

## Relationship Between Motivation and Family Support with Elderly Visits to Integrated Healthcare Center for Elderly in The Working Area of Asa Village

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### Article Information      *Abstract*

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**Introduction:** Integrated Healthcare Center for the elderly is a program implemented by the government and run by the Public Health Centre and cadres around the Integrated Healthcare Center for the elderly for health services to the elderly involving several parties such as the government, the elderly, families, community leaders and social organizations. **Objective:** To determine the relationship between motivation and family support with elderly visits to the Integrated Healthcare Center for the elderly in the working area of Kampung Asa. **Methods:** The design of this study was descriptive correlation with a cross-sectional approach carried out in January 2022. **Result and Discussion:** Statistical test found the relationship between motivation and elderly visits to the Integrated Healthcare Center for the elderly ( $pvalue = 0.00$ ). The relationship between family support and elderly visits to the Integrated Healthcare Center for the elderly ( $pvalue = 0.01$ ). **Conclusion:** There is a significant relationship between motivation and family support with elderly visits to the Integrated Healthcare Center for the elderly in the working area of Kampung Asa.

**Keywords:** Family; Motivation; Elderly; Integrated Healthcare Center;

## **Introduction**

Elderly is a period when a person enters the age of 60 years who can usually experience changes in daily activities and changes in health socially and psychologically (Alhidayati, 2014). In undergoing the process of life, every human being will experience several processes in his life, one of which is the aging process. The aging process can be interpreted as a natural process where a person goes through several stages in his life, namely the child stage, adult stage, and aging stage (WHO, 2017).

In the world, the number of elderly population ranges from  $\geq 629$  million people. According to (WHO, (2019) states that every year the number of elderly in the world will continue to grow, the number of elderly is predicted in 2050 to be  $\leq 2$  billion. Based on the current elderly population which exceeds 7 percent of the total population, the world is in the *ageing population* phase (Central Statistics Agency, 2021). This ageing *population* phenomenon occurs in all countries, especially in developing countries. In 2019, there were 15 countries with an elderly population of  $>10$  million, 7 of which were developing countries. Therefore, by 2050 it is estimated that 33 countries with more than 10 million elderly people will be developing countries (Central Statistics Agency, 2021).

From the statistical data of the elderly population, it is found that the elderly population in the world is growing very quickly with data on the elderly in 2016 as many as 22.6 million people, the elderly in 2017 as many as 23.66 million people, and the elderly in 2018 estimated to reach 24 million people. The increasing elderly in the world causes various kinds of problems that will be experienced by the elderly themselves as well as for their families and surrounding communities (Khaerani, 2014).

Integrated Healthcare Center Elderly is a program implemented by the government and run by Public Health Centre and cadres around the elderly Integrated Healthcare Center for health services to the elderly involving several parties such as the government, the elderly, families, community leaders and social organizations (Sunaryo, 2015). Integrated Healthcare Center for the elderly has a function, namely to maintain and provide preventive services to the elderly so that the elderly can improve their health status (Azizah, 2013). The other benefits of the elderly Integrated Healthcare Center are slowing down the aging process that occurs in the elderly, detecting early disorders that may occur in the elderly and increasing life expectancy in the elderly (Notoadmojo, 2013).

Based on data on elderly visits to elderly Integrated Healthcare Center in the working area of Asa Village. Data on the elderly who attended the Happy Elderly Integrated Healthcare Center in August 2021 there were 23 elderly people present. From the data on elderly visits to elderly Integrated Healthcare Center in solving family motivation and support problems in 2021 in August, September, and October there were 62 elderly people, it shows that elderly visits fluctuated significantly in visits to elderly Integrated Healthcare Center in the Asa Village area.

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Integrated Healthcare Center Elderly is an integrated health service for the elderly community in a certain area that has been agreed. Integrated Healthcare Center for the elderly is driven by the community in groups which aims to increase the reach of elderly health services so that health services are formed in accordance with the needs of the elderly (Bandiyah, 2018). Based on the Research of Health Facilities (Rifaskes) in 2011 nationally, the percentage of Public Health Centre that have elderly Integrated Healthcare Center is 78.8%. Provinces with elderly Integrated Healthcare Center are Yogyakarta Province (100) followed by Central Java (97.1%) and East Java (95.2%).

While the lowest percentage is in Papua (15%). When viewed from the location, the percentage of Public Health Centre in urban areas that have elderly Integrated Healthcare Center is 80.9%, while in rural areas it is 78.83%. The increase in the number of elderly populations every year causes health problems. The elderly are required to check their health regularly to find out early the disease suffered or health problems experienced through the activities of the elderly Integrated Healthcare Center. The compliance of the elderly visiting Integrated Healthcare Center can help the elderly maintain their body health and can improve the quality of life of the elderly (Central Statistics Agency, 2018). The purpose of this study was to determine the relationship between motivation and family support with elderly visits to elderly Integrated Healthcare Center in the work area

### **Method**

The design of this study is a descriptive correlation with *a cross-sectional approach*. The *cross sectional* approach is a measurement carried out on independent and bound variables simultaneously and at the same time (Notoatmodjo, 2014) aims to describe and examine the relationship between motivation and family support with elderly visits in the Asa Village work area, carried out in January 2022.

