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Quality of Life for the Elderly in the Jeulingke Health Center in Banda Aceh, Indonesia

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Abstract. The increase in the elderly population has several impacts on various aspects of life, such as social, economic and health. Moreover, various physical, cognitive and psychological changes occur in older people in the health field. Besides, life expectancy and quality of life are also significant for older people. The main goal of this study was to determine the elderly quality of life in Jeulingke Health Center Banda Aceh. This quantitative descriptive study involved 100 older adults. Data were collected through simple random sampling. The data collection tool used was the World Health Organization Quality of Life-Bref (WHOQOL) concept questionnaire, which consisted of 4 domains: biological, psychological, social, and environmental. Data were analyzed using descriptive analysis. The results showed that 59% of respondents had a high quality of life, with 52% having a high biological domain, 56% having a high psychological environment, 57% having a low social field and 57% having a high environmental part. It is hoped that the Head of the Jeulingke Community Health Center in Banda Aceh can improve the quality of life of older people through a group mentoring program for elderly families.

Keywords: quality; life; elderly.

INTRODUCTION

The elderly aged 60 years or over globally reach 962 million [1]. Based on estimated data on reported elderly by the Ministry of Health of the Republic of Indonesia in 2017. It is estimated that the elderly in Indonesia are 23.66 million people. It is predicted that the number of elderly people in 2020 will increase to 27.08 million people, in 2025 to 33.69 million people, in 2030 to 40.95 million people and in 2035 to 48.19 million people. Based on data from the Aceh Population Profile in 2018, the elderly in Aceh reached 374,343 elderly. Meanwhile, the number of elderly people in Banda Aceh was 11,903 in 2017 [2]. If the number of elderly people increases, their vulnerability to various health problems will also increase.

According to [3], around than % of Indonesia's population experienced health complaints in the last month of 2015, around 57.96 %. The morbidity rate for the elderly was recorded at 28.62 %, meaning that out of every 100 elderly people in

Indonesia, there are 28 of them experiencing illness.

The increase in the number of elderly people will have an impact on many problems experienced by the elderly, including not having access to health, not having old age security, and not having social support from their families to care for them, so it has an impact on the quality of life. Authors [4] state that quality of life is a condition free from disease, which has criteria of being physically healthy, financially secure, still productive and has a job, independent in life, able to think optimistically and positively, and still able to be actively involved with other people who can provide meaning and support socially and psychologically in his life. Based on a preliminary research study conducted by the author at the Banda Aceh City Health Office on April 5-6, 2019, data was obtained that the total number of elderly who had received health services according to gender, sub-district and health centre was 34.15 % (6,660) elderly. The number of elderly residents in the Jeulingke Health Center work

area is 1,043 elderly, spread over five villages, namely Jeulingke, Pineung, Peurada, Tibang and Alue Naga.

METHODS

The type of research used in this research is quantitative research. This study aims to see the quality of life of the elderly.

The population in this study were the elderly who live in the working area of the Jeulingke Health Center, amounting to 1,043 elderly. Sampling in the study was simple random sampling. The number of samples is 100 respondents. The sample criteria in this study are:

Inclusion criteria: 1) Elderly who are willing to be respondents in this study; 2) Elderly aged 55 years and over and live in the Jeulingke Health Center in Banda Aceh; 3) Elderly who can communicate

Exclusion criteria: 1) Elderly who are not willing to become respondents; Elderly with mental disorders and dementia.

This research was conducted in the Jeulingke Health Center, Syiah Kuala District, Banda Aceh. The reason for choosing the research site was because, according to the data from the Banda Aceh City Health Profile in 2019, the Jeulingke Banda Aceh Community Health Center is a health centre where the elderly in its working area get 972 elderly health services or as much as 113.68% and the elderly population in this region is 1,043 elderly.

The data collection tool used in this study was a questionnaire divided into two parts: Part A is respondents' demographic data, including age, gender, marital status, latest education and place of residence. Part B is a questionnaire used to determine the quality of life of the elderly, amounting to 26 question items, consisting of questions about biological, psychological, social and environmental aspects, which can be described as follows. The instrument used was a questionnaire from WHO QOL-BRIEF.

The data analysis used a computer program to determine the quality of life.

RESULTS AND DISCUSSIONS

Based on the research that has been done, the results are as follows:

Table 1 – Respondent Demography(N= 100)

Demographic Data	Frequency	%
Age		
Pre-elderly (45-59)	11	11
Elderly (60-69)	61	61
Elderly at risk (> 70)	28	28
Total	100	100
Sex		
Male	38	38
Female	62	62
Total	100	100
Marital status		
Married	69	69
Single	27	27
Single parents	4	4
Total	100	100
Level of education		
No school	17	17
Basic	15	15
Intermediate	33	33
High	35	35
Total	100	100
Profession		
Retired	29	29
Entrepreneur	8	8
Farmers/ fishermen	10	10
Does not work	40	40
Etc	13	13
Total	100	100
Living together		
Family	98	98
Alone	2	2
Total	100	100

Based on the data analysis presented in Table 1. It shows that most respondents are between 60 and 69 years old, as many as 61%, 62% female, with married marital status as much as 69% and have a higher educational background. Most of the respondents live with their families as much as 98%.

