

**Relationship of Family Support and Accessibility with Elderly Following Activities
Elderly Integrated Healthcare Center in Work Area Barong Tongkok Health
Center Regency West Kutai**

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Abstract

Introduction: The increasing population of the elderly can cause several problems; therefore, it is necessary to have family support and accessibility that supports the elderly to be active and independent in maintaining and maintaining their health through Integrated Healthcare Center activities for the elderly. **Objective:** To determine the relationship between family support and accessibility with the activity of the elderly attending the elderly Integrated Healthcare Center in the working area of the Barong Tongkok Health Center, West Kutai Regency. **Method:** The research design in this research is analytical research method with Cross Selection approach. **Results and Discussion:** There is a significant relationship between family support and the activity of the elderly attending the Integrated Healthcare Center for the elderly (value = 0.000); there is a significant relationship between the accessibility of the elderly with the activity of the elderly following the Integrated Healthcare Center for the elderly (value = 0.000). **Conclusion:** There is a relationship between family support and accessibility with the activity of the elderly attending the Integrated Healthcare Center for the elderly in the working area of the Public Health Center Technical Implementation Unit Barong Tongkok, West Kutai Regency.

Keywords: Family Support; Accessibility of the Elderly; Active Elderly attending; Integrated Healthcare Center for the Elder;

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Introduction

The elderly is one of the phases of life that everyone goes through, this phase can be passed well if healthy in old age. Most people think that the elderly are always attached to disease and often there are also many elderly who have senile dementia (Mehue, 2021). The elderly will slowly experience a decrease in tissue power so that they are often attacked by disease. Decreased immune system of the elderly due to age, therefore the elderly are susceptible to infections and disorders from outside (Padila, 2013)

From the statistical data of the elderly population, it is found that the elderly population in the world is growing very quickly with data in 2019 WHO reported the elderly population in the world reached 703 million with an average age of 65 years and in 2050 it will reach 1.5 billion with an elderly population growth rate of 9% (Purnama Sari, 2023). 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

Meanwhile, the total elderly in Indonesia in 2019 is 9.7% (25.9 million) of the total population and is estimated to increase in 2045 by 19.9% (63.3 million) (Ministry of Health of the Republic of Indonesia, 2020) in (Putri, 2021). (Putri, 2021) Data from the West Kutai Regency Health Office in 2021 shows that the total target of the elderly (≥ 60 years old) in 2021 is 16,925 people with 19 Public Health Centres (West Kutai Regency Health Office, 2021).

From a preliminary study on November 22, 2021, the total number of elderly in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre, West Kutai Regency is 1,358 people, there are 17 elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre, West Kutai Regency, namely Muara Asa Integrated Healthcare Center, Geleo Asa Integrated Healthcare Center, Pepas Eheng Integrated Healthcare Center, Engkuni Pasek Integrated Healthcare Center, Integrated Healthcare Center Asa, Integrated Healthcare Center Geleo Baru, Integrated Healthcare Center Juaq Asa, Integrated Healthcare Center Juhan Asa, Integrated Healthcare Center Rejo Basuki, Integrated Healthcare Center Ombau Asa, Integrated Healthcare Center Mencimai, Integrated Healthcare Center Simpang Raya, Integrated Healthcare Center Ongko Asa, Integrated Healthcare Center Pepas Asa, Integrated Healthcare Center Gemuhan Asa, Integrated Healthcare Center Balok Asa, Integrated Healthcare Center Sumber Sari (Technical Implementation Unit of Barong Tongkok Public Health Centre, 2021).

The elderly are expected in their old age to enjoy happily and healthily by joining the elderly Integrated Healthcare Center. Integrated Healthcare Center Elderly is one of the activities where the community provides health services for the elderly which is carried out once a month accompanied by a health team from the Public Health Centre (Kusumawati, 2017).

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To achieve this goal, the activities carried out at the elderly Integrated Healthcare Center include checking daily activities including basic activities in life, checking mental status, hemoglobin testing, giving vitamins, checking nutritional status, giving vitamins, checking diabetes mellitus, checking blood pressure measurements, and health counseling (Mehue, 2021).

