



Original Research

Factors Related to the Utilization of the Integrated Health Services Center for the Elderly

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ABSTRACT

Introduction: The health service center for elderly is a public health center program for the elderly so they can be are ready to face old age independently and healthy. The objective of the research was to find out if there was a relationship between the use of health services centers for the elderly and attitudes, family support, the role of cadres, and access distance to health services for elderly people.

Methods: The method used was quantitative with a cross-sectional design; the sample contained 121 respondents, elderly people aged over 60, the study time was 4 weeks. The instrument used was a questionnaire. The variables were elderly people's attitudes, cadre roles, family support and the distance to the health service. The analysis was done using chi-square with a significant p-value ($\alpha < 0,05$).

Results: The study obtained a significant relationship between the attitudes of the elderly p-value (0.001), family support p-value (0.00), the role of cadre p-value (0.00) and the use of the elderly health services center while the distance to the Integrated health center was not significantly related p-value (0.513).

Conclusion: Family support and the role of cadres is needed to support the interests and readiness of the elderly in building a positive attitude for the Integrated health center, to the distance to the health services is not a problem. There is a relationship between the attitudes of the elderly, family support, the role of cadres to the use of elderly health services center while there is no relationship between the distance to access the health services center and the use of elderly.

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INTRODUCTION

The development of science and technology has a positive impact on welfare and health, one of which can be seen from the level of life expectancy. Add advanced age in the world. (Purwadi et al., 2016). The United Nations (UN) estimates that the number of people ≥ 60 years will increase from 901 million in 2015 to 1.4 billion in 2030 globally, increasing by more than 56% in 15 years. An estimated 71% increase in the elderly population will occur in developing countries (Guerra et al., 2015). Indonesia, with the 4th largest population in the world of around

258 million in 2015, also faces the challenge of a rapidly increasing elderly population. The number of elderly increased by around 4.12 million from 2000 to 2015, because life expectancy in Indonesia has increased from 67.25 to 70.8 years in the same period. With an increase in life expectancy and a decrease in fertility, it is expected that the rate at which contributions will age will also increase. By 2025, it is estimated that 11.8% of the population will be ≥ 60 years (Madyaningrum et al., 2018)

The increasing number of elderly people needs to be anticipated because it will have broad implications in the lives of families, communities, and countries. A

study showed that the elderly tend to have lower health status, more cases of comorbidity and polypharmacy (Hajek et al., 2017). Therefore, the elderly need to get attention in national development. It is necessary to improve the type and quality of health and nursing services, whether carried out by the elderly themselves or by their families or other institutions, one of which is the services of the elderly health services center, a forum for activities from the community and for communities supported by cross-sectoral cooperation. The public health center provides support and technical guidance. The activities here especially in the area include preventive, promotive, curative and rehabilitative activities for the elderly (Purwadi et al., 2016). However, in reality, there are still many problems related to the low utilization of the elderly health services center by the elderly. This is because there are several factors including knowledge, the distance of the house from the location of the health services center, family support, facilities and infrastructure to support the implementation of the health service center, attitudes and behavior of the elderly, income, support from health workers (Yang et al., 2014).

From the observations in the field, researchers also found several factors related to the use of health services center for elderly people, namely: the attitude factor where the attitudes of elderly people who did not participate in elderly health service center activities were reminded of some health services center cadres when they did not go to a health services center; the role of the health professionals as some are also not active in conducting health services at the center for the elderly or too lazy to call the elderly, while the encouragement factor of the family where elderly families do not participate in encouraging the elderly to go to the health services center for the elderly and also sending them to the health services center for the elderly because they are busy; the distance to access the health services center is also a factor when the health services center is located in the middle of the country settlement in front of the road and the distance that can be reached ≥ 1 km for those who have a house far from the health services center location while having a house close to the health services center can be located in travel with a distance of ≤ 1 km. The data above shows that many elderly people do not visit the health services center. Previous studies found a relationship between the attitude of the use of elderly health services center, family encouragement and the use of elderly health services center, and the role of the staff with the use of elderly health services center. The researchers were interested in exploring "Factors Associated with the Utilization of Elderly health services center in the Elderly Work Area.

MATERIALS AND METHODS

This research is quantitative with a cross-sectional approach, which is research that emphasizes the

observational time of the independent and dependent variables only once at a time. This research was conducted for 4 weeks from 22 July to 17 August 2019 at the Health Services Center Elderly. The sampling technique used purposive sampling and the sample had 121 respondents. The inclusion criteria were elderly aged > 60 and above, the elderly who were present at the time of the study and were willing to become respondents.

Data collection techniques collected two types of data: primary data obtained directly from the elderly through questionnaires to find out the Factors Associated with the Utilization of the Health services center, and secondary data obtained from the records and reports to determine the number of elderly Health services center registered.

Data processing: the analysis used is Univariate and Bivariate using Chi-square statistical tests with significance ($\alpha = 0.05$).

