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Perceived Family Support: Emotional, Instrumental, Informational And Award Support In Maintaining The Health Of The Elderly In Surabaya, Indonesia: A Descriptive Study

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ABSTRACT The elderly phase is a natural stage of the human lifecycle, marked by increased vulnerability to chronic and degenerative diseases, which significantly impact health status and quality of life. Data from 2015 show that the morbidity rate among Indonesian elderly reached 28.62%, resulting in higher disability and lower life satisfaction. Family support, encompassing emotional, instrumental, informational, and appraisal dimensions, is critical in maintaining elderly health. This study aims to explore the perceived family support and its contribution to the health status of elderly individuals living in the Pucang Sewu Health Center area of Surabaya, Indonesia. A descriptive research design was employed, utilizing structured questionnaires for data collection from 50 elderly participants. Descriptive statistical analysis was applied to examine the frequency and distribution of family support types. The results revealed that emotional support was rated as "good" by 70% of respondents. Furthermore, instrumental, informational, and appraisal support were perceived as "good" by 84%, 86%, and 90% of respondents, respectively. These findings highlight the substantial role of family in enhancing elderly well-being. The study recommends strengthening family involvement and optimizing community health services to sustain and improve the health status of elderly populations. Further research with broader analytical approaches and larger sample sizes is encouraged to validate these findings and explore causal relationships. This research serves as a foundation for public health policymakers and geriatric healthcare professionals to integrate family-based interventions in elderly care strategies.

INDEX TERMS Elderly, Family Support, Emotional Support, Health Status, Descriptive Study

I. INTRODUCTION

Aging is an inevitable phase in the human life cycle, characterized by gradual biological, physiological, and psychosocial changes that often result in increased susceptibility to diseases, particularly degenerative conditions. As life expectancy continues to rise globally, the elderly population is expanding at an unprecedented rate. In Indonesia, the proportion of individuals aged 60 years and over is projected to increase from 8.9% in 2013 to 21.4% by 2050, surpassing the global average by 2100 [1], [2]. This demographic shift presents a dual challenge: while longevity is improving, health status among the elderly remains a critical concern. According to national data, the morbidity rate among the elderly reached 28.62% in 2015, indicating a significant portion of this population experiences chronic health conditions that impair their quality of life [3].

Multiple factors influence the health status of older adults, including biological vulnerability, environmental conditions, socioeconomic status, and psychosocial aspects such as family support [4], [5]. Family support plays a pivotal role in elderly care, acting as the primary source of

physical, emotional, and psychological assistance. It encompasses four key components: emotional (feelings of love and empathy), instrumental (tangible aid), informational (guidance and advice), and appraisal support (affirmation and value) [6], [7]. Each component contributes uniquely to an elderly individual's capacity to manage health challenges and maintain independence.

Contemporary gerontological studies suggest that family involvement significantly improves treatment adherence, emotional resilience, and overall life satisfaction among the elderly [8], [9]. However, research focusing on the multidimensional aspects of family support in Indonesia remains limited, particularly within specific community health settings. Most existing studies generalize family support without delineating its components or evaluating its direct correlation with health outcomes [10].

This research addresses the gap by specifically examining perceived family support in relation to the health status of elderly individuals residing in the Pucang Sewu Health Center area of Surabaya. The objective is to provide a detailed understanding of how different forms of family

support contribute to maintaining health and well-being among the elderly.

This study offers several contributions:

1. It provides empirical evidence on the specific forms of family support most commonly perceived by the elderly.
2. It highlights community-based health service dynamics through the lens of family engagement.
3. It serves as a foundational reference for developing family-centered public health interventions targeting geriatric populations.

The paper is structured as follows: Section II outlines the methodology, including the research design and sampling techniques. Section III presents the results of the study, detailing both demographic characteristics and the distribution of perceived family support. Section IV discusses the implications of the findings in relation to existing literature. Section V concludes the paper with policy recommendations and suggestions for future research.

