

## The Relationship between Family Support for Elderly and Visits to The Integrated Service Post in The Working Area of Waena Health Center, Jayapura City

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### ABSTRACT

This study focuses on discussing the relationship of family support for the elderly to visit the elderly posyandu [Integrated Service Post] in the Waena Health Center working area of Jayapura City, Papua Province. This type of research is a cross-sectional study on the elderly population in 4 Posyandu in the Waena Health Center working area as many as 356 elderly with a sample size of 78 elderly people conducted in December 2023-January 2024. Data was obtained using a questionnaire and analyzed using chi square and binary logistic regression. The results obtained factors that have a significant relationship in the elderly to the visit of the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province emotional support (p value 0.003; RP=1.864 CI 95% (2.04-45.386), instrumental support (p value 0.000; RP=2.64 CI95% (1.54-4.52), informational support (p value 0.000; RP=2.249 CI95% (1.593-3.175) while appreciation support is not significant in the elderly to the Elderly Posyandu visit (p value 0.089; RP=1.671 CI 95% (0.91-3.07). The dominant factor of family support in the elderly on the elderly posyandu visit is instrumental support (p value 0.000; OR=9.2; CI95% (3.247 - 26.068).

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## INTRODUCTION

The elderly [*Lansia*: Abbreviation in Indonesian] are a group aged > 60 years who will enter the final stage of life. Old age is the final stage of the life cycle and the normal stage of development that everyone goes through in old age (Sintia, 2022). Increasing age naturally reduces the physiological and psychological functions of the elderly, making them vulnerable to various degenerative diseases (Rahmawati, 2021). With 1.4 billion elderly, it is estimated that by 2030, 1 in 6 people in the world will be 60 years of age or older and by 2050, the world's population aged over 60 will double to 2.1 billion, while people aged 80 years or older are expected to triple between 2020 and 2050 to 426 million (WHO, 2022).

Indonesia has entered an aging population structure since 2021, where around 1 in 10 people are elderly. This aging population phenomenon can be a second demographic bonus, when the proportion of the elderly is increasing but still productive and can contribute to the country's economy (BPS Pusat, 2022). The elderly in Indonesia are ranked 5th among countries that have the largest elderly population in the world. The number of elderly people in Indonesia is 29.3 million people (10.82%) of the total population in Indonesia. The number of elderly people in Papua is 50,221 (1.16%) out of 4.3 million people (BPS Pusat, 2022).

Problems that occur in the elderly include physical health problems, mental health and socio-economic problems. The health problems most often encountered in the elderly are chronic diseases that sometimes arise acutely and will be suffered until death (Qonita, 2021). The problem of disease in the elderly from the results of Riskesdas 2018, the most common diseases in the elderly are non-communicable diseases (NCDs) including hypertension 45.9%, arthritis 45%, stroke 33%, Chronic Obstructive Pulmonary Disease (COPD) 5.6%, Diabetes Mellitus (DM) 5.5%, cancer 3.2%, coronary heart disease 2.8%, kidney stones 1.3%, kidney failure 0.7%, while in Papua Province the morbidity rate in the elderly reached 3.20% (Kemenkes RI, 2022).

Along with the increasing elderly population, the government has formulated various policies for elderly health services due to the many health problems in the elderly based on Permenkes No. 67 of 2015 concerning the organization of *posyandu*/Integrated Service Post (Abiding Mustika, 2018). Optimal utilization of the elderly *posyandu* can be done when the elderly have the will, are aware of their health to participate in activities at the elderly *posyandu* (Rahmawati, 2021). *Posyandu*/Integrated Service Post for the elderly is an activity that involves various elements of the local community with cooperation between the community and local health center health workers which is carried out once a month (Rahmawati, 2021). Elderly people who do not actively participate in the elderly *posyandu* have an increased risk of suffering from chronic diseases (WU SY, 2020).

Family support is the main driving force for the elderly to participate in *posyandu* activities. The presence of the family is important to accompany or escort and remind the elderly to the *posyandu* if they forget the elderly *posyandu* schedule. Family support and the role of *posyandu* cadres are very

important to foster the interest and enthusiasm of the elderly to actively participate in posyandu activities for the elderly (Rahmawati, 2021).