The population in this study was all elderly patients in the working area of the Barong Tongkok Health Center, as many as 78 people. The sampling technique in this study is purposive sampling, which is a sampling technique with certain considerations by researchers (Sugiyono, 2017). The sample size in this study was 38 elderly patients and met the selection criteria to be included in the study until the required number of subjects was met.

### **Results and Discussion**

#### **Result**

Asa Village is in Barong Tongkok District, West Kutai Regency, East Kalimantan. It is located at an altitude of 500 m above sea level. Asa Village has cool air and tends to be cold. Moga has its natural wealth and fascinating potential. There are health services in the form of Public Health Centre and Integrated Healthcare Center around Kampung Asa, which is in Barong Tongkok District. The livelihoods of the residents vary from farming, gardening, farming, traders, civil servants, employees, and there are retirees as well. The motto, vision and mission of Integrated Healthcare Center

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Asa Village follows the Barong Tongkok Health Center, namely the motto: "Smile, Greeting, Greetings, Politeness and Patience as sincere as our service," Vision: "To become a Public Health Centre with quality and independent health services towards a healthy Barong Tongkok community." Mission: "Driving health-minded development, encouraging independence of healthy living for families and communities, realizing quality, professional, equitable and affordable health services for all levels of society, maintaining and improving the health of individuals, families and communities and the environment."

**Table 1**  
Characteristics of Respondents

No.	Characteristic	Total	
		f	%
1	<b>Age</b>		
	Seniors (>65 years old)	29	76.3
	Late Elderly (56-65 years old)	9	23.7
	<b>Total</b>	<b>38</b>	<b>100</b>
2	<b>Gender</b>		
	Man	15	39.5
	Woman	23	60.5
	<b>Total</b>	<b>38</b>	<b>100</b>
3	<b>Education</b>		
	College	4	10.5
	High School	1	2.6
	Junior High School	8	21.1
	Primary school	18	47.4
	No School	7	18.4
4	<b>Work</b>		
	Work	17	44.7
	Not Working	21	55.3
	<b>Total</b>	<b>38</b>	<b>100</b>
5	<b>Distance to Integrated Healthcare Center</b>		
	<500 meter	22	57.9
	>500 meter	16	42.1
	<b>Total</b>	<b>38</b>	<b>100</b>

The results of the study based on table 1 on the characteristics of respondents showed that the most elderly age category was in the elderly category where someone aged >65 years was 29 people (76.3%), the most gender was women as many as 23 people (60.5%), the most education was in the elementary category as many as 18 people (47.4%), the most respondents were not Work is 21 people (55.3%) and the distance to the Integrated Healthcare Center is at most less than 500 meters, which is 22 people (57.9%).

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**Table 2**  
Elderly Motivation

Elderly Motivation	Total	
	F	%
Strong	9	23.7
Keep	27	71.1
Weak	2	5.3
<b>Total</b>	<b>38</b>	<b>100</b>

The results of the study based on table 2 on the motivation of the elderly showed that the most were in the medium category, which was 27 people (71.1%).

**Table 3**  
Family Support

Family Support	Total	
	F	%
Support	17	44.7
Not Supported	21	55.3
<b>Total</b>	<b>38</b>	<b>100</b>

The results of the study based on table 3 on family support showed that the most were in the unsupportive category, which was 21 people (55.3%).

**Table 4**  
Elderly Visit to Integrated Healthcare Center

Senior visits	Total	
	F	%
Good	21	55.3
Not good	17	44.7
<b>Total</b>	<b>38</b>	<b>100</b>

The results of the study based on table 4 on elderly visits to Integrated Healthcare Center showed that the most were in the good category, which was 21 people (55.3%).

**Table 5**  
Motivation for the elderly with a visit to the Integrated Healthcare Center

Elderly Motivation	Visit to Integrated Healthcare Center				Total		p-value
	Good		Not Good				
	f	%	f	%	f	%	
Strong	1	2.6	8	21.1	9	23.7	0,00
Keep	18	47.4	9	23.7	27	71.1	
Weak	2	5.3	0	0.0	2	5.3	
Total	21	55.3	17	44.7	38	100	

The results of the bivariate analysis based on table 5 on the relationship between elderly motivation and visits to Integrated Healthcare Center showed that the most was in moderate motivation with visits to Integrated Healthcare Center in the good category

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as many as 18 people (47.4%). Based on the results of the analysis conducted using the *Chi-Square* test, the value of  $value = 0.00$  is smaller than the value of  $\alpha = 0.05$  or ( $0.00 < 0.05$ ), that means there is a significant relationship between the motivation of the elderly and visits to Integrated Healthcare Center.

