

REVIEW ARTICLE

OPEN ACCESS

Manuscript received April 14, 2023; revised May 21, 2023; accepted May 21, 2023; date of publication June 30, 2023

Digital Object Identifier (DOI): <https://doi.org/10.35882/ijahst.v3i3.229>

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How to cite: Lembunai Tat Alberta, Rini Ambarwati, and Dwi Utari Widyastuti, "Perceived Family Support: Emotional, Instrumental, Informational And Award Support In Maintaining The Health Of The Elderly In Surabaya, Indonesia: A Descriptive Study", International Journal of Advanced Health Science and Technology, vol. 3, no. 3, pp. 140-146, June. 2023

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 is a life cycle experienced by every human being and is generally susceptible to diseases, especially degenerative diseases that affect their "health status." The results showed that the prevalence of chronic diseases in the elderly is increasing over time. In 2015, the elderly morbidity rate was recorded at 28.62% which had an impact on increasing disability and decreasing quality of life. Family support is the attitude, action, acceptance of the family towards its family members in the form of emotional, instrumental, informational, rewarding support. This study was conducted to explain family support for the "health status" of the elderly in the work area of the Pucang Sewu Health Center in Surabaya. Descriptive research method, data collection is carried out directly using questionnaires, descriptive data analysis using percentages. The results showed emotional support was mostly good (70%), instrumental support, informational support and award support were almost entirely good (84%, 86%, and 90%). This research is useful so that families provide optimal support to the elderly so that the elderly can achieve optimal "health status." It is recommended to increase family support and the quality of health services so that it is beneficial for the elderly in improving their "health status" and reducing their health complaints.

INDEX TERMS *Family support, elderly health status*

I. INTRODUCTION

"The elderly is a life cycle experienced by every human being and is generally susceptible to diseases, especially degenerative diseases that affect their "health status." This process occurs continuously where when a person undergoes some changes that affect the functions and abilities of the whole body. Globally, the elderly population is predicted to continue to increase. The proportion of the elderly population in Indonesia continues to increase from 2013 to 8.9% and is predicted to reach 21.4% in 2050. The elderly population in Indonesia is predicted to increase higher than the elderly population in the world after 2100. As a result of the 2010-2035 population projection, Indonesia will enter an ageing period, where 10% of the population will be aged 60 years

and over in 2020 to reach 10%, and in 2035 it is predicted to reach 15.8%. The distribution of the elderly population by province in Indonesia, the highest percentage of elderly is in the province of DI Yogyakarta and the lowest in the province of Papua. The province of East Java ranks 3rd with the largest number of elderly people in Indonesia with a percentage of 11.5%. One of the indicators of success in health development is the increasing Life Expectancy. Since 2004 - 2015 there has been an increase in Life Expectancy in Indonesia from 68.6 years to 70.8 years and the projection for 2030-2035 reaches 72.2 years"[1]. "The worrying thing about the increase in life expectancy is that it is not offset by the increase in the "health status" of the elderly. The results showed that the prevalence of chronic diseases in the elderly

is increasing over time. In 2015, the elderly morbidity rate was recorded at 28.62% meaning that out of every 100 elderly people, 28 of them experienced diseases that resulted in increased disability and decreased quality of life" [2]. The quality of life of the elderly can be influenced by several factors such as the living environment or environment, changes in physical functioning, psychological factors, and can also be influenced by social support in the form of family support [3]. "Family support" plays a huge role in improving the health status of the elderly. The family as the closest unit to the elderly is the biggest motivator for the elderly. Family attitudes, actions, attention, and acceptance towards the elderly are expected to support the elderly in improving their "health status" [4]. "Family support" is a form of empowerment of the elderly so that the elderly can develop the individual and collective potential of the elderly population, so that they can improve their ability to remain productive as one of the anticipations to reduce dependence on others [5]. Emotional support is provided so that the elderly feel loved and cared for, instrumental support includes providing facilities and providing material to the elderly, informational support in the form of assistance to get elderly information for health and information related to their illness, award support that helps make the elderly feel still valued and respected [6]. In previous studies, family support for the elderly was general. This study focuses more on family support for the "health status" of the elderly. "Puskesmas Pucang Sewu" is one of the Public Health Service Units located in the Eastern part of Surabaya. One of the superior services owned by the Pucang Sewu Health Center is the Elderly Courtesy where there are 15 Elderly Integrated Service Posts (Posyandu) spread across all villages of the Pucang Sewu Health Center's work area, namely Kertajaya, Pucang Sewu, and Baratajaya villages. "This study aims to explain family support for the health of the elderly in the work area of the Pucang Sewu health center in Surabaya city. Family support includes emotional support, instrumental support, informational support, and award support."