Family support is a process that occurs throughout life. The nature and type of support differ at various stages of the life cycle (Friedman et al., 2013). According to Cohen & McKay, the form of social support for family members consists of four supports, namely emotional support consisting of expressions such as attention, empathy and concern for individuals; appreciation support consists of positive assessments of other people's ideas, feelings and performance within the scope of their work; Instrumental support is the simplest support to define and information support provides information support by suggesting options for actions that individuals can take in overcoming problems (Sarafino & Smith, 2011).

The data obtained by the author from the initial data collection obtained the number of elderly people at the Waena Health Center, Jayapura City in October 2023 as many as 330 people consisting of 4 posyandu. The implementation schedule of each posyandu is carried out once a month whose implementation date is arranged by the *Puskesmas* [Community Health Center]. The activeness of the elderly in each posyandu is Posyandu Dahlia 31%, Posyandu Kutilang 57%, Posyandu Mambruk 42% and Posyandu Cenderawasih 41% with an average activeness of elderly posyandu visits of 41% which does not reach the SPM target of 100%. More elderly posyandu visits are women and most come from the Papuan tribe.

Based on the results of interviews conducted with 8 elderly people, including 5 (five) people actively participating in posyandu for the elderly who are always accompanied by their families while the other 3 (three) people are not active in posyandu for the elderly because their families are busy working. Elderly people who are not active in the posyandu, apart from not being escorted by the family, are also due to the absence of information and support in transportation costs, making it difficult for the elderly to actively visit the posyandu every month. Departing from this description, this study aims to determine "Elderly Family Support for Elderly Posyandu Visits at Waena Health Center, Jayapura City, Papua Province".

## **THEORETICAL REVIEW**

### ***Definition of Family Support***

Family support is a form of attitude or behavior, either verbal or non-verbal, given to family members or by social intimacy, which aims to help achieve goals or overcome problems in certain situations, so that their presence has emotional benefits or reciprocal obligations from kinship units. Family support can be done in the form of informational support, appraisal support, instrumental support or emotional support (Riadi, 2024), here are some definitions of family support;

- According to Friedman (2010), family support is the attitude, action of family acceptance of their family members, in the form of informational support, assessment support, instrumental support and emotional support.

- According to Bart (1994), family support is verbal and non-verbal information or advice, real help, or actions provided by social familiarity or obtained because of their presence and has emotional benefits or behavioral effects for the recipient.
- According to Hidayat (2011), family support is a form of interaction in which there is a relationship that gives and receives real help carried out by the family (husband, wife, siblings, in-laws, parents).
- According to Ritandiyono (in Riadi, 2024), family support is an action or behavior as well as information that aims to help someone achieve their goals or overcome someone's problems in a particular situation, that they are loved and cared for, valued and respected which is part of a communication network, and reciprocal obligations from kinship units related to marriage or blood.

### ***Definition of Elderly***

Old age is the last developmental period in human life. It is said to be the last development because there are some assumptions that human development ends after humans become adults. Referring to Prawitasari (1994) said that the age limit regarding the elderly is still being debated by experts who have researched this period. Some say that old age begins when a person retires from work. Whereas the retirement period for Indonesians begins when they are 55 years old, except for people with certain functions such as professors, lawyers, doctors or other professionals who usually retire when they are 65 years old. Many people in Indonesia think that they are old because they have eueu even though they have not retired. I tend to limit old age from 65 to death, as I assume that 55 is still middle age.

According to Stanhope & Lancaster (2016), in general, a person is said to be elderly when they are 65 years old and above. Old age is not a disease, but an advanced stage of a life process characterized by a decrease in the body's ability to adapt to environmental stress. Meanwhile, Pany & Boy (2020) said that old age is a condition characterized by a person's failure to maintain balance against physiological stress conditions.

### ***Concept of Integrated Service Post [Posyandu]***

Integrated Service Post, in Indonesian abbreviated as [Posyandu] is an activity that embodies community participation in maintaining and improving their health status. Meanwhile, Posyandu for the elderly is a forum for communication, technology transfer and health services by the community and for the community which has strategic value for the development of human resources, especially the elderly (Ningsih et al., 2022).

