



THE RELATIONSHIP BETWEEN FAMILY FUNCTION AND QUALITY OF LIFE IN THE ELDERLY IN BAGELEN VILLAGE

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ABSTRACT

Introduction: Efforts to overcome the effects of the aging process are a problem for the majority of the elderly, including those who live with their families. Family has an important role in providing old age with a good quality of life. The quality of life of the elderly is influenced by various factors such as social relationships, social environment, psychological factors, and social activities. This study aims to determine the relationship between family function and quality of life in the elderly. **Methods:** The research design used was a correlation study, with a cross-sectional approach. The sampling technique used was multistage random sampling, the number of samples was 95 people. Data collection used the World Health Organization's Quality of Life-OLD (WHOQOL-OLD) questionnaire. **Results** The results showed that there was a relationship between family support using family apgar and the quality of life of the elderly ($p = 0.002$). **Conclusion:** It is recommended for families to provide optimal support by paying attention to the adaptability of the elderly, closeness, development, providing opportunities for the elderly to express feelings, and solving problems for a better quality of life for the elderly.

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INTRODUCTION

Currently Indonesia is entering the aging population period, where there is an increase in life expectancy followed by an increase in the number of elderly. Within almost five decades (1971-2020), the percentage of Indonesian older has doubled to 9.92% (± 26 million). elderly women are about 1% more than elderly men (10.43% compared to 9.42%) (Maylasari et al., 2019). Of all seniors in Indonesia, young seniors (60-69) dominated with a magnitude of 64.29%, followed by seniors (70-79), and elderly with a magnitude of 27.23% and 8.49% respectively. The increase in the number of elderly people coincides with an increase in the number of households inhabited by the elderly, the percentage of elderly households in 2020 of 28.48% (BPS, 2020).

The aging process affects various aspects of life, both social, economic and health. This is because as we get older, the function of the body's organs will decrease both due to natural factors and diseases. The aging process is a natural process that can cause anatomical, physiological, and biochemical changes in body tissues that can affect the functions, abilities of the body and soul (Potter & Perry, 2005). The aging process has an

impact on various aspects of the elderly. The aging process is often followed by decreased health status. Like suffering from various physical and mental ailments. Changes in physical, cognitive, and psychosocial life (Segal et al., 2018). Conditions experienced in the aging process can affect the quality of life of the elderly.

Quality of life consists of four domains, namely physical health, psychological health, social relations, and environmental aspects (WHOQOL_BREF, 2004). Four domains of quality of life are identified as behavior, status of existence, potential capacity, and subjective perception or experience (Ningrum, 2017). The elderly generally need someone to understand the condition. Families are part of the closest core community that can pay attention and hear directly the complaints of the elderly.

The family has an important role in improving the quality of life, therefore the government through the ministry of health issues the Minister of Health Regulation Number 39 of 2016 concerning Guidelines for the Implementation of Healthy Indonesia with a Family Approach. In terms of health, the family has a role in developing, preventing, adapting and or correcting health problems found in the

family itself. Health problems in the family are interrelated and affect each other between family members which in turn will affect the surrounding community. Therefore, the family has a strategic position to be part of the health service unit (Takenaka & Ban, 2016)

Family APGAR which was created by Smilkstein in 1978 is an instrument of family function assessment. This instrument assesses the internal function of the family in terms of the relationship of each family member to other family members. Assessment based on family relationship satisfaction from the aspects of adaptation, partnership, growth, affection, and togetherness.

The adaptation aspect assesses the ability of the family to use and share the resources owned by each family member. The partnership aspect assesses the family's ability to share, make decisions, and solve problems together through good communication. The growth aspect assesses the level of satisfaction of family members in terms of freedom to achieve change or physical or mental growth. The affection aspect assesses the satisfaction of family members with intimacy and emotional reactions among family members. Meanwhile, the togetherness aspect represents how time, space and finances are shared.

Family APGAR assessment describes the individual's internal relationship directly to all members of his family. How is the attitude and communication between family members to solve problem. How togetherness, love, and a sense of support for each other. These relationships help foster the individual's quality of life (Takenaka & Ban, 2016). According to Takenaka 2016 Stated that the family APGAR assessment is primarily to find out how a family builds a sense of togetherness which is important in building a functional family. A

functional family is one of the potential therapies in overcoming family problems.

The purpose of this study was to determine the relationship between family function and elderly care.

