FAMILY FUNCTION AND QUALITY OF LIFE IN ELDERLY IN PALU CITY, INDONESIA

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ABSTRACT --To analyze the function of the family towards the quality of life in elderly in Palu City, which is expected to be a basis for the target of a health promotion program on the quality of life in elderly. The research method used an analytic survey of the elderly in the city of Palu. The sample size was 390 respondents. The sample was the 189 elderly victims of natural disaster who lived in the Temporary Shelter (Huntara) and the 201 elderly people who did not live in the Non-Temporary Shelter (Non-Huntara) which conducted in May - June 2019. The research variable was measured by using questionnaires. The characteristics of elderly namely: Age, gender, education, working status, ethnicity, marital status, history of illness, and history of falls. Family function (A = Adaption, P = Partnership, G = Growth, A = Affection, R = Resolve). The quality of life in eldery was measured by using the questionnaires of WHOQOL-BREF. The data analysis used univariate and bivariate analysis with the SPSS application. The results of the study showed that respondents were 53.33% women and 46.67% men, with 47.95% were junior high school graduated and 73.85% were not working. 67.18% elderly were married. Elderly who has a history of illness of 57.69% and history of fall of 36.92%. Mean score of adaption = 1.49, partnership = 1.44, growth = 1.47, affection = 1.29, and resolve = 1.37. Total mean score of APGAR was 7.07. The mean score of physical dimension = 21.7, psychological dimension= 19.9, social relationship dimension = 9, dan environmental dimension = 23.4. The total mean score of quality of life was 74.0. It can be concluded that the family had a good function (score 7.07) for the elderly and the quality of life in elderly was good (score 74.0).

Keyword-- family function, quality of life, elderly.

I. INTRODUCTION

One of the impacts of the science and technology advancement, especially in the health sector, is the decrease in infant and child mortality and the increase in life expectancy so that it has an impact on increasing the number

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of elderly people (Yuliati et al., 2014). In general, in Indonesia, the quality of life in elderly is greatly influenced by family functions for a variety of reasons. The family as the smallest unit of society is greatly influenced by the social environment such as the family's interaction with neighbors, the activeness of the family to participate in community activities (Sutikno, 2011).

In determining a person's level of welfare that reflects the quality of life, many factors are the focus of attention, because in determining the quality of life, it cannot be based on a single causative factor. Factors that need to be considered are age, gender, education level, marital status, employment status, income, and the presence of chronic illness in the elderly. This factor is a risk factor in determining the future quality of life in elderly, because changes or disruption in any of these points can reduce the quality of life in elderly. So that in assessing the quality of life a person needs an instrument that includes how a person's basic needs can be met. The instrument is a tool that can measure based on observations from outside a person such as living standards, income, education, individual age, health and most importantly, how to direct or control the way of life and the future life (Gureje et al., 2008).

Elderly population is increasing in number in many countries including in Indonesia. The number of elderly population above 60 years is predicted to increase to 20% in 2015-2050. Indonesia is in the fourth position after China, India, and Japan. The 2014 National Socio-Economic Survey results informed that the number of elderly people in Indonesia was 20.24 million or 8.03%. When compared to the results of the 2010 National Socio-Economic Survey, there was an increase in the number of elderly people, namely 18.1 million people or 7.6% (Ministry of Health, 2013). In Palu City, in 2000 the number of elderly population was 8,968 people or 3.39% of the total population. This number increased to 16,958 people (5.02%) in 2010, then increased again to 18,469 people (5.02%) in 2015 and is projected to reach 21,225 people (6.01%) in 2020 (Central Statistics Agency, 2016).

The optimal quality of life in elderly can be interpreted as the functional condition of the elderly at the maximum or optimum conditions, so that they can enjoy their old age with meaningful, happy, useful and good life. If the family function decreases it can cause the quality of life in elderly to decrease and eventually it will cause the morbidity rate in the elderly to increase and the mortality rate also increases. So this study aimed to determine the family function to the quality of life in elderly in Palu City which is expected to be a foundation as a target of a health promotion program about the quality of life in elderly.

II.   METHOD

The research method used was an analytical survey of the elderly in the city of Palu. The sample size was 390 elderly. The research variables were the characteristics of the elderly, APGAR, and the quality of life in elderly. Measurement of the characteristics of the elderly used a questionnaire namely gender, education, working status, ethnicity, marital status, history of illness, history of falls. Measurement of family function of the elderly used the APGAR questionnaire or Adaption, Partnership, Growth, Affection, and Resolve questionnaire. APGAR value categories are divided into 3 namely: 0-3 (very high family dysfunction); 4-6 (moderate family dysfunction), 7-10 (low family dysfunction). The quality of life in elderly was measured by using the WHOQOL-BREF (The World Health Organization Quality of Life) questionnaire which consists of 26 questions and is divided into 4 dimensions, namely the dimensions of physical health, psychosocial, social relations, and the environment. Data analysis used descriptive analysis for all variables with the SPSS program.

