



## IDENTIFYING FAMILY SUPPORT ON QUALITY OF LIFE OF ELDERLY FEMALES

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| ABSTRACT   | Keywords   |
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| Quality of life of elderly people is their functional condition of psychological and physical health, including their reproductive health. Unhealthy physical condition in elderly people may lead to various discomforts due to physical, mental, and social changes that they face. These are a burden for elderly females, and will affect their quality of life. Elderly females seldom get support from their family because many people are unaware of elderly people's health. This study aims to identify the types of supports given by family members to elderly females in Cintamulya Village, Jatinangor Sub-district. Descriptive method was implemented in this study using cross-sectional design. Primary data was collected through questionnaire. The population in this study was all elderly females in Cintamulya Village (154 people). The sample was selected through consecutive sampling, i.e. selecting sample that satisfy certain criteria. 61 elderly females fit the inclusion criteria and were selected as sample. The findings showed that most elderly females in Cintamulya Village (73.77%) were 60-65 years old. Family support given to elderly females in Cintamulya Village was dominated by instrumental support (52.46%). In terms of emotional and spiritual supports, most elderly females in Cintamulya Village always received emotional support (67.21%) from their family. | <b>Family Support, Reproductive Health, Elderly People's Quality of Life</b> |

### INTRODUCTION

Everyone wishes to live healthily until the old age. Due to the decrease in estrogen hormone, elderly females undergo various physical and psychological changes, such as wrinkled skin, limited mobility, joint pain, and even depression. As technology advances and life expectancy increases, it is important to improve the quality of life of elderly people. West Java Province ranks the 12<sup>th</sup> in Indonesia in terms of elderly population (7.05%). Majority of elderly people in Indonesia live in rural areas. Based on a population estimation according to age

and sex, 5.74% of population in Sumedang Regency in 2014 was elderly females (Pusdatin Kemenkes RI, 2013).

Elderly health refers to health condition of elderly people, which includes their functional systems and reproductive process. Health in this context is more than merely physical, i.e. free of diseases or defects. It also includes mental and socio-cultural health of the elderly, which also includes their reproductive life (National Coordinating Agency of Planned Family and Directorate of Family Sustainability Development for the Elderly, 2012). Reproductive problems in elderly people are

mainly experienced by females when their fertility ends (menopause) (Intan K, 2012).

Negative changes or effects experienced by elderly females may be short term or long term. Short term effects include physical changes characterized by feverish symptom, skin disease, changes in hair, teeth, bones/joints, dry vagina, losing control of urinary system, weight gain, sight problems, and other physical changes. Long term effects of elderly health problems include osteoporosis, coronary heart disease, and memory loss. Elderly females have to work to accept these changes, i.e. by being aware of their own reproductive health. This is inseparable from the help and support of their family, both internal and external families, who are the closest people in their life (Widyastuti Yani, 2009).

The results of Hayani's study in 2012 on The Correlation of Elderly People's Behavior and Family Support on the Utilization of Elderly Health Care Services in Darussalam Health Care Center showed significant correlation between family support, which included informational support, instrumental support, emotional support, and appraisal support, and elderly health care service utilization (Hayani F, 2012).

This is in line with the findings of Karmita on The Effects of Family's Social Support on the Improvement of Elderly Health in Kayu Manis, Matraman. She found that there were correlations between social support from the family and the improvement of elderly people's health, i.e. in the forms of emotional, instrumental, informational, and self-esteem supports (Hayani F, 2012).

According to Taylor (2011), there are four types of social support: 1. Emotional support, i.e. empathy, confidence, and attention; 2. Tangible support/emotional support, i.e. financial, material, or care support; 3. Informational support, i.e.

providing advices, guidance, suggestions, or helpful information to solve problems; and 4. Companionship support, i.e. the type of support that gives elderly people a sense of belonging in a group (also called 'belonging support'). Companion support can be provided by accompanying the elderly in performing social activities (Harnilawati, 2013).

In several developing countries, elderly females do not receive sufficient information concerning physical, psychological, and social problems of getting old. In addition, they are not aware of the health risks of old age and seldom do screening to detect certain reproductive health problems (Makhfudli Efd, 2009). Health screening and gynecology treatment, including screening on reproductive and urinary tract infections and screening and pre-lesion treatment of cervic cancer, are among the primary needs of females in most developing countries (Bonita R, 1998).

