



Association between Social-Cultural and the Utilization of Elderly Integrated Health Services (*Posyandu Lansia*) in Hamparan Perak Health Center

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Abstract

Elderly Integrated Health Service (*Posyandu Lansia*) is an integrated service post for elderly in certain areas that have been agreed upon, which are community driven. A significant elderly population will be accompanied by various problems and will affect various aspects of life especially health. Based on preliminary data, the number of elderly population of 930 people, but only about 230 people or about 24.7% who came to Elderly Integrated Health Services. The purpose of this research was to analyze the association between socio-cultural and the utilization of Elderly Integrated Health Services. The type of this research is the explanatory survey with research population of 160 people and research sample of 60 respondents. Data collection used questionnaire. The results of this study were there was a correlation between tradition ($p = 0.000$), belief (0.001) with the utilization of Elderly Integrated Health Services.

Abstrak

Posyandu Lansia adalah pos pelayanan terpadu untuk orang tua di daerah tertentu yang telah disepakati, yang digerakkan oleh masyarakat. Populasi lansia yang signifikan akan disertai dengan berbagai masalah dan akan mempengaruhi berbagai aspek kehidupan khususnya kesehatan. Berdasarkan data awal jumlah populasi lansia sebanyak 930 orang tetapi yang datang ke posyandu lansia hanya berkisar 230 orang atau sekitar 24,7%. Tujuan dari penelitian ini adalah untuk menganalisis hubungan social budaya dengan pemanfaatan posyandu. Jenis penelitian ini adalah survey explanatory dengan populasi penelitian 160 orang dan sampel penelitian 60 responden. Pengumpulan data dengan menggunakan kuesioner. Hasil penelitian ini menunjukkan ada hubungan antara tradisi ($p=0,000$), kepercayaan (0,001) dengan dengan pemanfaatan Posyandu.

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INTRODUCTION

The increase of life expectancy has an impact on the increasing number of over 60 years people or elderly. As the elderly population increase, the government has formulated various policies on elderly health services to increase the health and life quality of the elderly to achieve a happy and efficient on family and community life in accordance with their existence. Elderly is a natural process that cannot be avoided (Nurhayati, 2016).

The elderly population in the world in 2006 of about 650 million, will reach 2 billion by 2050. For the first time in human history, at that time there will be more parents than children (0-14 years old) in the population. Developing countries will experience a much faster rate of aging than developed countries. In 2005 about 60% of elderly live in developing countries. In the next five decades, this condition will increase to over 80%. The aging of the world's population in developing and developed countries is actually an indicator of global health increase (Raharjo, 2016)

The Office of the Coordinating Ministry for People's Welfare (KESRA) reported that in 1980 the life expectancy was 52.2 years old and the number of elderly 7,998,543 people (5.45%), in 2006 became 19 million (8.90%) and life expectancy also increased (66.2 years). In 2020 the estimated elderly population in Indonesia will reach 28.8 million or 11.34% with life expectancy of 71.1 years.

Although there is no special data, based on poverty data in Indonesia, it is expected that many elderly people live below the poverty line. As an illustration, from the data of the Central Bureau of Statistics, the number of the poor elderly population until March 2007 was 37.17 million people. Of these, 63.52 percent were mostly poor people that live in rural areas.

The coaching of the elderly in Indonesia is implemented based on the legislation as the basis for determining the guidance of coaching in accordance with Law Number 36 of 2009 on health and Law Number 13 of 1998 on elderly welfare which stated that the health service intended is to maintain and improve the health and the ability of the elderly, so that the physical, mental, and social conditions can perform properly. Health services for the elderly are carried out through improvements: counseling and dissemination of elderly health information, curative efforts, which expanded in the field of geriatric/gerontological services, development of elderly care institutions that suffer chronic diseases and/or terminal illnesses.

Each community group has unique traditions, customs, and cultures and will influence the

way of thinking (how to see things), how to behave, which is oriented to knowledge in facing health problems to be healthy and appropriate in utilizing health services (Rizkitama, 2015; Handayani, 2017).

The strength of family tradition influences the utilization of health services. The institutionalized patterns of behavior in society will encourage similar form of behavioral characteristics, this similar form leads to the basic personality type of the elderly family in choosing health services in accordance with the values adopted because it requires a multidisciplinary approach because the various issues that are related with elderly need to prepare health service according to what elderly need.

Previous research related to Integrated Health Services for elderly is research of Ika (2010) which showed that the utilization of Integrated Health Services for elderly is very low. Visits by the sick elderly of 17.9% and the elderly who did not get sick of 2.1%.

The research of Nurhayati (2007) at Helvetia Medan Health Center showed that the utilization of Integrated Health Services for elderly in the last year was 7 times as many as 62 people and at least utilize <5 times as many as 15 people (12.5%) which means that society with elderly family shows that the tendency of utilization of health services in Integrated Health Services for elderly is very low, and elderly activity in following Integrated Health Services for activity is also very low.

The phenomenon in the field shows different facts. Integrated Health Services for elderly was only crowded at the beginning of establishment, then the elderly who take advantage of Integrated Health Services for decreases.

Based on the above data, the number of elderly population as much as 930 people but who came to Integrated Health Services for elderly only about 230 people or about 24.7%. This proves that the utilization of Elderly Integrated Health Services has not met the expected target yet. According to the Decree of the Minister of Health No. 1457/MENKES/SK/X/2003, the coverage of elderly integrated health services is 70%. Traditions and believes could affect ones decision to do something. This study analyzed the association between socio-cultural and the utilization of Elderly Integrated Health Service.