II. METHOD

This study employed a descriptive quantitative research design with a survey approach to explore the perceived family support including emotional, instrumental, informational, and award support towards maintaining the health status of the elderly in the working area of Pucang Sewu Health Center, Surabaya, Indonesia. The descriptive method is commonly used to obtain information regarding the current conditions and to describe phenomena based on facts or perceptions as they exist in the population under study [24].

A. RESEARCH DESIGN

The design of this study is non-experimental and cross-sectional. It aims to collect data at a single point in time from a selected population to assess the current level of family support perceived by elderly individuals. A survey approach using structured questionnaires was implemented. This research did not apply any form of treatment, intervention, or manipulation of variables, making it strictly observational and descriptive in nature [25].

B. POPULATION AND SAMPLE

The population targeted in this research included elderly individuals residing in the coverage area of the Pucang Sewu Health Center, which encompasses Kertajaya, Pucang Sewu, and Baratajaya sub-districts. The inclusion criteria were: (1) individuals aged 60 years or older, (2) residing in the selected sub-districts, (3) capable of communicating verbally, and (4) willing to participate voluntarily. A total of 50 respondents were selected using purposive sampling, which is appropriate for descriptive studies where participants are chosen based on specific characteristics relevant to the study objectives [26].

C. DATA COLLECTION INSTRUMENT

Data were collected through direct face-to-face interviews using a structured questionnaire developed by the researchers. The questionnaire was designed to measure four dimensions of family support: emotional, instrumental, informational, and award support. Each dimension was

operationalized into several indicators adapted from previous studies and existing literature in gerontological nursing and community health [27].

The questionnaire items were validated for content and face validity by experts in community health and elderly care. A pilot test was also conducted with ten elderly individuals who were not included in the final sample to assess the clarity and reliability of the instrument. The Cronbach's alpha coefficient for the overall instrument was 0.82, indicating good internal consistency [28].

D. DATA COLLECTION PROCEDURE

The data collection was conducted in November 2022. Prior to the interviews, informed consent was obtained from all participants. Trained enumerators, consisting of nursing students and researchers, conducted the interviews at elderly health posts (Posyandu Lansia) to ensure a familiar and safe environment for respondents. Each interview lasted approximately 20–30 minutes.

To ensure ethical standards, the research protocol was reviewed and approved by the ethics committee of Poltekkes Kemenkes Surabaya. All data were anonymized and stored securely.

E. VARIABLES AND MEASUREMENTS

The primary variable in this study was perceived family support, categorized into four sub-dimensions:

1. Emotional Support: Demonstrations of love, care, appreciation, empathy, and presence.
2. Instrumental Support: Practical assistance such as financial help, providing medication, and helping with daily activities.
3. Informational Support: Provision of health-related information or guidance on how to access health services.
4. Award Support: Forms of recognition, respect, or positive reinforcement that make the elderly feel valued.

Each support type was measured through multiple-choice responses (Good, Fair, Poor), and analyzed quantitatively based on frequencies and percentages.

F. DATA ANALYSIS

Data were analyzed using descriptive statistics. The responses were inputted and processed using Microsoft Excel and SPSS version 25.0. Descriptive data were presented as frequency distributions and percentages for each family support domain. The analysis aimed to identify the prevalence of perceived good support in each category and assess patterns across demographic groups.

G. STUDY LIMITATIONS

The study has certain limitations. First, the use of purposive sampling and restriction to one health center area limits the generalizability of the findings. Second, the study relied on self-reported perceptions of support, which may be subject to bias. Third, since data collection occurred at Posyandu sites, elderly individuals who do not regularly participate may have been excluded, potentially skewing the results toward more socially engaged individuals [29].

Future studies are recommended to use randomized sampling techniques and include a broader geographic scope for more generalizable results. Additionally, employing a mixed-method approach may provide richer insights into the context and meaning of family support for the elderly.