**Table 6**  
Family support with a visit to the Integrated Healthcare Center

Family Support	Visit to Integrated Healthcare Center				Total		p-value
	Good		Not Good				
	f	%	f	%	f	%	
Support	13	34.2	4	10.5	17	44.7	0,00
Not Supported	8	21.1	13	34.2	21	55.3	
Total	21	55.3	17	44.7	38	100	

The results of bivariate analysis based on table 6 on the relationship between family support and visits to Integrated Healthcare Center showed that the most were in supporting and not supporting families with visits to Integrated Healthcare Center in the good and bad categories as many as 13 people (34.2%). Based on the results of the analysis conducted using the *Chi-Square* test, obtained the value of  $value = 0.01$  is smaller than the value of  $\alpha = 0.05$  or ( $0.01 < 0.05$ ), it means that there is a significant relationship between family support and visits to Integrated Healthcare Center.

## Discussion

### 1. Characteristics of Respondents

The results of the study based on table 4.1 on the characteristics of respondents showed that the most elderly age category was in the elderly category of someone aged  $>65$  years as many as 29 people (76.3%). The elderly are part of the human growth and development process. Humans do not suddenly grow old, but develop according to the process starting from infants, children, adolescents, adults, and finally growing old. This is normal with predictable physical and behavioral changes that occur in all people until they reach a certain age of chronological stage of development. During this time a person experiences gradual physical, mental, and social deterioration.

Elderly who are 65 years old and over are rarely found in public places because at this age the elderly is no longer productive like when they were still 60 years old and under. The elderly no longer works productively as government employees. The elderly has retired, stay at home busy themselves with elderly activities that the elderly usually does or can be found in nursing homes. The elderly is the final stage of human development. So everyone hopes to live their old age calmly, peacefully, and enjoy retirement with family with love (Nurul, 2017). The highest gender is women as many as 23 people (60.5%), the most education is in the elementary school category as many as 18 people (47.4%), the most respondents who do not work are 21 people (55.3%) and the distance to Integrated Healthcare Center is at most less than 500-meters which is 22 people (57.9%).

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### **2. Motivation for the elderly with a visit to the Integrated Healthcare Center**

The results of bivariate analysis based on table 4.5 on the relationship between elderly motivation and visits to Integrated Healthcare Center showed that the most was in moderate motivation with visits to Integrated Healthcare Center in the good category as many as 18 people (47.4%). Motivation can be defined as a drive that comes from inside or outside the individual to do an activity that can ensure the continuity of the activity and can determine the activity so that it can achieve the set goals. Motivation is a force or energy that makes individuals move and choose to do an activity that directs these activities towards the goals they achieve.

Motivation is an effort based on moving, directing, and maintaining one's behavior so that it is encouraged to do something so as to achieve certain results and goals (Azizahakhramil, 2018). Based on the results of the analysis conducted using the *Chi-Square* test, the value of  $p\text{-value} = 0.00$  is smaller than the value of  $\alpha = 0.05$  or ( $0.00 < 0.05$ ), that means there is a significant relationship between the motivation of the elderly and visits to Integrated Healthcare Center.

### **3. Family support with a visit to the Integrated Healthcare Center**

The results of bivariate analysis based on table 4.6 on the relationship between family support and visits to Integrated Healthcare Center showed that the most were in families supporting and not supporting with visits to Integrated Healthcare Center in the good and bad categories as many as 13 people (34.2%). This informational support takes the form of suggestions, rewards, and feedback on how to solve problems. Explain how to provide suggestions, suggestions, and information that can be used to express a problem. The benefit of this support is that it can reduce the appearance of stressors in clients (Nurziah, 2017). Aspects in the form of advice, proposals, suggestions, instructions, and provision of information. The family is used as a service unit because family health problems are interrelated and mutually influential between others around them or the community, as one of the family supports for the elderly, it is hoped that the family can better know and carry out their duties in the health sector.

Based on the results of the analysis conducted using the *Chi-Square* test, the value of  $p\text{-value} = 0.01$  is smaller than the value of  $\alpha = 0.05$  or ( $0.01 < 0.05$ ), that means there is a significant relationship between family support and visits to Integrated Healthcare Center. The results are in line with (Yenni and Dewi, 2012) there is a relationship between motivation and family support with the activeness of the elderly in participating in Integrated Healthcare Center at the Integrated Healthcare Center Elderly.

## **Conclusion**

The characteristics of respondents in the Integrated Healthcare Center Elderly Working Area of Asa Village area: the most age in Integrated Healthcare Center is elderly ( $>65$  years) (76.3%), female gender (60.5%), elementary school education (SD) (47.4%), most elderly are no longer working (55.3%) and the distance to Integrated

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Healthcare Center is less than 500 meters (57.9%). The highest motivation of the elderly in the Integrated Healthcare Center Elderly Working Area of Asa Village is in the medium category (71.1%).

Family support in the Integrated Healthcare Center Elderly Working Area of Asa Village is not supportive (55.3%). Elderly visits to Integrated Healthcare Center in the Elderly Integrated Healthcare Center Working Area of Asa Village in the good category (55.3%). There is a relationship between motivation ( $p\text{-value} = 0.00$ ) and family support ( $p\text{-value} = 0.01$ ) with elderly visits to elderly Integrated Healthcare Center in the work area of Kampung Asa.



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