The condition was also found in elderly females in Cintamulya Village. Preliminary study found that elderly females felt physical and psychological changes in themselves in the form of age-related limitation. They only informed the family and asked for help when they experienced serious disorders (Nurlaela Emi, 2012).

Based on the description above, the researcher was interested to conduct a study on the effects of family support on elderly females' reproductive health in Cintamulya Village, Sumedang Regency.

## METHOD

This study was a descriptive study using cross-sectional research design. Population of research subject in this study was all elderly females in Cintamulya village (154 people), with only 16 elderly females selected as samples. The primary data was gathered using questionnaire in

August 2015 in Cintamulya Village, Jatinangor Sub-district. The data was collected directly by the researcher, without help from an assistant or enumerator. The sample was selected using consecutive sampling technique based on the inclusion criteria. The inclusion criteria in this study were being elderly females of at least 60 years of age, being able to read and write, and living with family. Data was analyzed in descriptive statistics method using SPSS (Statistical Product and Service Solution), i.e. through a univariate analysis to examine an independent variable, in which every variable was analyzed in relation to other variables. The analysis resulted in the data on family support on elderly females' health in Cintamulya Village, Jatinangor Sub-district.

## RESULTS

**Table 1. Age of elderly female respondents in Cintamulya Village**

| Age               | F         | %          |
|-------------------|-----------|------------|
| 60 - 65 years old | 45        | 73.77      |
| 66 - 70 years old | 9         | 14.75      |
| 71 - 75 years old | 7         | 11.48      |
| <b>Total</b>      | <b>61</b> | <b>100</b> |

Table 1 shows that most respondents in this study (73.77%) were in the age group of 60-65 years old, and 11.48% were in the age group of 71-75 years old.

**Table 2. Family instrumental support on elderly females' reproductive health**

| Instrumental Support | F         | %          |
|----------------------|-----------|------------|
| Always               | 32        | 52.46      |
| Frequently           | 11        | 18.03      |
| Rarely               | 10        | 16.40      |
| Never                | 8         | 13.11      |
| <b>Total</b>         | <b>61</b> | <b>100</b> |

Based on Table 2. 52.46% respondents in Cintamulya Village always received

instrumental support from the family regarding their reproductive health. However, 16.40% respondents rarely received instrumental support from their families and 13.11% respondents never received instrumental support at all.

**Table 3. Family informational support on elderly females' reproductive health**

| Informational Support | F         | %          |
|-----------------------|-----------|------------|
| Always                | 1         | 1.64       |
| Frequently            | 2         | 3.28       |
| Rarely                | 49        | 80.32      |
| Never                 | 9         | 14.76      |
| <b>Total</b>          | <b>61</b> | <b>100</b> |

Data in Table 3 shows that 80.32% respondents in Cintamulya Village rarely received informational support and 14.76% never received informational support from their families regarding their reproductive health.

**Table 4. Family appraisal support on elderly females' reproductive health**

| Appraisal Support | F         | %          |
|-------------------|-----------|------------|
| Always            | 14        | 22.95      |
| Frequently        | 15        | 24.59      |
| Rarely            | 17        | 27.87      |
| Never             | 15        | 24.59      |
| <b>Total</b>      | <b>61</b> | <b>100</b> |

Table 4 shows that appraisal support from family on elderly females' reproductive health in Cintamulya Village varied greatly. 27.87% respondents rarely received appraisal support from their family.

**Table 5. Family emotional support on elderly females' reproductive health**

| Dukungan Emosional | F         | %          |
|--------------------|-----------|------------|
| Always             | 41        | 67.21      |
| Frequently         | 19        | 31.15      |
| Rarely             | 1         | 1.64       |
| Never              | 0         | 0.00       |
| <b>Total</b>       | <b>61</b> | <b>100</b> |

Based on Table 5, 67.21% of elderly females in Cintamulya Village always received emotional support from their family regarding their reproductive health.

