

FACTORS AFFECTING THE SUCCESS OF POSYANDU FOR THE ELDERLY IN INDONESIA: A SYSTEMATIC REVIEW

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ABSTRACT

Background: Life expectancy in Indonesia has increased, with an average of 71 years. It means that the number of elderly populations has also increased. Integrated Health Post (Posyandu) for the elderly is necessary for maintain the health among elderly. The coverage of Posyandu for the elderly visit is the indicator of the success of Posyandu. The morbidity and mortality will be decreased if the elderly often visit the Posyandu. However, there is still a lack coverage of elderly who visiting Posyandu (<70%). This study aimed to systematically review the factors affecting the success of Posyandu for the elderly in Indonesia.

Subjects and Methods: This was a systematic review conducted by searching articles from Google Scholar database. The inclusion criteria were namely articles published in 2009 to 2019 years, cross sectional design study, and using quantitative method. The study subjects were elderly who visited the Posyandu, research locations in Indonesia. The exclusion criteria were articles that did not available in full text and located not in Indonesia.

Results: Eighteen articles were obtained, all studies showed that the coverage of Posyandu for the elderly visit was less than 70%. The factors that influenced the success of the Posyandu for the elderly were age, sex, occupation, knowledge, access, needs, support of cadres/ health personnel, family support, attitude, and education. Eleven articles stated that family support was associated with the success of the Posyandu for the elderly.

Conclusion: Family support is needed to increase the success of the Posyandu for the elderly. Health workers are needed to be active in socializing the importance of utilizing Posyandu for the elderly.

Keywords: elderly, integrated health post, Indonesia

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BACKGROUND

Over a period of nearly 50 years (1971-2018), the percentage of Indonesia's elderly population has doubled. In 2018, the percentage of the elderly reached 9.27% or around 24.49 million people (BPS, 2018). According to Soeweno, a country is said to have an old structure if it has an elderly population above 7% (Ministry of Health, 2017). This shows that Indonesia is a country with an aging population structure (Abikusno, 2005).

According to Law No. 13 of 1998, an elderly person is someone who has reached the

age of 60 years and above (Sya'diyah, 2018). Globally, the elderly population is growing faster than the younger population. The percentage of elderly people in Indonesia is dominated by young elderly (age group 60-69 years) with the percentage reaching 63.4%, the rest are middle aged people (age group 70-79 years) by 27.9%, and elderly (age group 80+) by 8.7 % (BPS, 2018).

The increase of the number of elderly populations can have both positive and negative impacts. The positive impact is if the elderly population is in a state of independence, health, active and productive. On the

other hand, the negative impact is when they become a burden. It is when the elderly has a problem of declining health resulting in an increase in the cost of health services, decreased income and increased disability (Sincihu et al., 2018). Therefore, to minimize the negative impact, there is a program under the guidance of the health center, namely the Posyandu for the elderly. Posyandu for the elderly is the development of government policy through health services for the elderly which involves the participation of the elderly, family members, community leaders, and social organizations in its implementation. The goal of the posyandu for the elderly is for the elderly populations group to be ready to face old age independently and healthy (Ministry of Health Republic of Indonesia, 2016).

The target of the posyandu for the elderly as referred to in the Regulation of the Minister of Home Affairs/ Permendagri No. 19 of 2011 Article 6 is aimed at pre elderly (45-59 years), elderly people (>60 years), high risk elderly people > 70 years old (Syadiyah, 2018). Elderly services at the posyandu include checking daily activities, weighing, measuring height, measuring blood pressure, health education, simple laboratory tests (blood sugar levels, uric acid, cholesterol), mental and emotional status checks-up, simple treatments, and referral efforts if needed (Ministry of Health, 2013).

