

The correlation between health beliefs and family support on the elderly's participation in the Elderly Health Service (Posyandu Lansia)

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Abstract

Background: Longer life expectancy in Indonesia is a sign for the government to intensively improve various programs for the elderly for better welfare and quality of life. Elderly Health Service (or Posyandu Lansia) that is well-conducted will provide convenience for the elderly in accessing basic health services to maintain and optimize their quality of life.

Objective: This research aimed to analyze the relationship between beliefs on health and family support toward the participation of the elderly in Posyandu Lansia.

Methods: This correlational research was performed using a cross-sectional approach on 30 elderly selected purposively. The Health Belief Model (HBM) was used as a framework in this study. Data were collected using validated questionnaires and analyzed using univariate statistics, Chi-square, and logistic regression.

Results: The results indicated the presence of a correlation between health beliefs, especially perceived vulnerability ($p = 0.048$) and perceived benefits ($p = 0.030$), and family support in the elderly's participation in Posyandu Lansia.

Conclusion: It is essential for the public health centers to monitor and approach the families of elderlies who rarely attend Posyandu Lansia to improve their health and quality of life.

Keywords: elderly; elderly perception; family support; health belief model; Posyandu; Indonesia

Background

The elderly population is currently increasing at a high rate. The International Population Reports by He et al. (2016) showed that there were 617 million people aged over 65, making up 8.5% of the global population. The elderly population is projected to

reach 1.6 billion (17%) by 2050. Indonesia has the largest elderly population of 18.1 million, or 9.6% (Balitbang Kemenkes Republik Indonesia, 2013), and it keeps increasing every year. In 1980, the elderly made up 5.45% of the total population and kept rising to 8.90% in 2006, 9.77% in 2010, 10.60% in 2014, and reached 11.34% in 2020 (Kementerian

Koordinator Bidang Pembangunan Manusia Dan Kebudayaan Republik Indonesia, 2015).

The World Health Organization noted that there were 600 million older adults in 2012 worldwide and 142 million older people in the Southeast Asian region (World Health Organization, 2017). It was released by Balitbang Kemenkes Republik Indonesia (2013) that there was 28,822,870 elderly population in Indonesia between 2010-2010. At the Center for Data and Information, the Ministry of Health RI Indonesia's Dependent Burden bears 48 non-productive populations.

The facts mentioned above urge the government to improve various programs for the elderly, especially in terms of health, in order to guarantee the welfare of the elderly for a better quality of life (Mediani et al., 2022). However, challenges mainly occur regarding the health services for the elderly as they need long-term health care. Moreover, the elderly predominantly suffer from non-communicable diseases consisting of degenerative and chronic diseases worldwide (Fitriani et al., 2021).

The government has formulated various health care policies to improve the health status and quality of life of the elderly for sound retirement around their family and community. As a tangible manifestation of social services for the elderly, the government has launched services for the elderly on several levels. Health Care for the Elderly, namely Posyandu Lansia, has been provided at the community level. However, the elderly often face several problems which hinder them from attending the program. The elderly's participation in Posyandu Lansia is affected by several factors, including age, gender, perceptions of the elderly regarding health, family support, work, economy, and the distance from their home to Posyandu Lansia (Kementerian Kesehatan Republik Indonesia, 2008).

Many theories and behavior models explain an individual's beliefs or perceptions in taking preventive actions regarding health. One of the theories is The Health Belief Model (HBM), which has been developed since 1950 and is widely used as a framework to explain individual health-related behaviors such as disease prevention, screening, and controlling disease conditions. There are six main components in the development of the HBM, namely belief in vulnerability, belief in the severity of the impact, belief in benefits, belief in barriers,

motivation to act, and belief in one's ability to take health action (Azadi et al., 2021; Glanz et al., 2008). These HBM components influence how a person makes decisions to take health actions. HBM theory allows the identification of the causes of individual health-ill behavior and as a basis for making healthy behavior interventions for individuals (Champion & Skinner, 2008). HBM theory is also able to describe one's belief in a disease that might affect the preventive health actions taken in the form of early detection. However, the beliefs of the elderly regarding health services provided by Posyandu Lansia still vary, explaining why some people are reluctant to attend the program.

