-70 years. During this age there is a process of deterioration in physical and mental conditions which cause demands of role changes such as from being normally strong to being weak, from always being healthy to being often sick, from being able to be independent to being dependent, from being busy working to being relaxed without being busy, from having a position to being without a position, from usually gathering with colleagues to living in isolation, from living together with children to become distant with children. The children have grown up, started families and left the house, so they feel alone in old age (5).

Various changes that occur in the elderly include physical, social and psychological changes. Physical changes that occur iclude decreased ability to carry out activities of daily life. Social change is like an equal opportunity to provide input, then feeling isolated. Psychological changes such as fear of dying and times of loneliness. The various changes mentioned above often cause the elderly to experience problems in facing life so that family support is needed (6).

Daily activities are routine activities carried out everyday. These are eating, bathing, dressing, defecating, movement and others. When individuals are unable to do this activity independently, they need help from others. Ease of activity will help the elderly to carry out work without obstacles, use minimal energy, and avoid injury. Understanding the activity will help the elderly in adjusting individual activities at home or social activities in the community (7).

Most families can respect and honor the elderly as their parents. If the family is far away, they often visit or ask about the elderly's condition over the phone. However, families are still lacking in providing encouragement and motivation towards respondents to do activities outside the home, this is due to the excessive protection attitude of the family towards respondents, such as fear of falling outside the house and fatigue. The family considers that the elderly are no longer able to carry out activities outside the home, while they do not have time to accompany them as they are busy with their respective affairs. Moreover, sometimes the economic conditions also prevent the family from providing support (8).

The Human Development Index (HDI) in Garut Regency in 2018 was 72.94 while in 2019 it was 76.43. Meanwhile, the HDI in Leuwigoong District, Garut in 2018 was 65.21 and in 2019 it was 68.39. This Human Development Index consists of an education index, a health index, and a purchasing power index (9).

The data obtained at the Leuwigoong Health Center, Garut Regency, obtained a population of 4,338 people, from this data there were 501 elderly people (10). Most of the elderly families spend their time working outside the home as traders or are self-employed. They let the elderly stay at home alone so that the elderly must remain independent to carry out their daily activities. The general condition of the elderly who live with their family shows that their family plays an important role in their lives. From the above phenomena, the researcher is interested in conducting research on "Elderly Independence in Fulfilling Daily Activities with Family Support as Caregivers in the Work Area of Leuwigoong Health Centre, Garut 2019". This study aims to determine the relationship between family support and elderly independence in fulfilling their daily activities Work Area of Puskesmas Leuwigoong Garut 2019.

MATERIALS AND METHODS

The research method used was correlational analytic with cross-sectional approach, the population in this study was 501 people, the sampling technique used was purposive sampling as many as 83 people. Analysis of data with statistical tests using the Chi Square test. The research instrument used in this study was a questionnaire sheet.

The data analysis consisted of two analyses, namely univariate analysis and bivariate analysis. Univariate analysis uses the percentage formula and bivariate analysis uses the Chi Square formula, with the rule of decision making if p < α (0.05) then Ho is rejected Ha accepted.

This research was conducted after obtaining research approval and permission from the ethics committee of the national and political unity body of the Garut District Government by considering the principles of research ethics, in the form of a research permit recommendation letter Number: 072/412 - Bakesbangpol / Etik / 2019.

RESULTS

Table I shows that most of the respondents at Willayah of the Leuwigoong Health Center in Garut 2019 as many as 45 people (54.2%) stated that they support the elderly in fulfilling their daily activities, while a small proportion of 38 people (45.8%) stated that they does not support.

Table I: Frequency Distribution of Family Support for the Elderly Who Underwent Daily Activities in the Work Area of the Leuwigoong Health Center, Garut 2019

Family support	Frequency	Percentage
Does not support	38	45.8
Support	45	54.2
Total	83	100

Table II shows that most of the respondents in the Willayah Kerja Puskesmas Leuwigoong, Garut 2019 that is 37 people (44.6%) who are independent in fulfilling their daily activities, while a small proportion of 21 people (25.3%) are in the partial dependency category.