**Table 6. Family Spiritual Support on elderly females' reproductive health**

| Family Support | F         | %          |
|----------------|-----------|------------|
| Always         | 24        | 39.34      |
| Frequently     | 35        | 57.38      |
| Rarely         | 2         | 3.28       |
| Never          | 0         | 0.00       |
| <b>Total</b>   | <b>61</b> | <b>100</b> |

Table 6 shows that 57.38% of elderly females in Cintamulya Village frequently received family (spiritual) support regarding their reproductive health.

## DISCUSSION

Various complaints of discomfort due to physical, mental, and social changes on elderly females might become a burden and decrease their quality of life. This condition was often overlooked by elderly individuals and their family members due to the lack of support from the family. Family support is a reinforcing factor to reduce the complaints/discomfort of old age, particularly regarding reproductive health of elderly females (Aji CP, 2013).

According to Law No. 13 Year 1998 on Health, elderly people are defined as individuals who have reached the age of 60 years old or more. WHO classifies elderly people in three categories: the elderly (60-74 years old), old (75-89 years old), and very old (>90 years old). The findings of this study showed that more than half of elderly females in Cintamulya Village were in the age group of 60-65 years old. Thus, the elderly females in Cintamulya Village belonged to the category of the elderly (60-74 years old) (Puspitasari D, 2014).

Family support is one of the reinforcing factors that greatly affects an individual's behavior and attitude, especially on elderly individuals regarding their reproductive health. Family support may include instrumental, informational, appraisal, emotional, and spiritual supports (Novarina V, 2012).

The findings of this study showed that elderly females in Cintamulya Village who received the most instrumental support from the family on their reproductive health (52.46%) always received instrumental support in the form of financial, material, and health care supports. Family support, especially instrumental support, was crucial in improving elderly people's quality of life. It was expected that family would provide support in the form of practical and concrete help to elderly females in climacteric, menopause, and senium phases (Harnilawati, 2013).

Most elderly females in Cintamulya Village always received instrumental support from the family regarding their reproductive health. Instrumental support tended to be given to elderly females who had undergone the third phase, i.e. senium phase, in which they had become very limited in mobility. Family support required in senium phase included daily care, such as nutritional provision, personal hygiene care,

exercise helps, and routine medical check up in health care centers (Nangu M I, 2015).

Puspitasari's study in Surakarta found that family support was crucial for elderly people's active involvement in health care center activities. Family support had significant correlation to elderly people's health improvement (Rizkiyanti D W, 2014). Family support was given in the form of attitude, treatment, and acceptance towards elderly member of the family. The members of the family were always ready to aid and provide help when needed. This made the recipient of such support feel cared, respected, and loved (Suardana I W, Saraswati I, Wiranti M, 2014).

In terms of informational support, 80.32% of elderly females rarely received such support. Informational support included providing advice, guidance, suggestions, or information regarding reproductive health of elderly individuals (Notoatmojo S, 2010). Informational support from the family served as collector and disseminator of information to elderly females so that they could handle the problems they were experiencing. Such information might include advice, guidance, ideas, or other relevant information provided to elderly females who were experiencing similar problems (Agus R, 2009).

In climacteric, menopause, or senium phases, elderly females were undergoing changes. Information provided by family members regarding reproductive health of elderly females, particularly concerning those changes, were necessary. Family members might look for and collect useful information from health care officers. Therefore, cooperation between health care practitioners and family members was required to improve quality of life and productivity of elderly females (Khorni, 2017).

Most respondents rarely received informational support from their family

regarding elderly females' reproductive health in Cintamulya Village. Informational support from the family included reminding elderly individuals to avoid bad habits, and reminding them to perform activities that might reduce their discomfort. This finding supported the findings of Novarina, who had conducted a study in Kartasura and found that family informational support greatly affected elderly females' active life (Wulandhani, S. A., Nurchayati, S., Lestari, 2014).

Information provide by the family not only improved elderly females' knowledge but also served as prevention efforts towards negative effects on their health, especially information regarding the importance of routine medical check-up, pap smear procedure, and self-breast inspection as early detection attempt of cancer (Yuzefo, 2015).