MATERIALS AND METHODS

The research method is quantitative analytic with different test design and cross sectional. The variables used are family function as the dependent variable and the quality of life of the elderly as the dependent variable. The population used was the elderly in Bagelen Village as many as 125 elderly and the samples were selected respondents using multistage random sampling. The inclusion criteria in this study were elderly with > 60 years old willing to be a respondent, living with family, able to read and write, not experiencing visual and hearing problems. Samples were taken randomly from 6 citizens Association in Bagelen Village. The sample that can be counted is 95 elderly. Data collection was carried out from July to November 2019.

Data were taken directly from respondents using the APGAR questionnaire developed by Smilkstein in 1978 and the quality of life of the elderly using the World Health Organization's Quality of Life-OLD (WHOQOL-OLD) questionnaire which is a standard instrument (WHOQOL_BREF, 2004). Collecting data pays attention to research ethics and maintains the privacy and confidentiality of respondents. Data analysis using data analysis software. Univariate analysis to describe each variable, and bivariate analysis (chi square) were used for the relationship between variables. Prior to the research, an ethical test was carried out by the Tanjungkarang Health Poltekkes team

RESULTS

Table 1. Distribution of Respondents by Gender, level of educational, and housemate (n=95)

No	Distribution	Classification	Σ	%
1	Gender	Female	67	70,5
		Male	28	29,5
2	Level of education	Higher education	66	69,5
		Middle education	29	30,5
3	Housemates	Family	80	84,2
		Alone	15	15,8

Based on Table 1, most of the respondents were female and most of the respondents were highly educated. There were 3, 84.2% of respondents live with their families.

Table 2 Distribution of Respondents Based on Family Function Subvariables (n=95)

Family Functions	Moderate dysfunctional	High dysfunctional	Σ/%
<i>Adaptation</i>	60 (63,2)	35 (36,8)	95(100)
<i>Partnership</i>	40 (42,1)	55 (57,9)	95 (100)
<i>Growth</i>	50 (52,6)	45 (47,8)	95 (100)
<i>Affection</i>	55 (57,9)	40 (42,1)	95 (100)
<i>Resolve</i>	50 (52,6)	45 (47,8)	95 (100)

Based on Table 2, it shows that most of the family support in the aspect of moderate adaptation is 60 people (63%), moderate dysfunction partnership (57.9%), growth is 50 people (52.6%), affection in the moderate dysfunction category is 55 people (57.9%), and resolves in the category of moderate dysfunction as many as 50 people (52.6%). The total family support (APGAR score) shows moderate family dysfunction, namely 60 people (63%).

Table 3. Distribution of Respondents for Family Functions (n=95)

Dysfunctional Family	Σ	%
Moderate	60	63
High	35	37
Total	95	100

In general, the family function based on family Apgar shows as many as 60 elderly (63%) feel family dysfunction at a moderate level.

Table 4. Distribution of Respondents Based on Quality of Life (n=95)

Quality of Life	Σ	%
Good	66	69
Not good	29	31
Total	95	100

Based on Table 4, as many as 66 elderly (69%) of respondents have a good quality of life

Table 5. Distribution of Respondents by Family Function on Quality of Life (n=95)

Family function	Quality of Life		p
	Good	Not Food	
Moderate	Σ	49	0,002
	%	81,7	
High	Σ	17	
	%	48,6	

From Table 5, it is found that out of 60 elderly who are in moderate dysfunctional families, as many as 49 respondents (81.7%) have a good quality of life, and 11 respondents (18.3%) have a poor quality of life. Meanwhile, of 35 respondents with high family dysfunction, 17 respondents (48.6%) had a good quality of life, and 18 respondents (51.4%) had a poor quality of life.

Based on the results of the analysis with the chi square test, it was found that the p-value was 0.002 (<0.05). The results of the analysis showed that there was a significant relationship between family support and the quality of life of the elderly.

