

INFORMATION SUPPORT IN INCREASING ELDERLY PARTICIPATION IN POSYANDU AT KARANG BARU HEALTH CENTRE

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ABSTRAK

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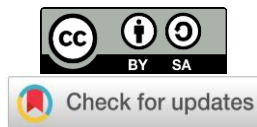
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Abstract:

The activeness of the elderly coming to the posyandu has an important role for the health of the elderly. In this case, the factor that plays an important role in increasing the activeness of the elderly to the posyandu is information support from the family. This study aims to determine the role of information support from the family in increasing the activeness of the elderly to come to the posyandu. Through the use of correlative quantitative design through a cross-sectional approach with a sample of 370 elderly by random sampling, using a family support questionnaire and a list of elderly attendance at posyandu. This study shows that the frequency distribution of good information support (52.2%) and analysis of the significant relationship between information support and the activeness of the elderly in attending posyandu ($p < 0.05$). The important role of information support from the family in supporting the elderly to continue to actively participate in coming to posyandu. Recommendation: Family involvement is needed in providing health information to the elderly to support the elderly to actively attend posyandu as part of health interventions for the elderly.

Abstrak:

Keaktifan lansia datang ke posyandu memiliki peran penting bagi kesehatan lansia. Dalam hal ini faktor yang berperan penting dalam meningkatkan keaktifan lansia ke posyandu adalah dukungan informasi dari keluarga. Penelitian ini bertujuan untuk mengetahui peran dukungan informasi dari keluarga dalam meningkatkan keaktifan lansia datang ke posyandu. Melalui penggunaan desain kuantitatif korelatif melalui pendekatan cross-sectional dengan sampel 370 lansia secara random sampling, menggunakan kuesioner dukungan keluarga dan daftar hadir lansia di posyandu. Penelitian ini menunjukkan bahwa distribusi frekuensi dukungan informasi yang baik (52.2%) dan analisis hubungan signifikan antara dukungan informasi dengan keaktifan lansia dalam menghadiri posyandu ($p < 0,05$). Pentingnya peran dukungan informasi dari keluarga dalam mendukung lansia agar tetap berpartisipasi aktif untuk datang ke posyandu. Rekomendasi: diperlukan keterlibatan keluarga dalam memberikan informasi kesehatan kepada lansia guna mendukung lansia aktif hadir ke posyandu sebagai bagian dari intervensi kesehatan bagi lansia.



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INTRODUCTION

The increase in the elderly population is a worldwide phenomenon, including in Indonesia, which is currently experiencing a major demographic shift. By 2050, the global population of older adults aged 65 years and above is expected to increase from 10% to 16% [1]. The Central Statistics Agency (BPS) said that by 2023, 11.75% of Indonesia's population will be elderly. This figure is higher than the previous year which was 10.48%. By 2045, it is estimated that the elderly population will outnumber other age groups in Indonesia [2].

This increase in population raises various issues, one of which is the need for integrated health services to support the welfare of the elderly. One strategic effort is the establishment of an elderly posyandu, which provides preventive and promotive services. Posyandu Lansia is a place where the elderly get help from the health service centre. Posyandu for the elderly focuses on maintaining the health of the elderly and preventing them elderly from falling ill [3].

However, the data shows that the number of elderly attendance at posyandu is still low compared to the total elderly population in Karang Baru Health Centre. Based on data from the Karang Baru Health Centre's Monthly Mini Workshop in 2023, it was found that the monthly data only reached an average of 12.7% of elderly visits to the posyandu. Based on these statistics, it can be seen that the number of elderly people who come to the elderly posyandu is far below the total elderly population in the area, which amounts to 2,515 people [4].

Information support from the family encourages elderly participation in increasing understanding, motivation, and access to health services so that the elderly are more routine in undergoing health checks at the elderly posyandu. Information

support is helping the elderly by giving advice, informing about the benefits of posyandu, such as through books or other sources, teaching the elderly how to maintain health and get help when the elderly are sick and reminding the elderly of the posyandu schedule [5].

Based on the above phenomenon, it is important to know the role of family information support in encouraging the elderly to visit posyandu. The purpose of this study is to determine the extent to which family information support contributes to the activeness of the elderly in the Karang Baru Health Centre working area and to support the sustainability of health programmes for the elderly at posyandu.

RESEARCH METHOD

This study used a cross-sectional design with a simple random sampling technique, the sample size was 370 elderly respondents with the inclusion criteria being the elderly who are residents of the Karang Baru Health Centre aged ≥ 60 years and live with their families. Data collection using a family support questionnaire instrument using a modified instrument based on [6] which has been tested for validity and reliability on 30 elderly people and obtained a validity value of 0.377-0.708 and reliability of 0.907 and elderly activeness is measured using the elderly attendance list at the posyandu. Researchers carried out the data collection process by conducting elderly home visits related to information support provided by the family to the elderly. Data processing was carried out using computerised statistical methods to perform coding and analysis of the relationship between variables. The data analysis used is the chi square test with Continuity Correction in this study.