The findings of this study showed that family support, in the form of family appraisal on elderly females' reproductive health in Cintamulya Village, varied greatly. 27.87% respondents rarely received appraisal support from their family. Family appraisal support served as feedback system to guide and handle reproductive health problems that elderly females experienced. It also served as a source and validator of family identity. Appraisal on elderly females might be positive or negative appraisals, both greatly affected reproductive health of elderly females (Arikunto, 2010). Most respondents in Cintamulya Village rarely received appraisal support from their family regarding their reproductive health. Appraisal support from the family, particularly physical appraisal, on elderly females was crucial to improve elderly females' confidence, which affected their psychological state in facing the changes they experienced in climacteric, menopause, and senium phases of their lives. Therefore,

family support was very important for elderly females (Harmoko, 2012).

The findings of a study by BKKBN in Yogyakarta showed that elderly females were unwilling or reluctant to satisfy the biological needs of their husbands. They even voluntarily allowed their husbands to have sexual relationship with other females. This would indirectly and negatively affect their reproductive health, with the increase risk of sexually transmitted diseases (STDs). In addition, it would also have adverse effects on morality in family, society, and national levels. Therefore, appraisal support from the family was very crucial, especially in the form of positive feedback from the husband regarding physical changes that elderly females experienced. Such positive appraisal could be done through accepting the changes such as dry vagina, wrinkled skin, falling hair, teeth loss, et cetera (Wahyunita, 2010).

Data on emotional support from the family on elderly females' reproductive health in Cintamulya Village showed that 67.21% respondents always received emotional support. In terms of emotional support, family played the role of providing safe and comfortable place for resting and recovery as well as providing help to handle emotional turmoils of elderly females. Emotional support took the form of providing sympathy, love, trust, and respect to elderly females (Bonita R, 1998). Family members could provide emotional support by always listening to elderly females' complaints and helping them alleviating those discomforts. This is in line with the findings of studies conducted by Rizkiyani in Mojokerto and Nangu in Lamongan that family emotional support were crucial in stressfull condition experienced by elderly people (Suardana I W, Saraswati I, 2014). Emotional support was important to make elderly females feel safe and comfortable under the protection and care of the family

so that they could easily accept various changes they were experiencing. According to Saragih (2010), emotional support was the most important family support, and it should always be provided to elderly members of the family. It was because emotional support would lift the spirit and make elderly people feel safe and comfortable.

The last form of family support was spiritual support. Data on spiritual support on elderly females' reproductive health in Cintamulya Village showed that 57.38% family members frequently provided spiritual support to elderly individuals. Spiritual support provided by family took the forms of health support, both reproductive and other health condition, and safety and spiritual comfort support (Notoatmojo S, 2010).

Quality of life of the elderly is greatly affected by various factors that enable an elderly individual to be active and useful in their old age. For an elderly individual to feel useful in his/her old age, they need the ability to adapt to, and to accept, various changes they experience. Respect and normal treatment from the family and the environment around them will help greatly in making elderly individuals feel useful. Family plays an important role in making elderly individuals feel healthy or unhealthy because family is a supporting system that provides direct care to family members. Good family support will affect physical, psychological, social, and environmental condition of elderly individuals and will affect their quality of life (Nurlaela Emi, 2012).

Improving the quality of life of the elderly requires family support. Family support is important in facilitating elderly females to reiterate their problems to their family in order to find solutions. Elderly females who used to be active with their works suddenly had a lot of free time when they retired. They need family support to fill

that free time with various useful activities such as religious gatherings, group workout, life improvement classes, or other types of gathering in which elderly females can share and support each other. Such gathering mainly serves to make elderly females not feel isolated and lonely. These activities and gatherings should be created and provided by the family, in cooperation with other members of society in the area. This is in line with Venkateshan's findings (2015) that elderly people who were medically healthy usually had great family support. The study found that healthy elderly people performed their daily activities both independently and with support from their family members (Aji CP, 2013).

## CONCLUSIONS

The findings of this study show that most elderly females in Cintamulya Village (73.77%) were of the age of 60-65 years old. The most prominent family support to elderly females in Cintamulya Village was instrumental support (52.46%). In terms of appraisal, emotional, and spiritual supports, the most dominant that elderly females always received was emotional support (67.12%). The researcher recommended that family support can be improved through health education provided to the family of elderly people every 1 to 3 months. This health education aims to develop awareness on the importance of family support on elderly females' reproductive health. Such education should involve healthcare workers such as village nurses and should be done in cooperation with influential figures in the area.

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