Therefore, it is expected that the elderly always come to the Integrated Healthcare Center to control their health, but in reality not all actively come to the Integrated Healthcare Center to control their health (Pertiwi, 2013). Based on data on elderly visits to elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre in August, September, October 2021. Data on the elderly present at 17 Integrated Healthcare Center contained in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre in August was 189, in September there were 156 people, in October there were 108 people (Technical Implementation Unit of the Barong Tongkok Public Health Centre, 2021).

There are three main factors that affect the activeness of the elderly, namely: predisposing factors that include knowledge or cognitive, supporting factors that include health facilities and strengthening factors that include family support (Sundari, 2016)

The family is a social system that contains two or more people who live together by blood, marriage, or adoption, live together and are mutually beneficial, have common goals and mutual benefit, have common goals, have the next generation, mutual understanding and love. Family is the main support system for the elderly in maintaining their health. The elderly who are less active in utilizing health services at the Public Health Centre, will have an impact on the health condition of the elderly that cannot be monitored properly, so that if the elderly experience a risk of disease due to a decrease in body condition and it is feared that it can be fatal and life-threatening to them (Mahardika et al., 2017)

Family support is the attitude, action and acceptance of the family towards its own family members (Zahara & Anastasya, 2021). The existence of adequate family support is proven to be associated with reduced mortality, easier recovery from illness and in the elderly can improve cognitive, physical and emotional function. This is very influential in providing support will make it easier for an elderly person to adjust to activities in life. The geographical condition of the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre is an area that is quite difficult to reach by the elderly because it is still far between residents' homes and Integrated Healthcare Center for the elderly to go to the Integrated Healthcare Center on foot, considering that public transportation facilities are not yet available.

Meanwhile, information and communication facilities are still difficult to reach by families and the elderly, for example limited internet networks, the absence of landlines and the unreachability of print media and other electronic media have not

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been maximized, and not all families and the elderly have these media. From the data on the presence of the elderly to the elderly Integrated Healthcare Center in August, September, October 2021, it shows that there was a significant decrease in the presence of the elderly in October which was quite significant in visits to Integrated Healthcare Center.

Method

This research was conducted in 17 elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre, West Kutai Regency (Muara Asa Integrated Healthcare Center, Geleo Asa Integrated Healthcare Center, Pepas Eheng Integrated Healthcare Center, Engkuni Pasek Integrated Healthcare Center, Asa Integrated Healthcare Center, Geleo Baru Integrated Healthcare Center, Juaq Asa Integrated Healthcare Center, Juhan Asa Integrated Healthcare Center, Rejo Basuki Integrated Healthcare Center, Ombau Asa Integrated Healthcare Center, Mencimai Integrated Healthcare Center, Simpang Raya Integrated Healthcare Center, Ongko Asa Integrated Healthcare Center, Pepas Asa Integrated Healthcare Center, Gemuhan Asa Integrated Healthcare Center, Balok Asa Integrated Healthcare Center, Sumber Sari Integrated Healthcare Center). The research period is February 14 – March 14, 2022. The type of research used is *analytical research* with a *Cross Selection* approach.

The population in this study is all elderly recorded in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre as many as 1,358 people spread across 17 elderly Integrated Healthcare Center. The sample used as many as 93 people used *stratified sampling* techniques using *the Slovin formula*. The data collection method was carried out using questionnaires distributed and filled out by 4 or 5 samples in each elderly Integrated Healthcare Center.

The data collected were analyzed univariately and bivariate using the *chi square* test to determine the relationship between family support and accessibility with the activity of the elderly following the elderly Integrated Healthcare Center.

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Result and Discussion

Result

1. Analyzes Univariate

Characteristics of the elderly

Table 1

Frequency Distribution of Elderly Characteristics in the Working Area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

No	Characteristics of the elderly	Frequency (f)	Percentage (%)	Total
1.	Age			93
	45-59 years old	9	9,7	
	60-70 years	43	46,2	
	71-80 years	41	44,1	
2.	Work			93
	Does not work	90	96,8	
	Self employed	3	3,2	
3.	Status of residence			93
	Spouse	46	49,5	
	Child	47	50,5	

Based on table 1, obtained from 93 elderly people in the Elderly Integrated Healthcare Center in the Working Area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre, almost half of them were aged 60-70 years, namely 43 people (46.2%). Based on employment, almost all of them are not employed as many as 90 people (96.8%). Half of them lived 47 people (50.5%) with children.