II. METHOD

A descriptive research method to describe (expose) important events that occur today. The research design uses a survey research design to collect information from actions, knowledge, wills, opinions, behaviors and values [7]. The sample used was 50 elderly people from the Pucang Sewu Health Center working area. Data collection method with direct interviews using a list of questions that have been systematically compiled by researchers [8]. The data obtained are then analyzed descriptively using percentages.

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	25	50
Muscle Pain		
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."

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
	5	10

Enough	3	6
Less		
Information Support		
Good	43	86
Enough	5	10
Less	2	4
Award Support		
Good	45	90
Enough	4	8
Less	1	2

IV. DISCUSSION

This research is classified as a descriptive type of research using a survey method to explain family support for “the health status of the elderly in the work area of the Pucang Sewu Health Center, Surabaya City.” The data collection method is carried out using questionnaires carried out directly by the researcher. The list of questions in the questionnaire consists of questions about family support for Elderly health status.

A. CHARACTERISTICS “OF THE ELDERLY IN THE WORKING AREA OF PUSKESMAS PUCANG SEWU SURABAYA CITY”

GENDER

The female sex dominates the number of “elderly in the Posyandu working area of the Pucang Sewu Health Center in Surabaya. The results of this study are no different from the data contained in the Central Statistics Agency of East Java which shows that the number of people aged 60 years and over who are female is more than that of men[9]. Meanwhile, based on data contained in the Health Profile of the city of Surabaya in 2019, it is said that the number of people aged 60 years and over who are female is more than that of men”. Still based on the same source, it is said that the number of elderly women who get health services “in the work area of the Pucang Sewu Health Center in Surabaya city” is more, namely 3,220 people (93.09%) than the male sex, which is 1,932 people (70.91%)[10]. The same results as this study were shown by Wijaya NK, et al which showed that the number of elderly women was more than the male elderly[11]. Oktaviani showed the results of the number of elderly who are female as much as 52.1% and elderly who are male as much as 47.9%[12]. The results of this study also showed results that were no different from the study conducted by Nasution, who obtained the results of the number of elderly who were female as much as 73.3% more than the elderly who were male as much as 26.7% [13]. No different results were also shown in a study conducted by Nasrullah where the number of elderly who were female was 72% while the elderly who were male were 28%[14]. Based on data on the number of men and women in Indonesia contained in the Central Statistics Agency in 2021, data on women aged 65 years and over was obtained as much as 7.28% while men aged