Meanwhile, according to the Guidelines for the Implementation of the Posyandu for the Elderly, the National Commission on the Elderly (2010) states that the Integrated Service Post for the Elderly is a forum for services to the elderly in the community, whose formation and implementation process is carried out by the community together with non-governmental organizations (NGOs), government and non-governmental cross-sectors, the private sector,

social organizations and others, by emphasizing health services on promotive and preventive efforts. In addition to health services, the Posyandu for the Elderly can also provide social services, religion, education, skills, sports and cultural arts and other services needed by the elderly in order to improve the quality of life through improving their health and welfare. In addition, they can be active and develop their potential.

According to Effendy (1998), Posyandu is a forum for communication, public health services and technology transfer; from, by and for the community which has strategic value for early human resource development. The presence of Posyandu as a center for family planning and health services organized and managed by, from and for the community through technical support from health workers in order to achieve the norm of a small happy prosperous family.

As a forum for community participation, Posyandu organizes a system of services in order to meet basic needs, improve human quality, and empirically has been able to bring equity to health services. These activities can include; immunization services, community nutrition education, and maternal and child health services (Departemen Kesehatan, 1999). Referring to Kesmas (2013), Posyandu can be interpreted as an extension of the Community Health Center that organizes integrated health services and monitoring. Posyandu activities are carried out by and for the community.

#### ***Targets and Types of Health Services for Elderly Posyandu***

According to the Guidelines for Guidance on Elderly Health for Health Workers I Program Policy (Ministry of Health of the Republic of Indonesia (2000) in *indonesian-publichealth.com* (2013), the targets of the implementation of guidance for the elderly group are divided into two, among others; Direct Targets, including Pre-elderly (age 45 - 59 years), Elderly (age 60 - 69 years) and high-risk Elderly (age > 70 years). Indirect targets, including a). Elderly families; b). Elderly neighborhood community; c). Social organizations that care about fostering the health of the elderly; d). Health workers who serve the health of the elderly; e). Other officers who deal with elderly groups; and f). The wider community.

Referring to the Indonesian Ministry of Health (2003), in *indonesian-publichealth.com* (2013), the types of health services at Posyandu Lansia can be grouped as follows:

1. Conducting an examination of daily life activities which include; basic activities in life such as eating or drinking, bathing, walking, dressing, defecating or urinating and getting in and out of bed, and others.
2. Examine mental status. This examination is related to mental emotion, utilizing the two-minute method guideline.
3. Checking the mental status is done because the mental processes of the elderly have begun to decline. For example, they complain about being forgetful, have difficulty digesting new things, and feel unable to withstand pressure, feelings like this will form their mental sleep with the

belief that they are too old to do certain things so they will withdraw from all forms of activity.

4. Checking nutritional status by weighing and measuring height and recording on a body mass index (BMI) chart.
5. Checking hemoglobin by utilizing Talquist, Sahli or Cuprisulfat devices.
6. Checking the level of sugar in the urine as an early detection of sugar disease (diabetes mellitus).
7. Checking the presence of egg white substance (protein) in the urine as an early detection of kidney disease.
8. When complaints or abnormalities are found in the examination of items a to g, referral to the Community Health Center is made.
9. Counseling is conducted inside and outside the group in the context of home visits and health and nutrition counseling according to the health problems faced by individuals and/or groups of elderly people.
10. Home visits are conducted by Posyandu cadres accompanied by officers for elderly group members who do not come to the Posyandu, in order to conduct community health care activities.

## **METHODOLOGY**

The method in research is an important thing, where the method becomes the foundation in answering research objectives (Tokang, 2023; Wambrauw, 2023; Patmasari, 2022). In this study, the method used was descriptive analytic with a cross sectional design, which is a study that aims to study the dynamics of the correlation between risk factors and effects, which is carried out by means of an approach, observation or data collection is carried out at once (Notoatmodjo, 2018). Research was conducted on family support variables including emotional, appreciation, instrumental and informational, on elderly posyandu [Integrated Service Post] visits at the Waena Health Center, Jayapura City. The research was conducted at the Waena Health Center, Jayapura City. The research time was carried out in December 2023-January 2024.