Elderly family support

Table 2

Frequency Distribution of Family Support in the Working Area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

Family support	Frequency (f)	Percentage (%)
Support	49	52,7
Less supportive	44	47,3
Total	93	100,0

Based on the table above, it shows that most families support the elderly as many as 49 people (52.7%) and almost half of them, namely 44 people (47.3%) the support provided by families is less

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Elderly accessibility to Integrated Healthcare Center Elderly

Table 3

Frequency Distribution of Elderly Accessibility to the Working Area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

Accessibility	Frequency (f)	Percentage (%)
Easily affordable	43	46,2
Hard to reach	50	53,8
Total	93	100,0

Based on the table above, most of the accessibility of the elderly to Integrated Healthcare Center is difficult to reach, namely as many as 50 people (53.8%) and almost half as many as 43 people (46.2%) of the elderly have easy access to affordable

The activeness of the elderly to join the Integrated Healthcare Center

Table 4

Frequency Distribution of Elderly Activeness in the Working Area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

Elderly Liveliness	Frequency (f)	Percentage (%)
Active	52	55,9
Inactive	41	44,1
Total	93	100,0

(Source: Primary data, 2022)

Based on the results of the analysis, most of the elderly actively participate in the elderly Integrated Healthcare Center, which is 52 people (55.9%) while the inactive elderly are almost half, namely 41 people (44.1%).

2. Bivariate Analysis

Bivariate analysis in this study aims to determine variables related to the activity of the elderly following the elderly Integrated Healthcare Center in the work area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre. The variables studied included family support and access nobility. Bivariate analysis using *Chi Square* statistical test with a significant level (α) of 5%. The results of the bivariate analysis of each variable can be presented as follows:

- 1) The relationship between family support and the activeness of the elderly following the elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

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Table 5

The relationship between family support and the activeness of the elderly following the elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

Family support	Elderly activeness				Total		<i>P-value</i>
	Active		Inactive				
	F	%	f	%	f	%	
Support	36	38,7	13	14,0	49	52,7	0,000
Less supportive	16	17,2	28	30,1	44	47,3	
Total	52	55.9	41	44.1	93	100.0	

(Source: Primary data, 2022)

Based on table 5 The elderly whose families support as many as 49 people (52.7%), of these 49 people, most of the elderly are active in Integrated Healthcare Center as many as 36 people (38.7%). While the elderly who lack family support as many as 44 people (47.3%), of these 44 people are mostly not active in the elderly Integrated Healthcare Center, which is as many as 28 people (30.1%).

The results of the hypothesis test can be seen from the *p-value*. Based on table 4.6, it can be known that the *p-value* is 0.000. The *p-value* shows less than the level of significance ($0.00 < 0.05$) so that it can be concluded that the hypothesis in this study is accepted, which means that there is a meaningful relationship between family support and the activity of the elderly following the elderly Integrated Healthcare Center in the work area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre, West Kutai Regency.

- 2) The relationship between accessibility and the activeness of the elderly following the elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

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Table 6

The relationship between accessibility and the activeness of the elderly following the elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

Accessibility	Elderly activeness				Total		<i>P-value</i>
	Active		Inactive				
	F	%	f	%	f	%	
Easily affordable	35	37,6	8	8,6	43	46,2	0,000
Hard to reach	17	18,3	33	35,5	50	53,8	
Total	52	55,9	41	44,1	93	100,0	

(Source: Primary data, 2022)

Based on table 6, it is known that the elderly with access to easily accessible mobility are 43 people (46.2%), of these 43 people, most of the elderly are active in Integrated Healthcare Center, namely 35 people (37.6%). While the elderly with access to accessibility are difficult to reach as many as 50 people (53.8%), of these 50 people most are not active in the elderly Integrated Healthcare Center, which is as many as 33 people (35.5%).

The results of the hypothesis test can be seen from the *p-value*. Based on table 6, it can be known that the *p-value* is 0.000. The *p-value* shows less than the level of significance ($0.000 < 0.05$) so that it can be concluded that the hypothesis in the study is accepted which means that there is a meaningful relationship between accessibility and the activeness of the elderly following the elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok District Public Health Centre West Kutai.