Elderly people will biologically experience a continuous aging process, with a marked decrease in physical endurance making it vulnerable to disease that can cause death (Ministry of Health, 2017). The elderly will also become vulnerable as they age, if their education level is low, socioeconomic status is low, and, often not a married person (Ng et al., 2010). The elderly morbidity rate in 2018 is 26% (BPS, 2018). It means that from 100 elderly, there are 25 to 26 elderly who are sick. In the past four years, the morbidity rate

for the elderly has continued to decline. However, the decline is relatively not too large (BPS, 2018). Basic Health Research data (2018) showed that the prevalence of non-communicable diseases has increased. The diseases that are often experienced by the elderly are diabetes, hypertension, and stroke. The increase in the prevalence of non-communicable diseases is related to lifestyle, such as smoking, alcohol consumption, lack of physical activity, and lack of fiber consumption (Ministry of Health, 2018).

Various attempts were made to maintain the health of the elderly, both by the elderly who were sick independently, and by their families. In addition to health services, the posyandu also provides social, religious, education, skills, sports, and cultural arts and other services needed by the elderly in order to improve their quality of life through improving their health and well-being. Therefore, the posyandu is very much in accordance with the concept of healthy and active aging that was initiated by WHO (WHO, 2017). The aging process should be accompanied by the ability and awareness of the elderly in presenting a role to be actively involved in the utilization of health services/posyandu. Factors affecting the behavior of seeking health services in the elderly are related to health facilities, distance, knowledge, poverty, attitudes of health personnel, care processes, living alone and one's needs to take him to the hospital (Baral and Sapkota, 2018). Various other factors that influence service utilization behavior according to Lawrance Green described three main factors of health behavior. Predisposing factors include knowledge, attitudes, traditions, and beliefs in things relating to health. Enabling factors include the availability of health facilities, ownership of health insurance, availability of health personnel. Strengthening factors include attitudes and beha-

avior of community leaders, health personnel including applicable regulations.

The success of the posyandu for the elderly can be seen from the scope of visits to use the posyandu services. However, in reality the implementation of the Posyandu for the elderly in almost all regions in Indonesia still faces various problems, namely, the low coverage of the use of the Posyandu for the elderly in each region (minimum service standard <70%). This study aims to systematically review the factors that influence the success of the posyandu for the elderly in Indonesia.

SUBJECTS AND METHOD

1. Study Design

This study is a systematic review conducted by searching for articles from the Google Scholar database with the keywords "posyandu for the elderly", "utilization factors", and "activeness of the elderly". The found article was read carefully to see whether the article meets the writer's inclusion criteria for use as literature.

2. Inclusion and Exclusion Criteria

The inclusion criteria are articles published from 2009 to 2019 that can be accessed, full paper in pdf format and free. The research design was included in a systematic review using quantitative methods with cross sectional design. The study was conducted in Indonesia and the subjects are the elderly who use posyandu services for the elderly.

3. Data Extraction

In the initial stage of the search, 6,870 articles were obtained using the keyword "posyandu for the elderly", then issued based on the last 10 years published, from 2009 to 2019, produced 6,490 articles. Then it was

filtered again with more specific keywords "utilization factors" and "elderly activeness" resulted in 441 articles. Later the results were filtered again based on titles and abstracts, and the results obtained were 45 articles and finally 18 articles were selected based on the full text and assessed for eligibility.

RESULTS

Obtained in 18 articles were the coverage of the use of posyandu for the elderly in various cities in Indonesia which tends to be low and has not reached the minimum services standard target of <70%. The average attendance of the elderly every month to the posyandu started from 0.7% to 51.38%. Based on Sulistiyawati's study (2012) in Jember, there is an posyandu for the elderly that has the lowest utilization coverage because there are several obstacles in the implementation of the posyandu for the elderly including poor elderly knowledge, low level of education, lack of economy, and lack of social support.