65 years and over were 6.30%. The number of elderly women who are more than the elderly with male sex can also be attributed to life expectancy data where in 2021 the life expectancy of women in East Java reached 73.35 years while in men life expectancy is 69.51 years. This causes the number of elderly women to be more than the elderly with the male sex [15]. Experts put forward that the causes of women living longer than men can be attributed biologically and behaviorally. Based on behavior, men tend to have smoking habits, alcohol consumption, and are overweight. In addition, men tend not to seek treatment early and when diagnosed with the disease they tend not to adhere to the treatment program. Biologically, the difference in length of life between men and women is associated with the hormone testosterone in men decreases immune function and increases the risk of cardiovascular disease. On the contrary, women have the hormone estrogen which is able to lower the levels of bad fats in the blood so that women avoid diseases related to cholesterol and cardiovascular diseases [16]. It is also said that one of the biological theories of the aging process is the theory of free radicals that continuously attack the cells of the body [17]. In this case estrogen can function as an antioxidant that can protect DNA including telomeres from free radical damage [15]. The lack of male elderly in this study is likely due to the location of the study conducted at the elderly posyandu, where the elderly men generally feel reluctant to participate in activities at the elderly posyandu. In addition, there is another possibility where the male elderly do not understand the benefits of posyandu for the elderly.

AGE

Descriptively, the elderly in the puskesmas work area of Surabaya city did not show significant differences between age groups, although the results showed that the older the elderly the fewer the number. The results of this study are in line with the results of a study conducted by Zahro C, et al (2020) where the number of elderly aged 75 years and over is less (37.5%) compared to the number of elderly aged 60-74 years (62.5%)[18]. Meanwhile, the same results were also shown by a study conducted by Prasetya NPAP, et al (2019) where the elderly aged 60-74 years were 83.6% and those aged 75 years and over amounted to 4.9%[19]. Different results with this study were shown by Sumarni (2019) where the elderly aged 70-79 years were more numerous (50%) than the elderly aged 60-69 years (34%) and the elderly aged 80 years and over (16%)[20]. The results of this study are also not much different from the statistical data of the elderly population in 2021 reported by BPS showing that “the number of young elderly (60-69 years) in Indonesia is 63.65%, the middle elderly (70-79 years) is 27.66% and the elderly (80 years and older) are 8.68%.” It is said that as the elderly get older, in general, physical and psychological abilities and strengths are decreasing, which causes the elderly to be reluctant to

do activities outside the home. This causes the elderly who belong to the intermediate elderly group (70-79 years old) and the elderly (80 years old and above) not to participate in the posyandu activities of the elderly. In this study, the elderly who were active in posyandu were mostly aged 60-74 years

LEVEL OF EDUCATION

The level of education of the elderly in the work area of Puskesmas Pucang Sewu Surabaya City does not show the dominance of a certain level of education. The most education level is high school as much as 40%, while the least education level is elementary school (16%). There are also junior high school and higher education levels of 22% each. Other studies have shown different results where most seniors have low levels of education [21]. Likewise, the research conducted by Ngadiran A (2019) shows different results from this study where most of the education levels of the elderly are at the basic education level[22]. "The level of education according to Law No. 20 of 2003 concerning the National Education System" is a stage of education that is confirmed based on the level of student development, goals to be achieved and skills that must be developed. The level of education in Indonesia at the formal education level consists of early childhood, secondary and higher primary education. Meanwhile, what is meant by the level of education in this study is the last level of education followed by the elderly until they get a diploma. The level of education that is not different in the elderly in the work area of the Pucang Sewu Health Center is likely because it is in an urban area and most of the elderly are young so that at a young age they get the same opportunity to receive secondary education and even higher education. It is said that based on the type of area the elderly living in urban areas have a better level of education than those living in rural areas.

STATUS IN THE FAMILY

The status in the elderly family in the work area of Puskesmas Pucang Sewu Surabaya City is mostly (62%) the head of the family. The results of this study are no different from the statistical data of the elderly population published by BPS saying that the elderly who become heads of households are 59.21%. This shows that one in two elderly people in Indonesia still has to take full responsibility for all their family members. "A family is a group of people who have a marital, birth, and adoption relationship aimed at creating, maintaining culture, and improving their physical, psychological, emotional, and social development within each family member" [23]. Each individual in the family has a status or position that is the embodiment or reflection of his rights and obligations[24]. Status in the family consists of the head of the family and family members who have different roles and responsibilities. The head of the family, who is generally played by the father or husband, has

responsibilities including making a living, providing protection and attention and providing for the needs of all family members[23]. In addition, statistics data on the elderly show that the elderly who are the head of the household are mostly male elderly. This research shows that most of the elderly are women and it is likely that elderly women are also the head of the family. This is likely because the elderly have assumed the status of widows so that they automatically become the head of the family.