The population in this study were all elderly people who were active in the elderly posyandu as many as 356 elderly people, namely at Posyandu Dahlia as many as 129 people, Posyandu Kutilang as many as 50 people, Posyandu Mambruk as many as 100 people and Posyandu Cenderawasih as many as 78 people. the sample in this study was 78 people from each posyandu. Data were obtained using a questionnaire including emotional, appreciation, instrumental and informational support. Data were analyzed using chi square and binary logistic. To support the research data, a literature study was also conducted by collecting data from various literature sources relevant to the topic being studied (Renyaan, 2023; Tebay & Ilham, 2023; Yunita, 2022; Sapioper et al., 2022).

**RESULTS**

*Respondent Characteristics*

Table 1. Respondent Characteristics

No	Variable	Frequency (n)	Percentage (%)
1	<b>Age</b>		
	60-66 years	51	65,4
	67-74 years	27	34,6
2	<b>Gender</b>		
	Male	21	26,9
	Female	57	73,1
3	<b>Education</b>		
	Not in School	3	3,8
	Elementary	14	17,9
	Junior High	20	25,6
	High School	32	41
	College	9	11,5
4	<b>Employment</b>		
	Not Working	68	87,2
	Working	10	12,8
Total		78	100

Based on Table 1, the most elderly respondents aged 60-66 years were 51 people (60.3%), 57 people (73.1%) were female, 32 people (41%) had a high school education and 68 people (87.2%) were not working.

Table 2. Distribution of Independent variables

No	Variable	Frequency (n)	Percentage (%)
1	<b>Emotional Support</b>		
	Less	20	25,6
	Good	58	64,4
2	<b>Appreciative Support</b>		
	Less	18	23,1
	Good	60	76,9
3	<b>Instrumental Support</b>		
	Less	45	57,7
	Good	33	42,3
4	<b>Informational Support</b>		
	Less	27	34,6
	Good	51	65,4
Total		78	100

Based on Table 2, the elderly respondents who received the most family support in the good category were 58 people (64.4%) in emotional support and 51 people (65.4%) in informational support. The most family support in the poor category is in appreciation support as many as 60 people (76.9%) and instrumental support as many as 45 people (57.7%).

**Dependent Variable Elderly Posyandu Visit**

Table 3. Distribution of Elderly Posyandu Visits

N	Visit	Frequency	Percentage
o	Elderly Posyandu	(n)	(%)
1	Inactive	46	59
2	Active	32	41
	Total	78	100

Based on Table 3, it shows that the elderly respondents in the Waena Health Center working area of Jayapura City are mostly inactive in visiting the elderly posyandu as many as 46 people (59%).

**The relationship between emotional support and visits to the Elderly Posyandu at Waena Health Center, Jayapura City**

Table 4. Relationship between emotional support in the elderly and visits to the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province

Emotional Support	Posyandu visits				n	%	p value	RP CI95%
	Inactive		Active					
	N	%	N	%				
Less	18	90	2	10	20	100	0,003	1,864 (2,04-45,386)
Good	28	48,3	30	51,7	58	100		
Total	46	59	32	41	78	100		

Table 4 shows that 20 elderly people who lack emotional support, 18 people (90%) are not active in making posyandu visits and as many as 2 people (10%) are active in making posyandu visits. Of the 58 elderly who received good emotional support, 28 people (48.3%) were not active in making posyandu visits and as many as 30 people (51.7%) were active in making posyandu visits. The results of the chi square statistical test at a meaning value of 95% (= 0.05) obtained a p value of 0.003 or  $p < \alpha$  (0.05), thus the relationship of significant emotional support in the elderly to the visit of the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province. When viewed from the value of  $RP = 1.864$  CI 95% (2.04-45.386) includes  $> 1$  which is interpreted that the elderly who get good emotional support will make active posyandu visits 1.864 times higher than the elderly who lack emotional support.



***The relationship between appreciation support and visits to the Elderly Posyandu at Waena Health Center, Jayapura City***

Table 5. Relationship between appreciation support for the elderly and visits to the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province

Appreciative Support	Posyandu visits				n	%	p value	RP CI95%
	Inactive		Active					
	N	%	N	%				
Less	39	65	21	35	60	100	0,089	1,671 (0,91-3,07)
Good	7	38,9	11	61,1	18	100		
Total	46	59	32	41	78	100		

Table 5 shows that 60 elderly people who lacked appreciation support were 39 people (65%) not actively making posyandu visits and as many as 21 people (35%) actively making posyandu visits. Of the 18 elderly who received good appreciation support, 7 people (38.9%) were not active in making posyandu visits and as many as 11 people (61.1%) were active in making posyandu visits. The results of the chi square statistical test at a meaning value of 95% (= 0.05) obtained a p value of 0.089 or  $p > \alpha$  (0.05), thus the relationship of appreciation support is not significant in the elderly to the visit of the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province. When viewed from the value of  $RP = 1.671$  95% CI (0.91-3.07) does not include the number 1 which is interpreted that appreciation support is not significant in the elderly in making posyandu visits.