Rusmin et al. (2017) also stated that the number of inactive elderlies is greater than the active elderly. This is due to the access factor, where when access is easy, the level of activeness of the elderly in utilizing the posyandu for the elderly increases compared to difficult access. In the study of Anggraini et al. (2016) in Ngentak Hamlet, even in October 2014, only 2 people came to the posyandu. The elderly said that the reason was because work is more important and has not felt complaints of pain. The attitude of the elderly towards the use of posyandu for the elderly in Indonesia is still not positive. The consider that aging/elderly is common and does not need to undergo any examination (Hidayat et al., 2018).

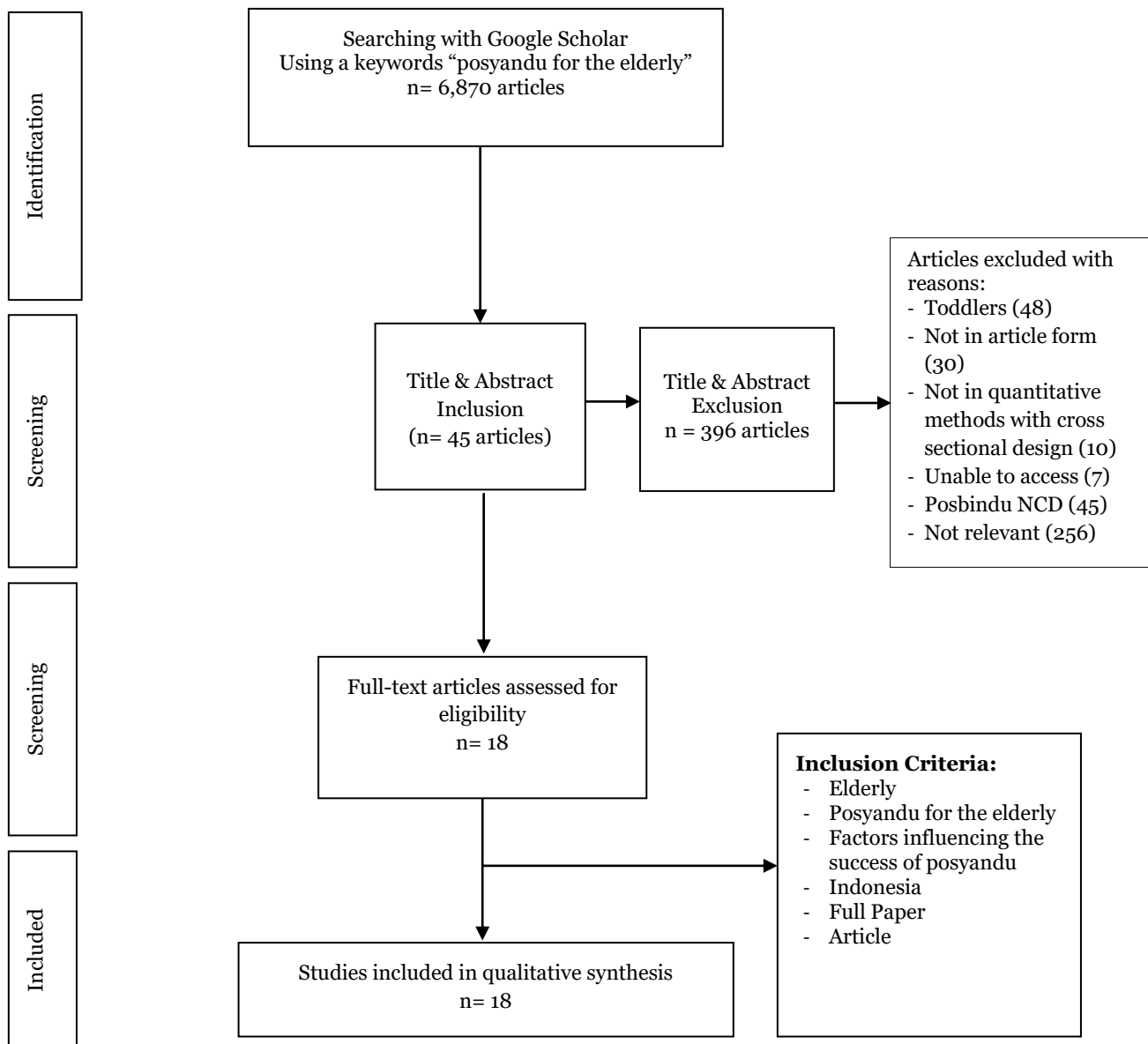


Figure 1. Flowchart of PRISMA Methods

This means that there were variations in the factors that influence the use of posyandu for the elderly in Indonesia. These factors included age, gender, education, occupation, knowledge, access, needs, attitudes, cadre support, and family support. Of these factors, the most significant influence on the use of posyandu services for the elderly is family support.

This is also proven by the study conducted by Mengko et al. (2015) in Manado, which stated that the elderly who had no

family support tended not actively utilize the posyandu services, compared to those who received family support. Posyandu activities in Manado are carried out in the church, delivered during worship activities, so that all informations are known to the entire congregation including those who have elderly family members. This is where the role of the family is needed to remind elderly family members.

A study by Purnawati et al. (2014) in Mojolaban, also stated that family support

was the most influential factor in elderly visits to posyandu. Viewed demographically, the elderly in urban areas tend to be larger in number compared to the elderly in rural areas. They are dominated by elderly 60-69 years. This was proven by Triana's study (2016) in Jambi which stated that there were 836 elderly people who were registered at the Posyandu, but there were 405 elderly who visited actively.

In addition, Yusnita's (2016) study in Roworejo Village showed that there were only 231 elderly registered and 30-50 active elderly.

A study by Purnama et al. (2018) also showed the low number of elderly visits in rural areas in 2017, namely in Tikopo Village where the number of elderly people registered was 63 people, and only 8-12 people were active every month. This means that the interest in visiting elderly in urban areas is higher than in elderly in rural areas. This is due to the low level of education, poor knowledge, lack of family support and difficult access to posyandu for the elderly in rural areas.