Based on the results of data analysis (Tables 2, 3), it was found that most of the elderly in the Jeulingke Health Center work area had a high quality of life, with 59 respondents (59%).

This is evidenced by the fulfilment of 4 domains: biological, psychological, social and environmental. This aligns with research [5] regarding factors related to the quality of life of the elderly in Cipasuang village, Kuningan Regency, West Java. The study's results show the quality of life.

Table 2 – Distribution of respondents based on the quality of life of the elderly (N = 100)

Quality of Life	Frequency	%
High	59	59
Low	41	41
Total	100	100

Table 3 – Quality of Life of the elderly in terms of biological, psychological, social and environmental aspects (N = 100)

Quality of Life	Frequency	%
Biological		
High	52	52
Low	48	48
Psychological		
High	56	56
Low	54	54
Social		
High	53	53
Low	57	57
Environmental		
High	57	57
Low	53	53
Total	100	100

The elderly in Cipasung Village were poor at 46.3 %, while the elderly who had a good quality of life were 53.7 %, with an average score of 50.14. This data shows that most of the elderly in Cipasung Village have a good quality of life. The quality of life is good when it is related to the gender of the respondent. Most of this study's respondents were women (62 %). WHOQOL-BREF consists of quality of life and general health. This questionnaire has four combined domains: physical, psychological, social relations, and environmental [6].

Table 3 shows that the quality of life seen from the biological domain shows a high result of 52%. This study's results align with the research [7] regarding the physical aspects of the elderly. It offers the results of most elderly having a high biological factor in UPTD (65 %) and the village 60 %. According to WHOQOL, the physical dimensions are pain, medical therapy, fatigue, rest, activity, and work [8]. The results showed that biological factors affected the quality of life in Karubaga Village, Karubaga District, Tolikara Regency (p-value > 0.001).

The description of quality of life can be seen from the psychological domain of the elderly.

Table 3 shows that the quality of life seen from the psychological domain shows a high result of 56%. The psychological dimension of WHOQOL in this study consists of six components: positive feelings, meaning or meaning of life, concentration, self-esteem, self-image and negative emotions. Authors [9] show a significant relationship between psychological factors and the quality of life of the elderly. Psychological changes come from an awareness of slump and feelings of inferiority compared to younger people in strength, speed, and skills. Psychological aspects are also related to physical elements, where an individual can carry out an activity if the individual is mentally healthy.

Table 3 shows that the quality of life seen from the social domain shows a low result of 57%. This study's social dimensions in WHOQOL are in questions 20, 21 and 22. These questions ask about social relationships, sexual life, and support from others. The results showed a low social domain, which impacts the quality of life of the elderly. Authors [10] on the relationship of social interaction with the quality of life of the elderly in the UPTD Griya Wherdha, Surabaya, the results of this study indicate that there is a relationship between social interaction and the quality of life of the elderly (p-value = 0.017). The elderly with poor and adequate social relations mostly have a low energy rate, and vice versa, the elderly who have a high quality of life.

The quality of life seen from the social domain is closely related to the role of the immediate family, such as children, grandchildren and family members where the elderly live. This is in line with Savita's research results. Authors [11] show the test results on the parameter coefficient between the role of the family and the quality of life of the elderly at Puskesmas Petaling Mendobarat Bangka Belitung indicates that there is a direct effect of 2.14 % and an indirect effect of 0.30 %. The t-statistic value is 4,83 and significant at $\alpha = 5$ %. Increasing age makes the elderly experience a decline in interaction. The elderly slowly begin to detach themselves from their social life or withdraw from their surroundings, so the importance of family support in increasing social interaction.

Table 3 shows that the quality of life seen from the environmental domain shows a high result of 57 %. Increasing the ecological part includes feeling safe, environmental health, having enough money, availability of information, opportunities

for fun or recreation, satisfaction with living conditions, satisfaction with access to health services and satisfaction with the transportation undertaken. The results of this study indicate that most of the elderly live with their families (98 %). The elderly who live with family can support the elderly to get maximum attention. If there are elderly people who are sick, the family will be the first to provide help to the elderly. Authors [5] show that there is a relationship between family support and quality of life (p-value <0.05).

CONCLUSIONS

The quality of life of the elderly generally shows high results (59 %). Quality of life-based on the biological domain offers high (52 %), high psychological domain (56 %), low social domain (57 %), and increased environmental field (57 %). It is hoped that the head of the Jeulingke Community Health Center in Banda Aceh will improve the quality of life of the elderly through a group mentoring programme for elderly families.

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