***The relationship of instrumental support to the visit of Posyandu for the Elderly at Waena Health Center, Jayapura City***

Table 6. The relationship between instrumental support for the elderly and visits to the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province.

Instrumental Support	Posyandu visits				n	%	p value	RP CI95%
	Inactive		Active					
	n	%	N	%				
Less	36	80	9	20	45	100	0,000	2,64 (1,54-4,52)
Good	10	30,3	23	69,7	33	100		
Total	46	59	32	41	78	100		

Table 6 shows that 45 elderly people who lack instrumental support are 36 people (80%) not actively making posyandu visits and as many as 9 people (20%) are actively making posyandu visits. Of the 33 elderly who received good

instrumental support, 10 people (30.3%) were not active in making posyandu visits and as many as 23 people (69.7%) were active in making posyandu visits. The results of the chi square statistical test at a meaning value of 95% (= 0.05) obtained a p value of 0.000 or  $p < \alpha$  (0.05), thus the relationship of significant instrumental support in the elderly to the visit of the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province. When viewed from the value of  $RP = 2.64$   $CI_{95\%}$  (1.54-4.52) includes numbers  $> 1$  which is interpreted that the elderly who get good instrumental support will make active posyandu visits 2.64 times higher than the elderly who lack instrumental support.

***The relationship between informational support and visits to the Elderly Posyandu at Waena Health Center, Jayapura City***

Table 7. Relationship between informational support for the elderly and visits to the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province

Informational Support	Posyandu visits				N	%	p value	RP CI95%
	Inactive		Active					
	n	%	N	%				
Less	25	92,6	2	7,4	27	100		2,249
Good	21	41,2	30	58,8	51	100	0,000	(1,593-
Total	46	59	32	41	78	100		3,175)

Table 7 shows that 27 elderly people who lacked informational support were 25 people (92.6%) not actively making posyandu visits and as many as 2 people (7.4%) actively making posyandu visits. Of the 51 elderly who received good informational support, 21 people (41.2%) were not active in making posyandu visits and as many as 30 people (58.8%) were active in making posyandu visits. The results of the chi square statistical test at a meaning value of 95% (= 0.05) obtained a p value of 0.000 or  $p < \alpha$  (0.05), thus the relationship of significant informational support in the elderly to the visit of the Elderly Posyandu in the Waena Health Center Working Area of Jayapura City, Papua Province. When viewed from the  $RP$  value = 2.249  $CI_{95\%}$  (1.593-3.175) includes a number  $> 1$  which is interpreted that the elderly who get good informational support will make active posyandu visits 2.249 times higher than the elderly who lack informational support.

***Multivariate Analysis***

Multivariate analysis aims to get answers about which factors influence the allowance to posyandu for the elderly. Therefore, it is necessary to conduct a bivariate analysis and continue with a multivariate test. This bivariate modeling using logistic regression test begins with bivariate modeling with a p value category  $< 0.25$  using the enter method where each independent variable is tested against the dependent variable.

Table 8 Bivariate Analysis Between Dependent and Independent Variables

No	Variable	p value	RP	95% CI	
				Lower	Upper
1	Emotional support	0,003	1,864	1,376	2,526
2	Appreciative support	0,089	1,671	0,91	3,070
3	Instrumental support	0,000	2,640	1,542	4,520
4	Informational support	0,000	2,249	1,593	3,175

In Table 8. above, the variables of emotional support, appreciation support, instrumental support and informational support are included in the p value <0.25 category, so they are included in the multivariate model and tested together with the binary logistic test forward LR method. The results of multivariate analysis obtained p value <0.05 as in Table 9 below.