DISCUSSION

The posyandu for the elderly is the center of community activities in the form of health services for the elderly. The success of posyandu for the elderly is based on the scope of utilization of the posyandu for the elderly.

1. Age

Elderly classification according to the Ministry of Health can be divided into pre-elderly (45-59 years), elderly (60-69 years), and high-risk elderly (>70 years with health problems) (Ratnawati, 2017). According to Green (2005), age is one of the demographic factors that influence a person's behavior. The age factor has an influence on the use of posyandu for the elderly services. This is evidence from research conducted by Arimby and Apriningsih (2016) which stated that

there is a significant relationship between age and elderly visits to posyandu. In this study it was seen that the age of young elderly (<60 years) visited the posyandu more than elderly (>60 years). This is in line with research conducted by (Purnawati et al., (2014) which also states that there is a significant relationship between age and posyandu for the elderly visits.

However, what is different in this study is the visit to posyandu for the elderly which is more dominated by the elderly compared to the young elderly. The young elderly feels strong and healthy, and only go to the Posyandu if they feel sick. The older the elderly become, the more health care is used (CHSRF, 2011).

Old age is an age that is susceptible to disease. The results of a study from Susenas (2018) showed that half of the elderly in Indonesia experience health complaints and the percentage increases with age. This is dominated by the elderly group (57.45%) who experience health complaints and use more health services compared to young age (BPS, 2018). Therefore an aging population can be expected to produce an increasing need for health care (UNFPA, 2014).

2. Gender

According to Green (2005), besides age, gender is also one of the sociodemographic factors that influence a person's behavior. Sullivan and Thomson (1993) stated that women report more illnesses and submit their complaints to doctors than men (Sari, 2013). In the use of posyandu for the elderly, women tend to have more active behavior to participate in the posyandu for the elderly than for men, this is because elderly women are more concerned about the health conditions of the body than older men. Elderly women are more diligent in finding information and solutions to health problems in old age (Intarti and Khoriah, 2018).