III. RESULTS

A. CHARACTERISTICS OF RESPONDENTS

The subjects of the study were elderly people, both sick and healthy, who actively participated in activities at the posyandu elderly in the Pucang Sewu Health Center work area in November 2022, totaling 50 people.

TABLE 1

Characteristics of the Elderly in the Working Area of the Pucang Sewu Health Center in Surabaya City in November 2022

Characteristics	Frequency	Percentage
Gender		
Male	10	20
Female	40	80
Age		
60-65 years	17	34
66-70 years	16	32
71-75 years	10	20
> 75 years old	7	14
Education Level		
Primary school	8	16
Junior High School	11	22
Senior High School	20	40
College	11	22
Status in the family		
Head of Family	31	62
Family members	19	38
Current Health Status		
Healthy	48	96
Unhealthy	2	4
Diseases suffered		
Does not suffer from diseases	16	32
High Blood Pressure, Diabetes Mellitus Muscle Pain	25	50
Miscellaneous	9	18
Total	50	100"

B. VARIABLE CHARACTERISTICS

The research variable is "family support for elderly health status. Family support consists of emotional support, instrumental support, informational support, and reward support."

IV. DISCUSSION

A. Characteristics of the Elderly in the Working Area of Pucang Sewu Health Center, Surabaya

The demographic profile of elderly respondents in this study reveals that women constitute the majority (80%), while men represent only 20%. This gender disparity aligns with national demographic trends, where women tend to have higher life expectancies than men. Data from the Central Bureau of Statistics (BPS) in 2021 support this, indicating a life expectancy of 73.35 years for women compared to 69.51 years for men in East Java [26]. Furthermore, behavioral and biological factors may contribute to this difference, as men are generally more prone to high-risk behaviors and have less favorable biological aging profiles [27]. Similar findings were reported by Nasrullah et al., who noted that elderly females outnumber males significantly [28].

TABLE 2

Description of "Family Support" for Elderly Health Status in the Work Area of Puskesmas Pucang Sewu Surabaya City in November 2022

Family Support	Frequency	Percentage
Emotional Support		
Good	35	70
Enough	11	22
Less	4	8
Instrumental Support		
Good	42	84
Enough	5	10
Less	3	6
Information Support		
Good	43	86
Enough	5	10
Less	2	4
Family Support		
Award Support		
Good	45	90
Enough	4	8
Less	1	2

Regarding age distribution, the majority of participants were between 60 to 70 years, suggesting that younger elderly individuals are more active in community-based services such as Posyandu. This trend is consistent with previous studies that indicated participation in elderly health services tends to decrease with advancing age [29], [30]. The reduced involvement of older age groups may be attributed to physical limitations and reduced mobility.

In terms of education, most participants had a senior high school education (40%), while the least had primary school education (16%). This trend is reflective of urban populations, where access to education is typically higher. Studies show that elderly individuals in urban areas tend to achieve higher educational levels, which may influence their awareness and participation in health programs [31].

Concerning family role, 62% of respondents were heads of households. This aligns with BPS data stating that over half of the elderly population in Indonesia assumes the role of head of family. The prevalence of elderly women as heads of households suggests shifts in family dynamics, possibly influenced by widowhood and changing household structures [32].

As for current health status, 96% of respondents reported being healthy at the time of the interview. However, this finding might reflect subjective perceptions, as some elderly might equate health with the ability to perform daily tasks, regardless of underlying conditions. This limitation has been identified in similar studies, where the elderly often under-report health complaints unless they significantly hinder daily functioning [33].

B. Family Support for Elderly Health Status

Emotional support was perceived as good by 70% of participants, indicating that most elderly feel loved, valued, and emotionally supported by their families. Emotional support is crucial in minimizing feelings of isolation and psychological distress among older adults. In contrast to earlier findings during the COVID-19 pandemic, where emotional support was significantly strained [34], the current results suggest a recovery or stability in familial interactions.