Table 9. Multiple Logistic Regression Variable Analysis

No	Variable	B	p value	OR	95% C. I. for Exp (B)	
					Lower	Upper
1	Instrumental Support	2,219	0,000	9,2	3,247	26,068
	Constant	-3,605	0,000	0,027		

Table 9 above, obtained a beta correlation coefficient value of 2.219 which states a strong relationship with a p value of 0.000; OR = 9.2; CI95% (3.247 - 26.068) which is interpreted that instrumental support is the most dominant in the elderly towards visiting the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province.

## DISCUSSION

### *Characteristics of Respondents*

The results showed that most of the elderly in 4 Posyandu *Lansia* [*Lansia* is an abbreviation in Indonesian, which means Elderly] in the Waena Health Center working area were aged 60-66 years as many as 51 people (65.4%) who actively participated in elderly posyandu activities. In line with the research of Kaka et al., (2022) proves that active elderly people are between 60-75 years old while elderly people over 75 years old are not active in participating in posyandu because they have experienced disease disorders. The results of Rahayu's research in 2020 on the Utilization of Elderly Health Services in Sronдол Village, Semarang City, found that those who mostly utilize the elderly posyandu are those aged 60-68 years (Rahayu, 2020). Almost all elderly respondents in the Waena Health Center

work area were female with a total of 57 people (73.1%). Elderly health can be influenced by gender, because at the time of the research almost all respondents were female, the reason is that women are more diligent, more disciplined when compared to men. In the research conducted, those who came to the elderly posyandu were almost all female.

Most of the elderly in 4 Posyandu *Lansia* [Elderly] in the Waena Health Center working area have a high school education as many as 32 people (41%). Education is one of the predisposing factors that influence the utilization of posyandu by the elderly. Elderly people with low education tend not to actively visit the posyandu, while elderly people who have middle and high education levels tend to be more active in visiting the posyandu. This is because someone with a low education has lower knowledge so that knowledge about the benefits of posyandu for the elderly is lacking. The higher a person's level of education, the more knowledge they have. This research is supported by Utari's research in Jeriji Village, which reveals that knowledge is related to the activeness of the elderly in utilizing the elderly posyandu (Utari, 2021). In contrast to Sesanti's research that there is no effect of education level with elderly visits to the elderly posyandu because strong family support can affect the knowledge of the elderly in utilizing the elderly posyandu (Sesanti, 2022).

Most of the elderly in 4 *Posyandu Lansia* [Elderly] in the Waena Health Center working area did not work as many as 68 people (87.2%). Employment is one of the predisposing characteristics used to describe the fact that each individual has a tendency to use different health services. Each elderly person has different reasons for working, most of the reasons for working are individual in nature which may differ from one person to another, but the main reason for working is because they want to get something that can satisfy their intrinsic (money) or extrinsic needs to meet family needs. When compared to the elderly who work and do not work, those (elderly) who work will tend to have less time to visit the posyandu compared to those who are working. Elderly people who work do not support posyandu activities because they interfere with work and elderly people prefer to go to other medical centers to see their health compared to coming to posyandu elderly. Because the elderly are more concerned with their work than coming to the elderly posyandu and checking their health elsewhere.

***The relationship of emotional support to the visit of the Elderly Posyandu at the Waena Health Center, Jayapura City.***

The results of the study obtained a significant relationship of emotional support in the elderly to the visit of the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province. When viewed from the RP value, it is interpreted that the elderly who get good emotional support will make active posyandu visits 1.864 times higher than the elderly who lack emotional support because emotional support can increase the motivation of the elderly in making visits to the elderly posyandu.

According to Toulasik, motivation also affects elderly compliance in participating in the posyandu program. The behavior that the elderly have to follow the posyandu for the elderly is obtained from a stimulus from outside the

elderly or support from the closest person or family or even friends of the elderly who follow the elderly posyandu program itself. Motivation is a psychological process that provides an overview of the interaction between attitudes, perceptions, needs, and decisions that occur in an individual, and motivation as a psychological process that arises due to the support of factors within the individual/intrinsic factors and factors outside the individual/extrinsic factors (Toulasik, 2019).

Elderly people who get good emotional support 48.3% are inactive higher in elderly people who get good emotional support make posyandu visits as much as 51.7%. The most emotional support in this study was that the family did not show an unpleasant face when the elderly returned from the elderly posyandu. While the least family support given is the family asking about the feelings of the elderly after attending the elderly posyandu.