Social support is naturally received by the elderly from social interactions with the people around them, such as family members, close friends, neighbors, or relations. Most of the elderly in Indonesia live at home with their families, who provide social support that is meaningful in their life. Family support for the elderly can be provided in four forms: emotional, instrumental, informational, and rewarding (Friedman & Bowden, 2010). Appreciation support given by the family to the elderly can improve their psychosocial status, enthusiasm, life motivation, and increase self-esteem because it makes them feel valuable and meaningful to the family. Appreciation support recognizes the existence of the elderly, which can make them feel involved and needed by their families (Kuntjoro, 2002)

As Maryam et al. (2009) pointed out, every family member holds an essential role in caring for the elderly. The family is a support system for the elderly in maintaining their health. It is expected to actively care for the elderly in maintaining their physical and mental health, anticipating socio-economic changes, and motivating and facilitating the spiritual needs of the elderly.

Family support is critical because inadequate family support triggers depression among the elderly as they feel "abandoned". Unfortunately, many families lack comprehension of the importance of family support in caring for the elderly. Some families prefer handing over elderly care to caregivers or health workers (Franzosa & Tsui, 2021; Rainsford et al., 2021). This decision becomes a stressor for the elderly that can affect their welfare and quality of life. Proper implementation of Posyandu Lansia will provide convenience for the elderly in obtaining

basic health services for optimal quality of life (Wijaya & Dewi, 2021). The elderly should try to take advantage of the program to have their health condition monitored and maintained (Jusuf, 2021).

A preliminary survey conducted by the research team on 5 and 12 March 2020 in Tiwu Tewa Village, East Nusa Tenggara, Indonesia, showed that there were ± 40 elderly registered in Posyandu Lansia in Tiwu Tewa village in 2019. All 40 elderly (100%) suffered from diseases, including hypertension (40%), DM (15%), gout (15%), joint pain (15%), and Cough Cold (15%). The head of Tiwu Tewa Village stated that Posyandu Lansia providers have been very active in carrying out Posyandu Lansia activities every Friday or Saturday, the 2nd and the 4th Sundays in a month. However, not all elderly (65%) attended the health service.

Elderly providers have tried to improve the participation of the elderly by conducting home visits and proper health records, as some still families do not yet understand the importance of the role of the family in improving the health of the elderly. Based on these problems, the research team was intrigued to examine the relationship between the elderly's perception of health and family support in relation to their participation in Posyandu Lansia. This research aimed to analyze the relationship between beliefs on health and family support towards the participation in the Posyandu Lansia in Tiwu Tewa Village, East Nusa Tenggara, Indonesia.

Methods

Study Design

This analytic observational research was conducted using a cross-sectional research design. The independent variables included the elderly's beliefs about health and family support, while the elderly's participation in Posyandu Lansia was the dependent variable.

Participants

The population in this study was 40 elderly in Tiwu Tewa Village purposively selected based on the following inclusion criteria: 1) resident of Tiwutewa village aged 55 years or above; 2) cooperative, literate, and consent to be involved. The exclusion criteria were 1) objection to participating and 2) being in a state of illness. Ten elderly were not ready to be a respondent in this research.

Instruments

Three sets of questionnaires were used: the demographic questionnaire, Health Belief Model (HBM), and family support. The demographic data questionnaire contains questions related to age, gender, latest education, monthly income, employment status, and distance from home to the Posyandu Lansia, and the activity of the elderly in participating in the Posyandu Lansia.

The Elderly Perception Questionnaire about health is owned by Lutfiani (2018), which has been tested for validation and reliability with Cronbach's alpha value < 0.7. The questionnaire contains five domain dimensions: perceived vulnerability, severity, perceived threat, barriers, and benefits. Each dimension includes seven items of closed questions, both positive and negative, with a Likert scale.