This is an evidence by research conducted (Arimby and Apriningsih, 2016) which stated that there is a significant relationship between gender and posyandu for the elderly visits. Most of the respondents in this study who utilized the services of the posyandu for the elderly were women. This is due to the notion that the posyandu for the elderly is only for elderly women only. In addition, it is also due to the assumption of elderly men that health checks regularly will not guarantee they are not sick (Melita and Nadjib, 2018).

3. Education

According to Green (2005), in addition to age and gender, education is also one of the sociodemographic factors that influence one's behavior. The education level of the elderly population in Indonesia is still not good, in general, most of the elderly have low education. One third of them did not graduate from elementary school. Around 17% of the elderly have never attended school.

In fact, this figure is still greater than the percentage of elderly people who have a high school diploma / equivalent and higher (BPS, 2018). The low level of education makes it difficult for the elderly to receive counseling provided by extension workers. This is proven by a study conducted by Sofiana et al. (2018) in which the respondents surveyed were mostly elderly with low levels of education stated that not high levels of education indicated a lack of respondents' knowledge and understanding of health. The influence of the level of education as a system has an influence in the formation of attitudes because both of them lay the foundation of individual knowledge and moral concepts.

Lower educated individuals (elementary schools) have lower knowledge so they do not know the benefits of the Posyandu for the elderly. Therefore, a low level of education must be balanced with the provision of health knowledge so that their health insight

is improved, for example by health education (Sofiana et al., 2018).

This is contrary to a study conducted by Arimby and Apriningsih (2016) which stated that respondents' formal education level is indeed low, but a low level of education will not always prevent someone from learning from other media, such as television, newspapers, magazines, radio, and other people experience. This situation is reflected in the respondents whose education level is low, but the respondents still want to participate in the posyandu for the elderly activities.

4. Occupation

The employment variable does not necessarily have a direct effect on the utilization of health services, but rather as a motivating factor to create a desire to utilize health services.

In accordance with a study Purnawati et al. (2014), the respondents who made the most use of the posyandu services for the elderly were the elderly who did not work. Older people who work tend to be busier and feel less important to visit the Posyandu for the elderly, compared to older people who do not work and have more time to visit.

5. Knowledge

According to Green's theory (2005), knowledge is one of the predisposing factors or drivers that influence the behavior of one's health service utilization. It is explained that the increase in knowledge is not always the cause of changes in someone's behavior, but is closely related to the initial determinant of someone's behavior. This is an evidence in the research conducted by Sudarmi, 2017: and Bukit, 2019 which showed that the elderly who have less knowledge tend to be less active in the posyandu activities of the elderly compared to those who have better knowledge. This is because knowledge forms the perception of the elderly towards posyandu for the elderly, if the knowledge is good,

then the perception will also be good and will motivate the elderly to visit the posyandu.

Based on the results of the research and theory above, it can be concluded that the higher the knowledge of the elderly about the benefits and existence of the Posyandu for the elderly, the increasing number of elderly people who use the Posyandu.

However, this contradicts research conducted by Yuniati (2014) which stated that there is no relationship between knowledge and the use of Posyandu for the elderly, which is possible because the behavior of posyandu utilization is also influenced by other factors such as attitudes, information obtained, experience, and socioeconomic.

6. Access

Utilization of health services refers to the accessibility and affordability of households to utilize services related to health. According to Green's (2005) theory, access is an enabling characteristic that influences the behavior of utilizing one's health services. This is a condition that allows people to use health services, or at least be ready to use them.

Rusmin et al. (2017) stated that the distance to access health services will affect the activeness of the elderly to the Posyandu for the elderly. There is a tendency for the elderly to be less active in posyandu due to long distances and expensive costs. If access to the posyandu for the elderly is easy and close, the elderly can access services by walking from their homes so that this can affect the high activity of elderly visits.