Elderly people in the Waena Health Center working area who lack emotional support are 18 people (90%) who are not active in making posyandu visits. This is because the elderly feel that they are considered a burden to their families so they are not active in visiting the elderly posyandu. Emotional support can affect the well-being of the human soul family support with the formation of mental balance and psychological formation. This can be seen when collecting emotional support data in this study, there was no family accompanying the elderly to participate in posyandu activities for the elderly.

Emotional support provided to the elderly in the Waena *Puskesmas* [Community Health Center] working area provided by the family will greatly help the elderly and increase motivation in dealing with life because they feel that they do not bear their own burden but there are still other people who pay attention, want to listen to all complaints, sympathize and empathize with the problems faced, and even want to help solve the problems faced.

***The relationship of appreciation support to the visit of the Elderly Posyandu at the Waena Health Center, Jayapura City.***

The results showed that the relationship of appreciation support was not significant in the elderly to the visit of the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province. In line with Astuti's research at *Posyandu Lansia* [Elderly Integrated Service Post] Melati Klawisan Seyegan Yogyakarta, appreciation support does not have a significant effect on the activeness of the elderly following the *posyandu lansia* [Elderly Integrated Service Post] due to the perceived appreciation that is less strong in effect with the instrumental and emotional support provided to the elderly (Astuti, 2017).

Appreciation support provided by families to the elderly is mostly in the category of less in the elderly in the Waena Health Center working area as many as 60 people (76.9%). The most valuation and appreciation support in this study was given by the family when the elderly returned to the elderly posyandu [Integrated Service Post]. While the least family support given is the family giving gifts when the elderly routinely attend the elderly posyandu [Integrated Service Post].

Elderly people in the Waena Health Center working area who lack appreciation support as much as 65% are not active in making posyandu visits and 35% are active in making visits to the elderly posyandu [Integrated Service Post]. Appreciation support causes the elderly who are implementing the utilization of the elderly posyandu [Integrated Service Post] to feel that they are considered and valued so that they will increase their self-esteem (Agustina, 2018).

Support as an award or encouraging someone to move forward or There is no effect of award support because the elderly feel sufficient with other support such as emotional, instrumental and informational. So that the existence of appreciation and the absence of appreciation but with the support of other aspects such as emotional, instrumental and informational support makes appreciation support not significantly related.

***The relationship of instrumental support to the visit of the Elderly Posyandu [Integrated Service Post] at the Waena Health Center, Jayapura City.***

The results of the study obtained a significant instrumental support relationship in the elderly to the visit of the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province. The results of the RP value that the elderly who get good instrumental support will make active posyandu visits are 2.64 times higher than the elderly who lack instrumental support. The results of this study are in line with previous research conducted by Rahma that instrumental support has a significant effect on elderly visits to posyandu because instrumental is an absolute thing for the elderly in fulfilling their needs, especially accommodation to the elderly posyandu (Rahma, 2022).

The distribution of instrumental family support in the elderly is mostly in the less category (57.7%). The most instrumental family support provided is the family providing the elderly with a safe and comfortable atmosphere. While the least family support provided is that the family sometimes takes the elderly to participate in elderly posyandu activities. This was also seen during data collection, many elderly people came alone to the elderly Posyandu.

The reason why the family does not take the elderly to come to the elderly *posyandu* activities is because the elderly family is busy working. At the time of data collection, instrumental family support lacked facilities and infrastructure provided to the elderly to participate in elderly posyandu activities. This can also be seen from the distribution of the elderly at the Waena Health Center who lack instrumental support, 80% are not active in making posyandu visits while 69.7% of the elderly who get good instrumental support are active in making posyandu visits. This can be seen from some families who take the elderly to the Posyandu.

Elderly groups in the work area who behave healthily may be due to families being able and willing to provide the facilities needed by the elderly, and family behavior can also be used as a reference for the elderly in healthy and unhealthy behavior. Family support can affect the elderly in participating in the elderly posyandu, the family can be a strong motivator for the elderly if they always make themselves available to accompany or take the elderly to the posyandu, remind the elderly if they forget the elderly posyandu schedule and try to help all problems with the elderly. There are several things that family

members can do in carrying out their role towards the elderly, namely carrying out directed talks, encouraging them to continue participating in activities in the community, checking their health regularly, helping with transportation, helping with finances, providing affection, providing time and attention.