Family Support Questionnaire, The measuring instrument used to measure family support is a questionnaire, according to Nursalam (2015), consisting of four dimensions, namely facility support, informational support, assessment support, and emotional support, with a total of 20 questions. The answer choices are made using a Likert scale which is grouped into four points, namely "always" is worth 3, "often" is worth 2, "sometimes" is worth 1, and 0 for the answer "never".

Data Analysis

Univariate statistical analysis was performed in the form of frequency distribution. In addition, Chi-square and logistic regression were employed for further analysis.

Ethical Consideration

Before collecting data, the researcher conducted ethical clearance from the Ethics Committee of Poltekkes Kemenkes Kupang on 11 June 2021 (number: LB.02.03/1/0036/2021). Each respondent has obtained an appropriate informed consent prior to data collection.

Results

As seen in **Table 1**, the proportion of respondents who are female is greater than that of male respondents (70%), respondents mostly aged between 55-65 years (63%), have a low education level (84%), and employed (73%).

Table 1 Respondents' characteristics (n = 30)

Characteristics	f	(%)
Age		
55-65 years old	19	63
66-75 years old	6	20
> 75 years old	5	17
Sex		
Male	9	30
Female	21	70
Education		
Elementary	25	83.88
Middle	4	13.33
High	1	3.33
Employment		
Employed	22	73.33
Unemployed	8	26.67
Income		
<1 million	24	80
1-2 million	4	13.33
>2 million	2	6.67
Distance from home to health facilities		
≤ 1 km	27	90
>1 km	3	10

Table 2 shows that the majority of respondents actively participate in the Posyandu Lansia (76.67%), assessing health-related beliefs: high perceived vulnerability (63.33%), high perceived severity (56.67%), perceived threat perceived high (70%), perceived inhibitor were low (53.33%), had good family support (53.33%) that includes: good emotional support (66.67%), facility support (73.33%), knowledge information support (46.67%) and judgment support (46.67%).

Table 3 shows that the majority of respondents who actively participate in the Posyandu Lansia rate their beliefs about health-related to perceived vulnerability as very high (56.67%), perceived severity as high (43.33%), perceived threat as high (56.67%), high perceived benefits (46.67%), low perceived inhibitors (43.33%). They also said having good family support (46.67%), which included: emotional support (50%), facility support 60%), information/knowledge support (40%), and assessment support (43.33%). In addition, the data in **Table 3** also shows that the majority of respondents who did not actively participate in the

Posyandu Lansia rated their beliefs about health-related to perceived vulnerability as very high (16.67%), perceived severity as high (13.33%), perceived threat as high (13.33%)., low perceived benefits (20%), high perceived inhibitor (13.33%), and lacking family support (13.33%) related to assessment support (13.33%).

Based on the results of data analysis presented in **Table 4**, sig values of <0.05 were found on the several variables; beliefs about health: perceived vulnerability ($p = 0.042$) and perceived benefits ($p = 0.048$), as well as family support ($p = 0.030$). Hence, the research hypothesis is accepted. The results also imply the presence of a correlation between the variables of belief about health (vulnerability and perceived benefits) and family support with the activity of the elderly in participating in the Posyandu Lansia in Tiwutewa Village. Whereas elderly beliefs about health (severity, threats, and perceived inhibitor) have significance values of > 0.005 , implying that those three variables share no correlation to the elderly's participation in the Posyandu Lansia in Tiwutewa Village.