7. Needs

This is in line with research conducted by Arimby and Apriningsih (2016) which stated that older people who know the benefits of posyandu for the elderly tend to be more active and have a need for Posyandu for the elderly. The benefits that can be obtained by the elderly are being able to socialize with fellow seniors, get treatment and early

detection of diseases easily, and get Clean and Healthy Living Behavioral knowledge.

8. Attitude

According to Green's (2005) theory, attitude is one of the predisposing or driving factors that influence the behavior of one's health service utilization. The attitude of the elderly is a form of the elderly's response to use the posyandu for the elderly which includes several stages: receiving, responding, respecting, and being responsible (Harahap, 2019).

Personal assessment or good attitude towards officers is the basis for the readiness or willingness of the elderly to participate in posyandu activities. With a good attitude, the elderly tends to always be present or participate in activities held at the posyandu for the elderly (Ratnawati, 2017).

Research by Mengko et al. (2015) stated that older people who have good attitudes, tend to have a good response to the use of posyandu for the elderly compared with unfavorable attitudes.

This is also in line with Yuniati's (2014) research which stated several factors that influence attitudes are personal experiences, other people considered important and cultural influences. If the individual is truly free from all pressures or obstacles that can interfere with the expression of his attitude, then it can be expected that the form of behavior that appears as a form of actual expression in this case is a visit to the posyandu.

9. Support of Cadres/ Health Personnel

According to Green's (2005) theory, a reinforcing factor for a healthy behavior is based on the support of health workers such as nurses, doctors, midwives, and health cadres. This research looks at the support given by health workers to the elderly to come and take advantage of Posyandu. In the Posyandu activities, health workers are the spearhead of the community in utilizing the Posyandu for the elderly.

In accordance with Fadhilah's study (2012), Posyandu which have active cadres have a higher chance of utilizing the Posyandu for the elderly. The ability of cadres is good in terms of education and knowledge that can be actualized properly, such as motivating the elderly to take advantage of the posyandu for the elderly by reminding return visit schedules and arriving on time to provide information about elderly health complaints.

10. Family Support

According to Green's (2005) theory, a person's factor for healthy behavior is based on family support. The elderly will be active in posyandu if there is encouragement from the closest person in this case their family. This may be based on the assumption that the absence of family support negatively affects the well-being of the elderly, physical, and psychological conditions. Family support is very instrumental in encouraging the interest or willingness of the elderly in participating in the posyandu for the elderly activities.

The family can be a strong motivator for the elderly if they always provide themselves to accompany and take the elderly to the posyandu, remind the posyandu schedule, and try to help solving problems with the elderly (Ratnawati, 2017).

Family support is the most dominant factor influencing the use of Posyandu for the elderly. This is evident from the 18 articles obtained, there are 11 articles that state family support factors have a significant influence on the use of posyandu.

In accordance with research Anggraini et al. (2016) which states that the family is the main support system for the elderly in maintaining their health. In this case the family is intended to support and facilitate the elderly in fulfilling their health so that they are well monitored by health workers. This is supported also by research Malawat et al. (2016) which states that family support

is related to the interest of the elderly to visit Posyandu. Social support will be needed in difficult times or illness.

However, this study is not in line with the research of Yuniati (2014), which stated that there is no relationship between family support and the use of posyandu for the elderly, because this may occur due to lack of family resources such as income. Therefore families tend not to have time to accompany the elderly, for they are busy working.

Factors that influence the success of the posyandu for the elderly in Indonesia based on this systematic review are age, gender, occupation, knowledge, access, needs, support of cadres/ health personnel, family support, attitudes, and education. Because of the many factors that influence the success of the Posyandu for the elderly in Indonesia, it is expected that the cooperation of all parties, both the elderly, elderly families, and health personnel to be able to play an active role.

Family support is the most dominant factor influencing elderly visits to the Posyandu for the elderly each year, so it is hoped that the family will actively motivate the elderly and health personnel must be active in socializing the importance of utilizing posyandu.

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