Discussion

1. Support for elderly families in Integrated Healthcare Center Elderly in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

The results of a study conducted by 93 elderly respondents obtained that most families supported the elderly as many as 49 people (52.7%). Based on the results of the analysis, it shows that more than half of respondents received family support, which is 52.7%, which means that respondents received family support while attending the elderly Integrated Healthcare Center. The support that the elderly get includes emotional support, information, appreciation, and self-esteem.

According to the Indonesian Ministry of Health (2016), the family is the smallest unit of society consisting of the head of the family and several people who are gathered and live somewhere under one roof with interdependence. Family support has an important role for the elderly in the use of Integrated Healthcare Center by the elderly. Especially for the elderly who are no longer able to walk or are not strong enough to

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walk to the Integrated Healthcare Center, support from family is needed. If there is no support from the family, then indirectly the intensity of elderly visits to the elderly will decrease.

The family has a supporting function in the elderly. Support to the elderly can be in the form of concrete support which includes direct support including appreciation support to the elderly where the family provides feedback to the elderly. The support of such awards can help the elderly in the process between family and social environment (Friedman et al., 2010). In this study, most respondents received family support.

The results of this study are in line with the results of research conducted by Berlian (2015) which also showed the results of most respondents (42.1%) having high family support. The assumption of the researcher concludes that family support needs to be considered to increase the activeness of the elderly in the Integrated Healthcare Center so that the elderly can feel the benefits obtained after participating in the Integrated Healthcare Center.

2. Access to the elderly in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

The results of the analysis on the access to the elderly Integrated Healthcare Center showed that as many as 43 people (46.2%) had access to accessible accessibility and 50 people (53.8%) had access to accessibility including difficult to reach.

Based on the results of the study, most of the elderly have access to Integrated Healthcare Center, including difficult to reach. In accordance with the geographical conditions of the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre, it is an area that is quite difficult to reach for the elderly because it is still far between residents' homes and Integrated Healthcare Center for the elderly to go to the Integrated Healthcare Center on foot, considering that public transportation facilities are not yet available.

The distance of the house to the location of the Integrated Healthcare Center is far or difficult to reach. The close distance of the Integrated Healthcare Center will make it easy for the elderly to reach the Integrated Healthcare Center without having to experience physical fatigue due to a decrease in endurance or physical strength of the body (Artinawati, 2014)

3. Elderly activity in Integrated Healthcare Center Elderly in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

Based on the results of the analysis, it shows the activeness of the elderly in participating in Integrated Healthcare Center, most of the elderly are active in Integrated Healthcare Center activities, which is as much as 55.9%. The activity of the elderly in the working area of the Technical Implementation Unit of the Barong Tongkok Public

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Health Centre can be influenced by various factors including knowledge, home distance, family support, attitudes, facilities, and infrastructure.

Meanwhile, according to Notoadmodjo, (2003) in Rahayu (2016) states that there are three factors affecting the activeness of the elderly, namely: predisposing factors that include knowledge or cognitive, supporting factors that include health facilities and strengthening factors that include family support.

According to (Puspitasari et al., 2014) states that activeness is a busy activity done by someone to get something. The activeness of the elderly in the activities of the elderly Integrated Healthcare Center is nothing but to control their own health, they are active in physical and mental activities can be seen from their efforts to attend and participate in every activity of the elderly Integrated Healthcare Center.

Integrated Healthcare Center elderly is a form of integration of health services for the elderly in the form of integration in services motivated by the criteria of the elderly who have various diseases. Integrated Healthcare Center for the elderly is a development of government policy through health services that are organized through the Public Health Centre program involving the elderly, families, community leaders, and other social organizations. The basis for the establishment of elderly Integrated Healthcare Center is to improve the welfare of the community, especially the elderly (Ministry of Health of the Republic of Indonesia, 2016).

4. The relationship between family support and the activeness of the elderly following the elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

Based on the results of the *chi square* statistical test, $p\text{-value} = 0.000$ ($0.000 < 0.05$). This shows that there is a meaningful relationship between family support and the activity of the elderly following the elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre.