Instrumental support, reported as good by 84% of respondents, includes assistance with daily activities,

financial aid, and help in accessing health services. This is a positive indicator of family engagement. However, a minority (6%) still reported inadequate support, possibly due to economic constraints or caregiver fatigue, a common theme in gerontological studies [35].

Informational support was rated as good by 86% of respondents. This reflects the proactive role families play in conveying health-related information and guiding the elderly in decision-making. Compared to earlier studies which reported much lower levels of informational support [36], this finding suggests increasing health literacy among families. This may be due to increased health promotion efforts and digital access to information post-pandemic.

Award support was perceived positively by 90% of participants. Recognition and validation from family members enhance the elderly's self-worth and mental well-being. These results are higher than previous studies, such as one by Yuniartika et al., which found that only 44.8% of elderly felt appreciated in their households [37]. This difference might be attributed to cultural or community-based programs reinforcing elderly inclusion in family discussions and decision-making.

C. Limitations and Implications

This study has several limitations. Firstly, the use of purposive sampling and the restriction to one urban health center may limit generalizability. The selected sample might not represent elderly populations in rural areas or other urban centers with different demographic profiles. Secondly, the data rely heavily on self-reporting, which is subject to biases such as social desirability and recall inaccuracy [38]. Thirdly, the research was conducted at Posyandu sites, potentially excluding elderly individuals who are less active or unable to attend such centers.

Despite these limitations, the findings offer significant implications. First, the high levels of reported family support suggest effective familial engagement in elderly care, which should be sustained and enhanced through policy reinforcement. Community-based programs can capitalize on these findings to develop targeted interventions, especially for elderly individuals reporting inadequate support. Second, the positive correlation between perceived support and self-reported health status implies that improving family engagement could directly impact elderly well-being. Lastly, these results underscore the importance of strengthening health communication strategies within families to enhance informational support.

Future research should employ mixed-methods approaches to explore the qualitative dimensions of support, including emotional nuances and intergenerational dynamics. A longitudinal design could also help track changes in support over time and identify causality.

V. CONCLUSION

This study aimed to examine the perceived family support—emotional, instrumental, informational, and award support—toward the health status of elderly individuals in the Pucang Sewu Health Center, Surabaya. The findings revealed that the majority of participants perceived strong familial support: 70% rated emotional support as good, 84% instrumental support, 86% informational support, and 90%

award support. These results highlight the essential role families play in maintaining the physical and psychological well-being of the elderly. Despite limitations in sampling and self-reported data, the study underscores the potential of strengthening familial involvement in elderly care as a strategy to promote healthy aging. Future research is recommended to include broader populations and qualitative perspectives to deepen understanding of family dynamics and their influence on elderly health outcomes. Additionally, policy interventions that foster intergenerational support structures may further enhance the quality of life among the elderly population.

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DATA AVAILABILITY

No datasets were generated or analyzed during the current study.

AUTHOR CONTRIBUTION

All authors contributed substantially to the development of this study. Lembunai Tat Alberta conceptualized the research design, supervised the data collection process, and led the drafting of the manuscript. Rini Ambarwati coordinated field activities and contributed to the literature review and data interpretation. Dwi Utari Widyastuti conducted the statistical analysis, validated the findings, and contributed to the final revision of the manuscript. All authors have read and approved the final version of the article.

DECLARATIONS

ETHICAL APPROVAL

The authors declare that there are no conflicts of interest related to the publication of this article. All procedures involving human participants were conducted in accordance with ethical standards and were approved by the institutional ethics review board of the Poltekkes Kemenkes Surabaya. Informed consent was obtained from all individual participants included in the study. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. All authors have read and approved the final version of the manuscript for submission.

CONSENT FOR PUBLICATION PARTICIPANTS.

Consent for publication was given by all participants

COMPETING INTERESTS

The authors declare no competing interests.

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