CURRENT "HEALTH STATUS"

The "health status of the elderly is the presence or absence of health complaints experienced by the elderly," either health or psychiatric disorders either due to disorders or diseases that are often experienced such as heat, cough, runny nose, diarrhea, headache or acute illness due to accidents, criminality or other health complaints. The complaints recorded are physical and psychic complaints experienced by the elderly over the past month. "The health status of the elderly in the" work area of Puskesmas Pucang Sewu Surabaya City is almost entirely healthy (96%). This result is different from the data contained in the statistics of the elderly population published by BPS which says that 45.47% of the elderly have had health complaints in the last one month. The national economic survey in 2019 showed different results where the morbidity rate which is an indicator of health status reached 26.2% in the elderly, which means that one in four elderly Indonesians experience illness. In addition, there are about 8.89% of the elderly who have had a stay of about 6 days and one in three elderly residents do not have health insurance, thus increasing the economic burden on the elderly or their families. Another thing that makes the elderly vulnerable to illness and health problems is the feeling of loneliness because they are often left alone by their family members[25]. Different results were also shown in a study conducted by Mulyono and Indriani which showed that the health status of the elderly is mostly sick[26]. This difference is due to the possibility of the elderly's perception of health where it is said that health complaints according to the elderly are when they interfere with their daily activities or activities. The elderly who were respondents perceived themselves to be in good health because they could still carry out daily activities and activities well. In addition, the difference in results in this study is also likely due to the fact that the questions on the questionnaire do not describe the state of health of the elderly in the past month but the state of health at this time. This is one of the weaknesses and limitations of this study.

DISEASES SUFFERED BY THE ELDERLY

The results showed that 50% of the elderly in the work area of Puskesmas Pucang Sewu Surabaya City suffered from hypertension and Diabetes Mellitus, as many as 18% suffered from muscle pain and others and there were 32% of the elderly who did not suffer from any disease. Akbar

found different results where 70% of the elderly had hypertension. Novitaningtyas (2014) in Akbar (2020) confirmed that the older you get, the more you are at risk of hypertension. It is said that the age of 60-64 years there is an increased risk of developing hypertension by 2.18 times, the age of 65-69 years 2.45 times and the age of >70 years by 2.97 times[27]. "The results of this study are in line with the data contained in the statistics of the elderly population published by BPS which shows that in general the diseases experienced by the elderly are non-communicable diseases, degenerative in nature including heart disease, diabetes mellitus stroke, rheumatism and injury. These diseases are chronic, require high costs and if left untreated will cause incompetence in the elderly so that the elderly cannot carry out daily activities independently." The elderly morbidity rate in 2021 is 22.48 percent, this shows that about one in five elderly people in Indonesia have experienced illness in the past month. In general, there is a similar pattern between the elderly morbidity rate and the presentation of the elderly who experience health complaints. However, based on gender, there are differences where female elderly have greater health complaints than male elderly people on the contrary, male elderly have a greater morbidity rate than female elderly. This resulted in health complaints experienced by elderly women did not prevent them from carrying out daily activities and in this study most of the elderly who participated in activities at the elderly posyandu were elderly women.

B. FAMILY SUPPORT FOR ELDERLY HEALTH STATUS

EMOTIONAL FAMILY SUPPORT

Family emotional support for elderly health status in the work area of the Pucang Sewu Health Center in Surabaya was mostly good. Different results in research on family support for the elderly during covid 19 found that the results of family emotional support were almost entirely good[28]. Meanwhile, the results of other studies show that family support for the activities of the elderly is only a small part (23.2%) good[29]. Family emotional support is an emotional help, a statement about love, care, appreciation, and sympathy and being part of the family that serves to correct negative feelings. Forms of emotional support, showing sympathy, giving encouragement, offering reassurance and affection, raising trust, giving attention. Some ways that can be done to provide emotional support to the elderly include: respecting the feelings of the elderly, giving praise to the elderly in public, listening to the elderly's stories in depth, do not be judgmental to the elderly, avoid giving advice to the elderly without being asked, support the solutions that the elderly have.