***The relationship of informational support to the visit of the Elderly Posyandu [Integrated Service Post] at the Waena Health Center, Jayapura City.***

The results of the study obtained a significant informational support relationship in the elderly on the visit of the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province. When viewed from the RP value that the elderly who get good informational support will make active posyandu visits 2.249 times higher than the elderly who lack informational support. The results of this study are in accordance with the findings of Astuti's research on the elderly at Posyandu Melati Klawisan Seyegan Yogyakarta that there is a significant relationship between informational support and elderly posyandu visits that informational support from the family is very important because the elderly often forget the posyandu schedule (Astuti, 2017).

Informational support provided by families to the elderly in the Waena Health Center working area as many as 51 people (65.4%) in the good category. This is because the family tells the importance of participating in posyandu activities for the elderly and the elderly family advises the elderly to diligently attend posyandu activities for the elderly.

Elderly people at the Waena Health Center who lack informational support are 92.6% not active in making posyandu visits while elderly people who get good informational support are 58.8% active in making posyandu visits. This is because the family is the people who are around the individual will provide information support by suggesting options for actions that individuals can take in overcoming problems. This support can be in the form of advice, direction, advice or judgment about how individuals do something.

With good motivation, of course, it will provide a higher opportunity for the elderly to participate in posyandu in the Waena Community Health Center working area, when compared to poor motivation. Every human being has needs (needs, drives, intrinsic, and extrinsic factors) whose emergence is highly dependent on individual needs. The need for security is not only physical security but also psychological security. Families who are well informed will provide high motivation motivation in the elderly so that the elderly will be moved to do something related to needs, desires and goals that realize hope into reality.

***Dominant Factors of Family Support in The Elderly on Elderly Posyandu [Integrated Service Post] Visits***

The results of the study obtained the most dominant instrumental support for the elderly to visit the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province. Family support provided to the elderly in the Waena Health Center working area instrumentally has a major effect on the lives of the elderly because family support by supporting providing all the needs

in the form of facilities and infrastructure. This will create a sense of emotional and appreciation for the elderly. This is in line with Rini's research because she feels cared for, gets advice or a pleasant impression on her and the behavior of an activity or activity that can be observed or not (Agustina, 2018).

Family instrument support has a strong relationship with the utilization of the elderly posyandu, where elderly people who get good support can become active respondents in utilizing the services of the elderly posyandu. Instrumental family support can help the elderly while solving the problems they face because it almost includes fulfilling the aspects needed by the elderly so that the elderly will regularly utilize the elderly posyandu (Rini, 2020).

## **CONCLUSIONS AND RECOMMENDATIONS**

The results obtained factors that have a significant relationship in the elderly to the visit of the Elderly Posyandu in the Waena Health Center Working Area, Jayapura City, Papua Province emotional support (p value 0.003; RP = 1.864 CI 95% (2.04-45.386), instrumental support (p value 0.000; RP = 2.64 CI95% (1.54-4.52), informational support (p value 0.000; RP = 2.249 CI95% (1.593-3.175) while appreciation support is not significant in the elderly to the Elderly Posyandu visit (p value 0.089; RP = 1.671 CI 95% (0.91-3.07). The dominant factor of family support in the elderly on the elderly posyandu visit is instrumental support (p value 0.000; OR = 9.2; CI95% (3,247 - 26,068).

Recommendations, Waena Health Center and Posyandu [Integrated Service Post] need to increase family participation by providing counseling to families about the importance of utilizing the elderly posyandu so that it can become a reference for families in providing instrumental support as well as informational and emotional support to the elderly to regularly utilize the elderly posyandu visits regularly. The family needs to increase its instrumental role so that the elderly can access posyandu services every month by providing the needs of the elderly, besides that the family can increase emotional support by providing information on the elderly posyandu schedule and information so that it will have an impact on the independence of the elderly to attend independently to the elderly posyandu and the family can escort the elderly by looking at the elderly health situation. The church can inform and motivate the elderly congregation in maintaining health by visiting the elderly posyandu.

## **FURTHER STUDY**

The research conducted only focused on the Waena Community Health Center working area. Therefore, it is hoped that similar research will be conducted in other sub-districts in the administrative area of Jayapura City, Papua Province.

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