RESULT AND DISSCUSION

Table 1.
Characteristics of Respondents

Characteristics of Elderly	Total	Percentage (%)
Age		
- 60-74 years	332	89.7%
- 75-90 years	38	10.3%
Gender		
- Female	261	70.5%
- Male	109	29.5%
Education		
- Higher	19	5.1%
- Secondary	121	32.7%
- Elementary	230	62.2%
Occupation		
- Military/ Police	1	0.3%
- Private/ Trader	35	9.5%
- Farmer/ Labourer	44	11.9%
- Civil Servant/ Retired	27	7.3%
- Not working	263	71.1%

The characteristics of the elderly seen from the age category show that the most dominant elderly living in the Karang Baru Health Centre working area is young elderly 60-74 years (89.7%). In line with the UHH (Life Expectancy) of the Acehnese population, the average Acehnese can live for 69 to 70 years [7]. This is in line with research [8] [9] which states that most elderly respondents are in the young elderly category. This is in line with psychosocial theory [10] In activity theory, it is said that as we age, it is important for the elderly to engage in physical and mental activity by maintaining an active lifestyle, which helps maintain functionality for good ageing.

The sex distribution of the elderly in the Karang Baru Health Centre working area is mostly female (70.5%). Research conducted by [8] is in line with this study, which states that the majority of elderly women. Several other studies also support the results of this study which state that women are the most common elderly respondents [9] [11] [12]. This is in line with Susenas data from March 2023, demographically, the majority of the elderly population is female, around 52.28% of whom are female [2].

Researchers found that women outnumbered men. Women use posyandu more often because women are more sensitive to health issues.

The distribution of education levels in the Karang Baru Health Centre working area is mostly in the low education category, namely elementary school graduates and not in school (62.2%). This is in line with [2] which states that education is an important component in producing individuals who have the knowledge, skills and competencies needed to improve welfare. Individuals who have higher education have a greater chance of getting a better job with greater compensation. However, as older people previously had limited access to educational facilities, this may not be beneficial for older people.

The distribution of employment levels in the Karang Baru Health Centre working area is mostly in the category of not working (71.1%). This is because of the dominant elderly women who work as housewives. This is in line with [2] which says that from a demographic perspective, something is interesting about the role of the elderly in the household: men are more likely to be heads of households who earn a living, while women are more likely to be household members.

Table 2.
Family Support

Family Support	Total	Percentage (%)
Information Support		
Good	193	52.2%
Not Good	177	47.8%

Based on Table 2, it can be seen that information support is mostly good. This shows that the family plays an important role in providing relevant information, thus encouraging the elderly to attend Posyandu. In the information support domain, the statistical analysis results show a significant relationship with elderly activeness ($p = 0.001$; $\alpha = 0.05$). In this case, according to the researcher, the

information support provided by the family in the form of knowledge about the importance of routine health checks, reminders to avoid unhealthy foods, and treatment recommendations when sick is information that encourages the elderly to be more active in paying attention to the health of the elderly so that the elderly are more active in coming to the posyandu.

Table 3.
Activeness

Elderly activeness	Total	Percentage (%)
Active \geq 8 times	45	12.2%
Inactive $<$ 8 times	325	87.8%

Based on Table 3 The activeness of the elderly attending the posyandu is seen from the elderly attendance list book per month at the posyandu, the results of the elderly actively attending the posyandu \geq 8 times as many as 45 elderly (12.2%) while 325 elderly (87.8%) are not actively attending the posyandu $<$ 8 times. According to [13] many factors prevent the elderly from coming to the posyandu, including lack of knowledge, distance from home to the posyandu, family support, and positive perceptions of health workers. Elderly respondents in the Karang Baru Health Centre working area are dominant with basic education, which has an impact on weak knowledge of health information that will have an impact on visits to posyandu.

The results showed that information support from families is very important in delivering education to increase awareness and activeness of the elderly in utilising posyandu. A community-based approach that involves families and the elderly together can increase posyandu visits and have a positive impact on the overall health of the elderly. The role of health cadres can be an important element that needs further research to understand the role of health cadres in supporting posyandu utilisation for the elderly.

Further research could focus on how effective information-based education programmes, such as direct instruction or the use of digital media, are in increasing elderly posyandu engagement. In addition, the role of information support providers for health cadres also needs to be studied in more depth to understand the impact on older people's activities. To provide more effective information to the elderly and their families, creative approaches, such as the use of technology applications or community-based training courses, are needed. Research could also look at how local social and cultural factors influence how older people receive and use information, and how that impacts posyandu visits.

CONCLUSION

This research was conducted in the Karang Baru Health Centre working area with the characteristics of young elderly with an age range of 60-74 years with predominantly female gender with basic education level (elementary school, not in school) and employment level not working. In this study, information support has a significant relationship with the activeness of the elderly coming to the posyandu.

The implication for community health centres is that they must provide better education to the elderly about the importance of posyandu through counselling and information media. Health cadres should also be empowered to provide more targeted information, and community-based programmes can help older people more easily gain access to posyandu. For education, the nursing curriculum should include material on the importance of information support for the elderly. In addition, students should be educated to provide effective health education to families and the elderly through field practice and simulation. For research, further research is needed to find out how effective information communi-

cation methods are on elderly activeness. In addition, long-term studies can investigate the impact of family-based interventions on elderly visits to posyandu on an ongoing basis.

This study has limitations including not analysing other factors that may affect the activeness of the elderly such as health conditions, accessibility of health services and socio-economic aspects and using a cross-sectional design that does not explain the causal relationship. Therefore, future research is recommended to expand the scope and consider external factors to produce more comprehensive results.

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