III. RESULTS

Table 1: Characteristics of Elderly

Characteristics		n	%
Gender	Male	182	46.67
	Female	208	53.33
Education	Elementary School	7	1.79
	Junior High School	187	47.95
	Senior High School	80	20.51
	Higher Education	116	29.74
Working Status	Working	102	26.15
	Not Working	288	73.85
Ethnicity	Kaili	302	77.44
	Bugis-Makassar	46	11.79
	Javanese	29	7.44
	Others	13	3.33
Marital Status	Married	262	67.18
	Widowed	112	28.72
	Divorced	16	4.10
History of Illness	Yes	225	57.69
	No	165	42.31
History of Falls	Yes	144	36.92
	No	246	63.08
	Total	390	100.00

Table 1 shows that the majority of elderly respondents were women (53.33%) with education level of junior high school (47.95%) and higher education/diploma (29.74%). Most respondents did not work (73.85%) and came from the Kaili ethnic (77.44%). Then in marital status, most respondents were married (67.18%). There are 42.31% of respondents who have a history of illness while 36.92% of respondents who have a history of falls.

Table 2: APGAR value distribution of Elderly

Value	FAMILY FUNCTION					Total Score
	A (Adaption)	P (Partnership)	G (Growth)	A (Affection)	R (Resolve)	
Mean	1.49	1.44	1.47	1.29	1.37	7.07

SD	0.63	0.65	0.66	0.71	0.66	2.76
Minimum	0.00	0.00	0.00	0.00	0.00	0.00
Maximum	3.00	2.00	4.00	3.00	2.00	13.00

Table 2 shows that the family function of the elderly was good with a mean score of 7.07 which is an accumulation of the functions of adaption, partnership, growth, affection, and resolve. APGAR is the physiological functions of the family.

Table 3: Quality of life in elderly people

Value	Dimension				QOL
	Physical	Psychological	Social Relationship	Environment	
Mean	21.7	19.9	9.0	23.4	74.0
SD	2.6	2.6	1.7	3.7	8.2
Minimum	14.5	24.0	8.0	27.0	99.0
Maximum	27.5	25.0	13.5	32.5	94.5

Table 3 shows the mean score of quality of life in elderly people was good (74.0) with a score on the physical dimension of 21.7, psychological dimension of 19.9, relationship dimension of 9.0, and environment dimension of 23.4.

IV. DISCUSSION

The results showed that the APGAR of elderly family was good. Family function is an important factor in supporting the improvement of the quality of life of patients with chronic diseases. Good quality of life will reduce the risk of complications that can worsen the situation (Oktowaty et al., 2018). Family support is one of the factors that influence the quality of life in elderly. Family support is a form of family behavior in the form of information, assessment/appreciation, instrumental and emotional in providing services to the elderly (Fadilah, 2015). Family is the main support system for the elderly in maintaining their health (Reinhard et al., 2008). Family support is included in supporting factors that can influence a person's behavior and lifestyle so that it has an influence on their health status and quality of life (Hernandez et al., 2006).

The results showed that the quality of life in elderly was good. Life expectancy, life satisfaction, psychological health, cognitive function, health and physical function, income, living conditions, social support and social networks are complex components of quality of life. The family has an important role in the concept of health and illness in elderly family members and provides direct care for sick family members so that the physical, psychological, social, and environmental impact will affect the quality of life in elderly (Schulz and Sherwood, 2008; Ziemba, 2002).

Other studies showed that medically healthy elderly people have good family support, because healthy elderly people carry out their daily activities assisted by families and also independently (Kaur et al., 2015). Basic care for the elderly is related to basic daily activities for the elderly which include daily personal care from personal

hygiene, nutrition, to other activities such as physical training in order to maintain the quality of life (Prabasari et al., 2017). Family function had a positive correlation with the quality of life in elderly (Artini et al., 2017). If the family function is "healthy" (a state of well-being physically, mentally, and socially) then it is possible for a whole family to live normally socially and economically, so it can reduce morbidity and mortality which in turn will improve the quality of life in elderly.

V.   CONCLUSION

The family function in caring for the elderly can be the main key in dealing with elderly problems such as physical, psychological, and social decline so that the quality of life of the elderly does not decline. For the elderly, the family is a source of satisfaction and assistance that can provide an energy to fight the pressure and stress. The existence of adequate family support can reduce mortality, easily recover from illness and can improve cognitive, physical and emotional function.

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