Table II: Frequency Distribution of Elderly Independence in Fulfilling Daily Activities at in the Work Area of the Leuwigoong Garut 2019

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Independence of the Elderly	Frequency	Percentage	
Independent	37	44.6	
Partial dependence	21	25.3	
Total Addiction	25	30.1	
Total	83	100	

Bivariate analysis was used to determine the relationship between the independent variables and the dependent variable, in this study the relationship between family support and the elderly independence with fulfilling their daily activities. Table III shows that there were 34 respondents (75.6%) who supported the elderly in fulfilling their daily activities independently in fulfilling their daily activities, while 24 respondents (63.2%) did not support that.

Based on the results of statistical tests using the test chisquare obtained a count value of 0.000, when compared with the value α (0.05), then the calculated value is smaller than the value α (0.000 <0.05), then H0 is rejected, which means that there is a relationship between elderly Independence in Fulfilling Daily Activities with Family Support in the Work Area of the Leuwigoong Health Center, Garut 2019.

Table III: The Relationship between Family Support and Elderly Independence in Fulfilling Daily Activities in the Work Area of the Leuwigoong Health Center, Garut 2019

Family	Elderly Independence						
Support	Independently		Part Dependence		Total dependence		
	F	%	f	%	f	%	
Does Not Support	3	7.9	11	28.9	24	63.2	
Support	34	75.6	10	22.2	1	2.2	
Total	37	44.6	21	25.3	25	30.1	

DISCUSSION

Family Support for the Elderly in Fulfilling Their Daily Activities

Based on the results of the research, it shows that most of the respondents at the Work Willayah of the Leuwigoong Health Center, Garut 2019, as many as 45 people (54.2%) stated that they support the elderly in fulfilling their daily activities. This is because family support is very important to motivate the elderly in their daily activities. Many families provide support to the elderly in terms of informational and instrumental support. In providing informational support, the family

always provides information about the importance of healthy living, besides that the family always provides an explanation of regular eating patterns. In case of instrumental support, the family provides a lot of support in terms of always providing help for the daily needs of the elderly and always paying attention to the food and drinking needs of the elderly (11).

Based on the results of the study, there were still problems with no family support for the elderly, as many as 34 people (45.8%). According to the researchers' assumptions, the results showed that there was no family support such as assessment support as the family does not involve the elderly in family deliberations and the family did not listen to advice from the elderly so that the elderly feel they were not considered (12).

Support is an effort given to others including moral and material so that people who are given support become motivated to carry out activities (13). Family support is an attitude, action and family acceptance of a sick sufferer (14). Families still contribute most of the support received by the elderly (15). Most elderly people who need assistance depend on their family and relatives as their only sources of assistance (16).

In this study, it is explained that the family support studied includes informational support, assessment support, instrumental support and emotional support. According to Rook and Dooley (16). There are two sources of family support, namely natural sources and artificial sources. Natural family support is received by a person through spontaneous social interaction in his life with those around him, for example family members (children, wife, husband, and relatives) of close friends or relatives. This family support is non-formal. Meanwhile, artificial family support is social support that is designed into one's primary needs, for example family support due to natural disasters through various social contributions. Thus, natural family support sources differ widely when compared to artificial family support. The difference lies in the existence of natural family support sources that are straightforward without being made up so that they are easier to obtain and are spontaneous (17).

Independence of the Elderly in Fulfilling Their Daily Activities

Based on the results of the study, it shows that most of the respondents at the Willayah Kerja at the Leuwigoong Health Center in Garut 2019 were 37 people (44.6%) who were independent in fulfilling their daily activities. This is because the elderly are able to carry out their own daily activities, the daily activities that are usually carried out by the elderly are: eating, drinking, personal toilet, going in and out of the toilet, bathing, walking on a flat surface, going up and down stairs, wearing clothes, controlling bowel, miction, and sports.