DISCUSSION

The results of the analysis showed that the most univariate family function sub-variables were family support in the moderate adaptation aspect of 60 people (63%). These results indicate that the elderly feel satisfied because the family provides help for the elderly when something difficult happens at a moderate level. The family function for

partnership is moderate dysfunction (57.9%), which means that the elderly are satisfied with the way the family talks about things and problems they are experiencing. The function of the family for growth is as many as 50 people (52.6%) of the elderly are satisfied with the fact that the family accepts and supports their desires to find new directions of life and activities. The family function in the affection in

the category of moderate dysfunction as many as 55 people (57.9%), the elderly were satisfied to see the way the family expressed their feelings (affection) and their responses to the elderly's emotions, such as anger, sadness or love, and family functions to resolve on In the category of moderate dysfunction, 50 (52.6%) elderly people feel satisfied with the way their family and elderly spend time together. Meanwhile, the total family support (APGAR score) shows moderate family dysfunction, namely 60 people (63.2%). The function of the family according to Wirdhana et al. (2012), namely religious function, socio-cultural function, love and affection function, protection function, reproductive function, socialization and education function, economic function, and environmental development function. One of the instruments used to assess family function is Family APGAR (Wirdhana, 2012).

Most of the elderly who experience family care dysfunction are in the moderate category because most of them live with their family / children. When the elderly experience limitations and are less productive, their children will take care of their parents. With conditions like this will encourage a healthy family because the elderly do not feel lonely and all their needs can be met by their children. As the results of previous studies which state the role of the family, especially family function, is very supportive of feelings of meaning and feels support from the family (Hoesny et al., 2019). For the elderly, changes in roles in the family, socioeconomic, and social communities affect regressions in adapting to new environments and interacting with their social environment. The physical changes that occur in the elderly are closely related to their psychosocial changes. The effects that arise due to various changes in the elderly, if not handled properly, tend to affect the overall health of the elderly and affect their quality of life (Nugraha et al., 2020).

The elderly are a group that is vulnerable to a decline in quality of life. Changes that occur due to the aging process which is a natural process as a person gets older. Along with this, there is also a decline in biological, psychological and social functions. These changes will have an impact on the welfare and quality of life of the elderly (Eryando et al., 2020). Quality of life according to the World Health Organization Quality of Life (WHOQOL_BREF, 2004) defined as an individual's perception of an individual's position in life in the context of the culture and value system in which the individual lives and its relationship to goals, expectations, standards, and desires. This definition relates

to physical health, psychological state, level of independence, social relationships, personal beliefs and individual relationships with the environment.

The quality of life of the elderly is affected by several factors, namely good social relations with family, friends and neighbors, standards of expectation in life, involvement in social activities and charity activities, hobbies and interests, good health and functional abilities, home and

good environment and feelings of security, positive self-esteem or belief, psychological and emotional well-being, adequate income, easy access to transportation and social services, feelings of being valued and respected by others

Most of the respondents in this study lived in their own homes, while the respondents lived with their children and / or grandchildren. Respondents stated that functional family support is needed in carrying out their daily life. The results of the analysis illustrate that the elderly with moderate dysfunctional families have a good quality of life, on the other hand, the elderly with high dysfunctional families have a poor quality of life. The results of research by Rosland, Heiser, et al. In Michigan in 2010 said that there was an influence between family function and independence of diabetes and heart disease patients. High family function is associated with higher levels of family support. The higher the family function, the better the patient's independence, thus the patient's quality will be better too.

The results showed a significant relationship between family support for elderly care. The research hypothesis which states that there is a relationship between family support and the quality of life of the elderly can be accepted.

According to Wiguna (2010), elderly people who receive support from their family will show a better quality of life and mental health than elderly people who receive little family support. Family support is also a form of family therapy which includes the management of depression in old age so that old age can lead a better life and avoid depression. The results of other studies also show that family support plays a very important role in improving the quality of life of the elderly. As a family that interacts directly with the elderly and hears and witnesses the condition of the elderly, it is appropriate to provide optimal attention and support for a better quality of life for the elderly (Eryando et al., 2020; Hoesny et al., 2019; Ningrum, 2017; Nugraha et al., 2020; Tunjungsari et al., 2020).

CONCLUSION

Family function support assessed using APGAR score shows family dysfunction at moderate to high levels. The results showed a relationship between family function support and the quality of life of the elderly. The test results obtained p-value of 0.002, this value is smaller than 0.05. This means that the better family support, the better the quality of life for the elderly.

The family is expected to carry out its role function to all family members, in this case the elderly. The role of the family can include creating a pleasant home atmosphere, sharing information, and listening to one another. Attention and support to the aspects of adaptation, partnership, growth, affection, and resolution are needed in the elderly to increase feelings of usefulness and meaning. This condition is expected to improve the quality of life of the elderly. Carry out community service based on research results. Build synergy between families, health workers (especially community health nurses), cadres, and the community to always provide positive support to the elderly.

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