Table 2 Frequency distribution of dependent and independent variables (n = 30)

Variables	f	%
Active Participation in Posyandu Lansia		
Active	23	76.67
Passive	7	23.33
Health Beliefs		
Perceived vulnerability		
High	19	63.33
Low	11	36.67
Perceived severity		
High	17	56.67
Low	13	43.33
Perceived threat		
High	21	70
Low	9	30
Perceived benefits		
High	15	50
Low	15	50
Perceived inhibitors		
High	14	46.67
Low	16	53.33
Family Support		
Good	16	53.33
Fair	8	26.67
Poor	6	20
Emotional support		
Good	20	66.67
Fair	7	23.33
Poor	3	10
Facility support		
Good	22	73.33
Fair	6	20
Poor	2	6.67
Information/knowledge support		
Good	14	46.67
Fair	11	36.67
Poor	5	16.67
Assessment support		
Good	14	46.67
Fair	9	30
Poor	7	23.33

Discussion

The results of this research indicated the presence of a significant relationship elderly's beliefs about health - perceived vulnerability - and active participation in Posyandu Lansia (p-value = 0.042). Data obtained from respondents who actively participated in the program showed high perceived vulnerability related to their health (56.67%). Most respondents also agreed to attend Posyandu Lansia (60%), their physical health made them visit Posyandu Lansia more often (56.7%), and they

anticipated the chance of getting diseases in the future (56.7%), attending Posyandu Lansia was beneficial for their physical health (50%). The results of this variable test align with those found by a previous study ([Amirzadeh Iranagh, 2016](#)), stating that perceived vulnerability had the strongest influence on one's willingness to perform physical activities. In the health belief model theory, perceived vulnerability is one of the strongest variables in encouraging healthy behavior, where the greater the perceived risk, the greater the likelihood of a person performing healthy behavior ([Hayden, 2017](#)).

Table 3 Cross-tabulation of dependent and independent variables

Variable	Participation			
	Active		Passive	
	f	%	f	%
Health Beliefs				
Perceived vulnerability				
High	17	56.67	2	6.66
Low	6	20	5	16.67
Perceived severity				
High	13	43.33	4	13.33
Low	10	33.33	3	10
Perceived threat				
High	17	56.67	4	13.33
Low	6	20	3	10
Perceived benefits				
High	14	46.67	1	3.33
Low	9	30	6	20
Perceived inhibitors				
High	10	33.33	4	13.33
Low	13	43.33	3	10
Family Support (Total)				
Good	14	46.67	2	6.67
Fair	7	23.33	1	3.33
Poor	2	6.67	4	13.33
Emotional support				
Good	15	50	5	16.67
Fair	6	20	1	3.33
Poor	2	6.67	1	3.33
Facility support				
Good	18	60	4	13.33
Fair	4	13.33	2	6.67
Poor	1	3.33	1	3.33
Information/knowledge support				
Good	12	40	2	6.67
Fair	8	26.67	3	10
Poor	3	10	2	6.67
Assessment support				
Good	13	43.33	1	3.33
Fair	7	23.33	2	6.67
Poor	3	10	4	13.33

This research found a significant relationship between the elderly's beliefs about health: perceived benefits and active participation in the Posyandu Lansia (OR = 4.107; 95% CI = 0.010 – 2.40; p-value = 0.048). OR value of 4.107 indicates that the elderly with high perceived vulnerability have a 4.107 greater likelihood of visiting Posyandu Lansia compared to those with low perceived vulnerability. Respondents who actively participated in the Posyandu Lansia stated the high perceived benefits were related to the health of the elderly (50%). Most respondents said that Visiting the Posyandu Lansia regularly could prevent the occurrence of diseases in the future (53.3%), They obtained many benefits

from the program (66.7%), Posyandu Lansia helps early detection of health problems (66.7%), They did not feel anxious about the disease if they regularly visited the Posyandu Lansia (56.7%), and Visiting the Posyandu Lansia could detect and prevent disease (56.7%). In the Health Belief Model theory, to be able to adopt a new behavior, one must believe that the benefits obtained will be greater than the perceived inhibitors (Hayden, 2017). The results support (Puspitosari et al., 2016), who found elderly with high perceived benefits tend to motivate respondents to do disease prevention and regular exercise. The elderly with a high perception of

benefits will have a 26.95 times greater possibility of doing elderly exercise.