Independence is an individual's ability to meet the

needs of life without depending on others. In addition, independence is defined as a condition in which a person tries to meet all the demands of life with full responsibility for what he does. Independence in the elderly according to (18), it can be influenced by the education of the elderly, as well as by sensory disorders, especially vision and hearing, is also influenced by a decrease in functional abilities, and is also influenced by the ability of the elderly's cognitive function which also decreases. Furthermore, it is said that with higher education, a person will be able to maintain his life longer and at the same time be able to maintain his functional ability or independence for longer because he tends to make maintenance and preventive efforts on his health.

The relationship between Elderly Independence in Fulfilling Daily Activities with Family Support

Based on the results of statistical tests using the Chisquare test, the calculated value is 0.000, when compared with the value α (0.05), then the calculated value is smaller than the value α (0.000 <0.05), then H0 is rejected, which means that there is a relationship between family support and the independence of the elderly in fulfilling their daily activities at the Work Willayah of the Leuwigoong Health Center, Garut 2019. This is because with family support it will establish independence in the elderly, the more the elderly get support from the family and will shape behavior to be able to carry out daily activities. Elderly activities that are supported by many families include eating, drinking, personal toilet (washing your face, combing your hair, and brushing your teeth), bathing, wearing clothes, sports / training, and recreation / leisure time utilization. According to Johnson & Johnson in the book ("ASPEK SOSIO-PSIKOLOGIS LANSIA DI INDONESIA," 2016) here are four benefits of social support, namely social support associated with work will increase productivity, increase psychological well-being and self-adjustment by providing a sense of belonging, clarifying self-identity, increasing self-esteem and reducing stress, improving and maintaining physical health, and managing stress. and pressure (19).

Parasari & Lestari, states that family support can have a buffering effect, namely family support to withstand the negative effects of stress on health and the main effect, namely family support which directly affects health improvement. More specifically, the existence of adequate family social support has been shown to be associated with reduced mortality, easier recovery from illness and among the elderly can maintain cognitive function, physical and emotional health (19).

Meanwhile, Rook and Dooley have two sources of family support, namely natural sources and artificial sources. Natural family support is received by a person through spontaneous social interaction in his life with those around him, for example family members (children,

wife, husband, and relatives) of close friends or relatives. This family support is non-formal. Meanwhile, artificial family support is social support that is designed into one's primary needs, for example family support due to natural disasters through various social contributions. Thus, natural family support sources differ widely when compared to artificial family support. The difference lies in the existence of natural family support sources that are straightforward without being made up so that they are easier to obtain and are spontaneous. Natural sources of family support match the prevailing name of when something should be given and are rooted in long-rooted relationships.

CONCLUSION

Family support for the elderly in fulfilling daily activities in the Leuwigoong Health Center, Garut in 2019 is mostly in the supportive category, amounting to 54.2%. The elderly independence in fulfilling their daily activities in the Leuwigoong Health Center, Garut in 2019 is mostly in the independent category at 44.6%. There is a relationship between family support and the elderly independence in fulfilling their daily activities in the Leuwigoong Health Center, Garut in 2019, with a p value of 0.000.

ACKNOWLEDGMENT

All authors are very thankful to the management of Leuwigoong Community Health Centre in Garut Regency for giving permission to using their data in this research work and also thankful to the elder member who spent their valuable time for this research work and also thankful to Bhakti Kencana University (BKU) for their full support to complete this research work.