RESULTS

Characteristics of the Respondents

The 121 respondents, elderly who visited the Elderly LahaHealth services center in the TawiriPublic Health

Tabel. 1 Characteristics of the Respondents (n=121)

Variable	(n)	(%)
Age		
61-65	61	50,4
66-70	53	43,8
>70	7	5,8
Gender		
Male	51	42,1
Female	70	57,9
Level Of Education		
Primary School	49	40,5
Junior high school	45	37,2
Senior high school	20	16,5
Scholar	7	5,8
Job		
Retired	21	17,4
Entrepreneur	27	22,3
Housewife	11	9,1
Farmer	41	33,9
Fisherman	21	17,4

Primary data source in 2019

Tabel. 2 Univariate Analysis

Variable	N	(%)
Utilization		
Good	49	40,5
Poor	72	59,5
Attitude		
Good	63	52,1
Poor	58	47,9
Family support		
Good	47	38,8
Poor	74	61,2
The Role of the staff		
Good	62	51,2
Poor	59	48,8
Distance to access		
Easy	71	58,7
Difficult	50	41,3

Primary data source in 2019

Tabel. 3 Bivariate Analysis

Independent Variable	Utilization of Health Services Center						Sig
	Poorly		Good		Total		
	n	%	N	%	N	%	
Attitude							
Poor	44	36,4	14	11,6	58	47,9	$p = 0,001$
Good	30	24,8	33	27,3	63	52,1	
Total	74	61,2	47	38,8	121	100	
Family Support							
Poor	64	52,9	10	8,3	74	61,2	$p = 0,000$
Good	10	8,3	37	30,6	47	38,8	
Total	74	61,2	47	38,8	121	100	
The Role of the staff							
Poor	51	42,1	8	6,6	59	48,8	$p = 0,000$
Good	23	19,0	39	32,2	62	51,2	
Total	74	61,2	47	38,8	121	100	
Distance to access							
Difficult	31	25,6	19	15,7	50	41,3	$p = 0,513$
Easy	43	35,5	28	23,1	71	58,7	
Total	74	61,2	47	38,8	121	100	

Primary data source in 2019

Center working area had the following characteristics.

Univariate Analysis

The univariate analysis conducted on the research variables will produce the frequency distribution and the percentage of each variable as follows.

Bivariate Analysis

The bivariate analysis is performed to determine whether there is a relationship between the dependent variable and the independent variable.

DISCUSSION

Attitude is someone's readiness to act in certain situations. The attitude of the elderly is a form of their response to the use of the elderly Health Services Center which includes several stages, namely, receiving responding, respecting and being responsible. The results of the study showed that the attitude of the elderly is still quite good and there is a relationship between the attitudes of the elderly towards the use of the elderly Health Services Center . (Notoatmodjo, 2012)

According to the researchers' assumptions, a poorer attitude of the elderly, the less elderly they use the Health Services Center compared to the elderly who behave well the elderly who have a bad attitude have a tendency to act not to use the Health Services Center while the elderly who behave well have a high tendency to use the Health Services Center. A behavior that cannot be directly seen is the readiness or willingness of the elderly to carry out Health Services Center activities. Personal assessment or good attitude towards the staff is the basis or readiness of the elderly to participate in Health Services Center activities. While the elderly who has a good attitude in utilizing the Health Services Center, indirectly the target of achieving the use of the elderly Health Services Center is getting higher. (Notoatmodjo, 2013)

Family support empowers the elderly to carry out activities. It also can increase the desire to know and use something that is still considered new or things that are rarely done by the elderly (Yang et al., 2014). Family support plays an important role in encouraging the interest or willingness of the elderly to participate in Health Services Center for the elderly. The family can be a strong motivator if they always take the time to accompany or bring the elderly to the Health Services Center, remind the Elder if he forgets, schedule and try to help overcome all the problems.(Setyorini, 2018) Based on the results of the research, family support is closely related to the use of Health Service Center because a better family support for the elderly means better use of Health Service Center for the elderly and vice versa. Family support has a great influence on the lives of the elderly. Elders need support, motivation to feel cared for, valued, and loved by those closest to them. Family support is interpreted to help them face an unpleasant situation in life. Because they feel they have family support, emotionally elderly feel cared for, get advice or a pleasant impression on him and the behavior of an activity or activities that can be observed or not. (Handayani & Wahyuni, 2012). Based on the above, we recommend elderly people's families to always be given counseling about the benefits of the Elderly Health Services Center; the aim is to provide information to support parents in utilizing the Elderly Health Services Center.

The staff are members of the community chosen from and by the community, willing and able to work together as volunteers sharing community activities. Health staff are responsible for the local community, they work and act as an agent of the health system. They are responsible for the village head and supervisors appointed by government officials or service personnel. The presence of elderly cadres plays a very important role in utilizing the elderly Health Service Center. If the cadres' attitudes and behavior are good, they will get a good assessment

from the Health Service Center participants (Santjaka et al., 2013).

Access to a nearby Health Services Center will make it easy for the elderly to come without having to experience physical fatigue due to decreased endurance or physical strength. The body that states it is easy but less active is caused by their physical condition, less supportive of visiting the Health Services Center and the attitudes of the elderly who prefer to check their health at the health center and the hospital because they think the facilities are more adequate. Based on the results of the research, distance to the Health Services Center is not related to the use of the Health Services Center (Notoatmodjo.2005). According to the researchers' assumptions, network access is not related to the use of Health Services Center for the elderly because access to the Health Services Center is not difficult and transportation costs are cheap. When investigating the research questions about the reasons why elderly are too lazy to go to the Health Services Center because, the reason is they tire easily. As a person grows older, his bodily functions will be reduced. But based on the analysis, the biggest obstacle is the poor attitude of the elderly, the absence of the family to take the elderly. A good use of Health Services Center can also affect the elderly in utilizing Health Services Center even though the distance between Health Services Center and the respondent is short but the attitude of the elderly is not good in utilizing the place. (Rusmin et al., 2017)

CONCLUSION

The variables related to the utilization of the Health Services Center for the elderly were the attitude, family support and the role of the health services center cadre, while there was no relationship to the distance to the Elderly Health Services Center. Empowering the cadre to conduct training ionn increasing knowledge about the management of the Elderly Health Services Center. It is necessary to motivate health workers to provide information to the elderly who visit health facilities and their families about the benefits of the center.

CONFLICT OF INTEREST

There is no conflict of interest.

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