FAMILY INSTRUMENTAL SUPPORT

Family instrumental support for elderly health status in the work area of the Pucang Sewu Health Center in Surabaya was almost entirely good. These results contrast to research

on family members' instrumental support of the elderly which shows that one-third of adults provide instrumental support to the elderly[30]. Instrumental support is support or assistance from the family in the form of energy, funds and time to help, serve and listen to elderly health complaints. In addition to meeting the physical needs of the elderly, instrumental support also meets psychological needs, including providing a supportive environment so that the elderly feel comfortable and can minimize perceived health complaints. Instrumental support is generally given directly including spiritual assistance, including facilitating the elderly in worship and drawing closer to Allah SWT.

FAMILY INFORMATION SUPPORT

Family information support for elderly health status in the work area of the Pucang Sewu Health Center in Surabaya city was almost entirely good. The results of this study are different from previous studies on family support, where family information support for the motivation of the elderly in increasing life productivity through elderly gymnastics, only 43.8% of family information support is good. Information support is a form of support that prioritizes communication about relevant opinions or realities about current difficulties. Forms of information support include providing advice, advice, input and information that can make the elderly more able to minimize health complaints and improve their health status. In providing information support the family serves as a collector and disseminator (disseminator) of information about the world. The benefits of information support include minimizing the appearance of stressors because the information provided can provide suggestions to anyone, including the elderly, in order to improve health status and reduce perceived health problems. For the elderly living in rural areas, family support is beneficial for mental health. The results showed that economic and spiritual support from families improves the quality of nursing services and helps address "the health problems of the elderly in rural areas"[31].

FAMILY AWARD SUPPORT

Family appreciation support for elderly health status in the work area of the Pucang Sewu Health Center in Surabaya was almost entirely good. The results of this study are different from other studies on family award support where most family award support is good[32]. The results of the same study were shown in a study conducted by Sari MM, et al who said that on average all elderly people feel valued and respected by their families because they still involve them in family deliberations and are willing to accept suggestions and opinions from the elderly. Results that differ from this study were also shown in another study where family reward support for elderly motivation in increasing life productivity through elderly gymnastics, only 44.8% support good family awards. Award support or assessment support is support from the family in the form

of providing feed back, directing and rewarding through a positive response to the elderly to improve their health status. The form of award support given to the elderly is in the form of feedback to the elderly to be motivated to improve health status and minimize perceived health complaints. In general, family support in the study showed almost entirely good results and only a small part was sufficient and lacking. In emotional support there are 8% less categories and in instrumental support there are 6% less categories. This is likely due to family limitations in understanding and providing attention to the elderly, limited time and funds owned by the family in supporting and improving the health status of the elderly in the work area of the Pucang Sewu Health Center, Surabaya. It is also said that the quality of life of the elderly can be improved through increasing the role of the family. Thus, increasing the role of the family is recommended as one of the alternative solutions to improve the quality of life of the elderly[33]. The limitation of this study is the taking of the research location at the posyandu, so it does not describe the real condition of the elderly. Research proves that the level of activity of the elderly visiting posyandu for the elderly is still very low, namely 36.1%.

V. CONCLUSION

Family support for the health status of the elderly shows mostly good emotional support, instrumental support, informational support and appreciation support almost entirely good. It is recommended to increase family support and the quality of health services so that the elderly remain healthy and their health complaints are reduced. Furthermore, researchers are expected to be able to develop research with analytical methods and use more samples.

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