The results of this study are in line with the results of research conducted by (Christine Yohana, 2017) which shows a relationship between elderly work, family support, level of knowledge and attitudes with the activeness of the elderly participating in Integrated Healthcare Center activities. The higher the family support given to the elderly, the more active the elderly are in participating in the elderly Integrated Healthcare Center. This is evidenced by the results of cross-tabulation in table 4.6 which shows that the elderly who get family support are mostly active in participating in the elderly Integrated Healthcare Center, which is 38.7%.

There are some research results that are not in line with the results of this study, such as research conducted by Himatu Ulya (2019), revealing that there is no relationship between family support and elderly activity. It can be seen in table 4.6 which shows that there are 14.0% of the elderly who receive family support but are not active in the elderly Integrated Healthcare Center. Elderly is a time when a person really

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needs social support and those closest to him as well as support by family. Family support is one form of family therapy, through family various health problems can arise and through family problems can also be overcome.

Family support can also act as social support for the elderly and provide a sense of comfort, attention, and appreciation that is relied upon in times of individual difficulty. Family social support is a process that occurs throughout the lifespan, the nature and types of family social support vary in different stages of the life cycle. However, at all stages of the life cycle, the family's social support enables the family to function with a wide range of intelligence and intellect. As a result, this improves family health and adaptability

5. The relationship between accessibility and the activeness of the elderly following the elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre

Based on the results of the *chi square* statistical test, $p\text{-value}=0.000$ ($0.000<0.05$). This shows that there is a significant relationship between accessibility and the activeness of the elderly following the elderly Integrated Healthcare Center in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre.

The results of this study are in line with the results of research conducted by Sulaiman (2018) which shows a relationship between distance and the activeness of the elderly following the elderly Integrated Healthcare Center. Research conducted by Arfan and Sunarti (2017) also proves the relationship between home distance and the frequency of elderly visits to elderly Integrated Healthcare Center.

Based on the results of cross-tabulation in table 6, it shows that the elderly who have access to easily accessible accessibility are mostly active in participating in the elderly Integrated Healthcare Center (37.6%). Similarly, with the elderly who have access to difficult to reach, it shows that most of the elderly are not active in the elderly Integrated Healthcare Center, which is as much as 35.5%. Access to accessibility includes geographical conditions, internet networks, means of transportation and home distance. The distance of the house to the location of the Integrated Healthcare Center is far or difficult to reach.

According to Aritnawati (2014) stated that the close distance of Integrated Healthcare Center will make it easy for the elderly to reach Integrated Healthcare Center without having to experience physical fatigue due to decreased endurance or physical strength of the body. The ease of reaching Integrated Healthcare Center locations is related to security or safety factors for the elderly. If the elderly feel safe or find it easy to reach the Integrated Healthcare Center location without having to cause fatigue or serious problems, this can encourage the interest or motivation of the elderly to participate in Integrated Healthcare Center activities. Thus, this security is an external factor in the formation of motivation to attend the elderly Integrated Healthcare Center.

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In contrast to the results of research conducted by Dita Anggraini (2015) which showed no relationship between distance and access with the activeness of the elderly following the elderly Integrated Healthcare Center. In the study, the dominant factor that influenced the attractiveness of the elderly was family and cadre support. Although access is easy, the activeness of the elderly is also lacking, in this study there were 8.6% of the elderly with easy access but not active to join the elderly Integrated Healthcare Center.

In this study, there are still elderly who have access to ability, including difficult to reach. This must get attention from various parties, especially health workers in the working area of the Technical Implementation Unit of the Barong Tongkok Public Health Centre to improve the services of the elderly Integrated Healthcare Center.

Based on the assumption of researchers, it would be better if education was given to families who have the elderly to increase support for the accessibility of the elderly in reaching the elderly Integrated Healthcare Center, so that the elderly get ease in accessibility to the elderly Integrated Healthcare Center, then the elderly become more active in participating in elderly Integrated Healthcare Center activities and the health of the elderly becomes more controlled.

Conclusion

There is a significant relationship between family support and the activeness of the elderly following the elderly Integrated Healthcare Center (p value = 0.000). There is a significant relationship between accessibility and the activeness of the elderly following the elderly Integrated Healthcare Center (p value = 0.000).

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