METHODS

The type of this research is explanatory survey to explain the correlation between socioeconomic variable with Integrated Health Services for utilization for elderly in the work area of Hamparan Perak Health Center (*Puskesmas*). Population in this research was all family who has elderly with age ≥ 60

years old as many as 160 people. The reason of population determination criteria where on age 45-59 years is still productive so that do not have time to come to Integrated Health Services for in work area of Hamparan Perak Health Center. The sample in this study were 60 people. The sampling technique used was simple random sampling. Data collection used questionnaire. Data analysis in this study used Chi-Square test with 95% confidence level.

RESULTS AND DISCUSSION

The results showed that most elderly people who did not have good knowledge were 38 people (63.3%). Based on the tradition variable, most of tradition did not support were 43 people (71.7%), belief variable showed that most respondents did not support were 36 people (60.0%).

Based on the results of statistical tests, it is known that there was no significant correlation between knowledge and the utilization of Integrated Health Services for elderly. This means that it is not always that families who know about Integrated Health Services for elderly want to use Integrated Health Services for elderly. There are other factors that make families do not to take advantage of Integrated Health Services for elderly, for example, the culture factor of society that assumes the services of Integrated Health Services for elderly are not beneficial to their health or not in accordance with the needs of the elderly. Elderly family and family behaviors that do not provide an understanding for action or experience to be seen, heard about unsatisfied Integrated Health Services activities.

Knowledge is the result of knowing the appropriate after a person perform the five senses (Supratman, 2008). The more a person sees and

hears the higher the knowledge. Cultural elements are the knowledge or cognitive which is a very important domain in shaping one's actions about the view of sickness and illness as well as how to maintain their health. Knowledge is gained from one's own experience or the experience of others (Rosyid, 2009).

Field surveys showed that families who know about Integrated Health Services for elderly and the elderly needs, they expected health workers to give time to teach elderly families how to care for and treat the elderly. So, the elderly who need help in daily necessities can be given family members in accordance with the needs of the elderly. The family also said they had no time to take the elderly to Integrated Health Services. When it is viewed from the side of the benefits of elderly family services who said herbal medicine and therapy of Nuga, Ceragem are more suitable for healing elderly in addition to the elderly to follow the therapy activities according to health conditions.

Based on the results of the research, there was a correlation between tradition and the utilization of Integrated Health Services for elderly in the work area of Hamparan Perak Health Center. This proves that family custom or tradition is the most important element in helping individuals solve problems. The strength of family tradition influences the utilization of health services (Handayani, 2012). The institutionalized patterns of behavior in society will encourage similar forms of behavioral characteristics, this similar form leads to the basic personality type of elderly families in choosing health services in accordance with the values held because it needs a multidisciplinary approach because the various issues that are related with elderly need to prepare health service according to what elderly need (Per-

Table 1. Distribution of Knowledge, Tradition, Belief, and Utilization of Integrated Health Services for Elderly

No	Variable	Category	Total	Percentage (%)
1	Knowledge	Not good	22	36.7
		Good	38	63.3
2	Tradition	Not support	43	71.7
		Support	17	28.3
3	Belief	Not support	36	60.0
		Support	14	40.0
4	Utilization of Integrated Health Services for Elderly	Not utilized	41	68.3
		Utilized	19	31.7
		Total	60	100.0

Table 2. Correlation Analysis of Knowledge, Tradition, Belief, and Utilization of Integrated Health Services for Elderly

		Utilization of Integrated Health Services						
No	Variable	Utilize		Not Utilize		Total		p-value
		n	%	n	%	n	%	
	Knowledge							
1	Not good	13	34.2	25	65.8	38	100.0	0.303
2	Good	4	18.2	18	81.8	22	100.0	
	Tradition							
1	Support	13	61.9	8	38.1	21	100.0	0.000
2	Not Support	4	10.3	35	89.7	39	100.0	
	Belief							
1	Support	13	54.2	11	45.8	24	100.0	0.001
2	Not support	4	11.1	32	88.9	36	100.0	

tiwi, 2010).

Culture influences a person to follow certain patterns of behavior that others have made (Lestari, 2011). Each community group has unique traditions, customs, and cultures and will influence the way of thinking (how to see things), how to behave, which is oriented to knowledge in facing health problems to be healthy and appropriate in utilizing health services (Powel, 2001).

Field surveys showed that elderly families think a child is obliged to sympathize elderly parents who cannot take care of themselves according to eastern traditions that respect to parents is a key to the health of the elderly both physically and mentally with the concrete actions of family members, not with necessarily brought to Integrated Health Services for elderly. In addition, elderly disease is a disease due to age factor so that in the selection of treatment should be more careful. According to them, therapy is the most appropriate with the elderly because it meets the needs of the psyche then they are more actively participate in joint activities (regular social gathering (arisan), recitation/religion study, picnic).

The results of statistical tests show that there was a correlation between belief and the utilization of Integrated Health Services for elderly. Cultural beliefs define the individual's healthy and sick experiences to adapt culturally to the causes of rational disease, the rules of expressing symptoms, norms, interactions, strategies for finding help and determining desired outcomes.

Belief is the lens or the eye of how we perceive or perceive life. Belief is a strong foothold in our behavior and is the essence of our caring. Belief guides and directs families and individuals in action

(Mamik, 2013).

The correlation between a person's beliefs and the displayed behaviors gives way how the family will behave in relation to their health and how they adhere to the health services provided (Fadhilah, 2012).

Field surveys showed that families believe that the elderly in the family is obliged to be protected, both physically and mentally, the family also believes in the existence of Integrated Health Services and to health workers who provide services while the needs of the elderly is varied according to their circumstances.

CONCLUSION

Statistically, there was correlation between tradition and trust with the utilization of Integrated Health Services for elderly in the work area of Hamparan Perak Health Center of Deli Serdang District.

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