REFERENCES

- Kemenkes RI. Analisis lansia di Indonesia. Jakarta: Pusat Data Informasi Kementrian Kesehatan RI. 2017.
- 2. Winarni. S, Agussalim. "Development of Healthy Lifestyle Model for Erderly People for Being Protecting of Benign Prostatic Hyperplasia (BPH) in Blitar, East Java, Indonesia", International Journal of Science and Research (IJSR), Volume 6 Issue 2, February 2017, 1040 1045
- 3. Scult M, Haime V, Jacquart J, Takahashi J, Moscowitz B, Webster A, Denninger JW, Mehta DH. A healthy aging program for older adults: effects on self-efficacy and morale. Adv Mind Body Med. 2015 Winter;29(1):26-33. PMID: 25607120; PMCID: PMC4437657.
- 4. Hern6ndez A. A study of geriatric parks for erderly people in Spain. Revista Internacional de Medicina y Ciencias de la Actividad Fhsica y el Deporte. 2009;9(33):25-38.
- 5. World Health Organization. Mental health of older

- adults, 12 December 2017.
- 6. Kholifah SN. Modul Keperawatan Gerontik. Jakarta Selatan: Kemenkes Rl. 2016.
- 7. Sauliyusta M, Rekawati E. Aktivitas Fisik Memengaruhi Fungsi Kognitif Lansia. Jurnal Keperawatan Indonesia. 2016 Jul 17;19(2):71-7.
- 8. Yuhono P, Abi Muhlisin HM, SKM MK. Gambaran Peran Keluarga Dalam Merawat Lansia Dengan Ketergantungan di Desa Pabelan (Doctoral dissertation, Universitas Muhammadiyah Surakarta).2017
- 9. Jabar, D. K. Profil Kesehatan Provinsi Jawa Barat 2016. 日本畜産学会報.
- Eneng Daryanti. Hubungan Antara Dukungan Keluarga Dengan Kemandirian Lansia Dalam Pemenuhan Aktivitas Sehari-Hari Di Wilayah Kerja Puskesmas Leuwigoong Kabupaten Garut. BIMTAS [Internet]. 2020Dec.14 [cited 2021Feb.9];4(1):8-17. Available from: https://journal.umtas.ac.id/index.php/bimtas/article/view/1029
- 11. Pae K. Perbedaan Tingkat Depresi Pada Lansia Yang Tinggal Di Panti Werdha Dan Yang Tinggal Di Rumah Bersama Keluarga. Jurnal ners lentera. 2017 Nov 29;5(1):21-32.
- 12. Amin M. Eksistensi Himpunan Lansia Sayang Bunda Di Sulawesi Selatan. Jurnal Dakwah Tabligh. 2018

- Sep 16;17(2):101-13.
- 3. Ismail HF. Statistika untuk penelitian pendidikan dan ilmu-ilmu sosial. Kencana; 2018 Sep 1.
- 14. Yusselda M, Wardani IY. Dampak dukungan keluarga terhadap kualitas hidup lansia. Jurnal Keperawatan. 2016 Mar 28;8(1):9-13.
- 15. Prabasari NA, Juwita L, Maryuti IA. Pengalaman keluarga dalam merawat lansia di rumah (studi fenomenologi). Jurnal Ners LENTERA. 2017 Nov 29;5(1):56-68.
- 16. Karim D. Hubungan dukungan sosial teman sebaya dengan kualitas hidup lansia di panti sosial tresna werdha (Doctoral dissertation, Riau University).
- 17. Pepe CK, Krisnani H, Budiarti M. Dukungan Sosial Keluarga Dalam Memenuhi Kebutuhan Sosial Lansia di Panti. Share: Social Work Journal. 2017 Jul 30:7(1):33-8.
- 18. Sundariyati IG, Ratep N, Westa W. Gambaran Faktor-Faktor yang Mempengaruhi Status Kognitif Pada Lansia di Wilayah Kerja Puskesmas Kubu II, Januari-Februari 2014. E-Jurnal Medika Udayana. 2014.
- 19. Parasari GA, Lestari MD. Hubungan dukungan sosial keluarga dengan tingkat depresi pada lansia di Kelurahan Sading. Jurnal Psikologi Udayana. 2015;2(1):68-77.