A significant relationship also occurred between family support and active participation (OR = 3.686; 95% CI = 0.135-4.97; p-value = 0.030). The OR value of 3.686 indicates that the elderly receiving family support has a 3.686 times higher likelihood of visiting Posyandu Lansia than those with low family support. The results of this study are in accordance with the research conducted by [Yasrandel \(2016\)](#), who conducted research on the relationship between

family support and the compliance of the elderly in attending Posyandu Lansia in Korong Bayur, Pauh Kamar Health Centre Work Area. The p-value = 0.023, under the significance level of 0.05, shows a significant relationship between the two variables. [Panjaitan et al. \(2017\)](#), who conducted research in the Work Area of the Emparu Health Center, Sintang District, also found family support and the activity of the elderly were associated with their participation in the program (OR = 2.37; 95% CI = 0.96-5, 87; p-value = 0.03).

Table 4 Bivariate analysis of dependent and independent variables

Independent Variables	OR	95 % CI (Lower – Upper)	Participation
			p-value
Health Beliefs			
Perceived vulnerability			
High	3.1411765	2.0214233 – 6.9303335	0.042*
Low			
Perceived severity			
High	1.025641	0.1856991 – 6.664751	0.977
Low			
Perceived threat			
High	0.4705882	0.0807451 – 2.742622	0.402
Low			
Perceived benefits			
High	4.1071429	0.0109963 – 2.043949	0.048*
Low			
Perceived inhibitors			
High	0.5769231	0.1044558 – 3.186423	0.528
Low			
Family Support			
Good			
Fair	3.686875	0.135181 – 4.97434	0.030*
Poor			

In this research, most of the respondents who actively participated in the Posyandu Lansia had good family support (46.67%) related to emotional support (50%), 60% facility support, information/knowledge support (40%), and assessment support (43.33%). Meanwhile, the majority of respondents who do not actively participate in the Posyandu Lansia had inadequate family support (13.33% from 23.33%). Similarly, another study found all elderly who actively participated in Posyandu had good family support (38.46%) and sufficient family support (46.13%) ([Ginting & Brahmana, 2019](#)).

Family support strongly encourages the elderly's interest or willingness to participate in Posyandu

Lansia activities. Family can be a strong motivator for the elderly as the family can accompany and take the elderly to the Posyandu Lansia, remind them when they forget the Posyandu schedule, and help with elderly's problems ([Lumongga & Tukiman, 2013](#)). Adequate family support for health and well-being decreases the mortality rate, accelerates the recovery process from illness, and improves cognitive, physical, and emotional health. In addition, family support positively affects how one deals with stress ([Handayani, 2012](#)). However, the results showed that older adults still did not actively participate in Posyandu Lansia activities. Therefore, this needs to be an important priority for the public health center (or Puskesmas) in responding to this by exploring the obstacles that may be experienced

by the elderly in participating in Posyandu activities. Besides that, it also makes an approach to the elderly and their families to improve their health and quality of life of the elderly. The limitation of this study is the small number of samples, which are only 30 older people. It is hoped that further research can be developed with quantitative methods with a larger number of samples with a broader area coverage.

Conclusion

This research provides evidence-based data for relevant institutions, especially health workers, regarding the elderly's beliefs on health and the importance of family support as a factor that influences the elderly's active participation in Posyandu. However, it is necessary to conduct more comprehensive, in-depth research on the factors influencing the elderly's participation in Posyandu using the qualitative method. Qualitative research on this topic allows in-depth examination of certain phenomena, including the elderly's reluctance to participate in the Posyandu. In addition, in this research, some elderly were still reluctant to attend the program. Therefore, it is essential for the public health center to approach the elderly and their families regarding the importance of improving the health and quality of life of the elderly.

Declaration of Conflicting Interest

All authors declare no conflict of interest in this study.

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Author Contribution

All authors contributed equally to this study.

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