



## Research Article

## Association between Family Support and Elderly Visits at Integrated Elderly Health Post (POSBINDU) in Tasikmalaya, Indonesia

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Article Information	ABSTRACT
<p>Received: 15 April 2025  Revised: 19 January 2026  Accepted: 26 Januari 2026  Available online: 31 January 2026</p> <p><b>Keywords</b>  Elderly; Elderly visit; Family Support; POSBINDU</p> <p><b>Correspondence</b>  Phone: (+62) 87833430640  E-mail: <a href="mailto:miftahul@umtas.ac.id">miftahul@umtas.ac.id</a></p> <p><b>Website</b>  <a href="https://journal.umtas.ac.id/index.php/healthcare/index">https://journal.umtas.ac.id/index.php/healthcare/index</a></p> <p><b>Doi</b>  10.35568/healthcare.v8i1.6512</p> <p>©The Author(s) 2026  This is an <b>Open Access</b> article distributed under the terms of the Creative Commons Attribution-Non Commercial 4.0 International License</p>	<p>The elderly are people who have lost their capacity to restore themselves and operate normally. In Indonesia, an Integrated Elderly Health Post (POSBINDU) is one of the health services for the elderly. The elderly's activeness in going to POSBINDU is a type of aged health behavior in an attempt to maintain and develop their health ideally. One of the variables influencing older trips to POSBINDU is family support. The purpose of this study was to evaluate the association between family support and older participation in POSBINDU. The quantitative research approach was applied in this study. This study's sample consisted of 36 respondents (total sampling) at Sauyunan. This study included a cross-sectional design (univariate and bivariate analysis). The results showed that the elderly received no supported from 28 respondents (77.8%), whereas family supported was obtained by 8 respondents (22.2%). Elderly do not actively participate in POSBINDU, As much as 29 respondents (80.6%), whereas 7 respondents (19.4%) were actively participating in POSBINDU. With a significant p-value of 0.002 for the bivariate test findings, it can be stated that there was a relationship between family support and the activeness of elderly attending POSBINDU. The study hopes that families will have a better understanding of how to give effective family assistance for elderly.</p>

## INTRODUCTION

Today, the aging population has become one of the most important elements influencing the age structure of the world's population (Andrieieva et al., 2019). According to global trends, this approach is gaining traction in Indonesia. The elderly are people who have reached the end of their lives. Growing old is a natural process that includes phases such as childhood, adulthood, and old age. The three stages will face difficulties, such as physical deterioration. The tissue's capacity to heal or replace itself and maintain normal function declines with age. Aging is not an illness, but rather a process that reduces the body's ability to deal with stimuli from within and beyond, culminating in death (Wiliyanarti et al., 2022).

According to WHO data, the aged make up about 8% of the population of Southeast Asia, or around 142 million people. In 2050, the population is expected to expand three times from the current year. According to figures from the national statistics agency, the number of senior persons in Indonesia will reach 29.3 million in 2021, accounting for 10.82% of the total population. According to data from the Tasikmalaya City Health Office, the total number of senior persons in 2021 will be 76,909. The elderly population in the Sukalaksana Public Health Center region reached 2006 persons. There are 682 old people being cared for at the Sukalaksana Public Health Center (Kemenkes RI., 2021; Mahdur & Sulistiadi, 2020). Noncommunicable disease prevalence has become a critical challenge, particularly in the growth of public health in Indonesia. One of the government's strategies for dealing with noncommunicable illnesses, then establish a community-based noncommunicable disease control model through an integrated coaching post (POSBINDU). The POSBINDU is a community-managed activity for monitoring and early identification of risk factors for integrated

noncommunicable illnesses, as well as disruptions caused by accidents and acts of domestic violence. It is critical for the aged to engage in the monitoring and early detection of the major noncommunicable disease risk factors, which are carried out in an integrated, routine, and periodic way (Kemenkes RI., 2021).

The POSBINDU activities in the Tasikmalaya city need control by the healthcare provider. There are ten POSBINDU in the Sukalaksana health center region, but lack actively participation of the elderly in POSBINDU actively. One of them is at POSBINDU non-communicable diseases sauyunan, which has a total of 102 people. There are 36 older people who took part in POSBINDU noncommunicable diseases sauyunan activities. Four elderly people stated that they did not come to the POSBINDU on a regular basis because the location was far from where they lived, ten elderly people stated that their families did not take them to the POSBINDU because they were too busy working, and one person stated that they forgot the schedule because their family did not remind them. The outcomes of the interviews indicate a lack of family support for the elderly.

The family is the primary support system for patients in preserving their health (Nopiayanti et al., 2022) and has a significant role in boosting the patient's activities (Muhtar & Aniharyati, 2021). Family support is highly crucial in promoting older people's desire or readiness to participate in POSBINDU activities. The family may be a significant motivator for the elderly if they are constantly accessible to accompany or accompany the elderly to the POSBINDU, remind the elderly if they forget the POSBINDU schedule, and attempt to help with all of the elderly's difficulties. The most crucial factor in assisting folks to address an issue is family support (Rahmawati et al., 2020).

## METHOD

To establish the association between variables, this research technique used a quantitative method with a correlation design and a cross-sectional approach. The purpose of this study is to find the relationship between family support and participation in POSBINDU. In this study, participants participated with purposive sampling. This study was carried out at Saunyan POSBINDU, Tasikmalaya. This study employed a family support questionnaire in the activity of the elderly engaged in POSBINDU noncommunicable illness. The family support questionnaire sheet utilized in this study consisted of 13 closed-ended questions on family help offered to the elderly to determine if the elderly were actively engaged in POSBINDU noncommunicable illness by employing attendance sheets for the elderly's presence in the previous year or 12 months. The validity test was performed on 10 respondents in the POSBINDU "mancogeh" working area of the cigereung health facility with the identical features. The reliability test utilizing spss received cronbach's alpha 0.918 from 13 valid family support questions in the reliability test, indicating that the instruments were reliable. Data analysis was conducted with univariate and bivariate tests. A study permit (No. 070/607/sdmk) was obtained from the Tasikmalaya City Health Office.

## RESULTS

### 1. Univariate Analysis

#### A. Family support in the elderly

Tabel 1

Family support for the elderly at POSBINDU non-communicable disease

Characteristic	(n)	(%)
Not Supported	28	77.8
Supported	8	22.2
Total	36	100

According to table 1, the findings of family support demonstrate that 28 respondents (77.8%) do not support families, and family with supported 8 responders (22.2%).

#### B. The activeness of the elderly in participating POSBINDU non-communicable disease Saunyan

Tabel 2

Activeness of the elderly participating in POSBINDU non-communicable disease

Characteristic	(n)	(%)
Not active	29	80.6
Active	7	19.4
Total	36	100

Based on table 2, the elderly were reported to be less active in participating in POSBINDU activities by as many as 29 respondents (80.6%). There were 7 responders (19.4%) that actively participated in POSBINDU.

### 2. Bivariate Analysis

Table 3 shows the results of a bivariate test, specifically the Fisher test, to establish the association between family support and the elderly's participation in older posyandu activities:

Tabel 3  
Bivariate results of family support and activeness following non-communicable disease

Characteristic	POSBINDU activities						p-value
	Not Active (n = 36)		Active (n = 36)		Total (n = 36)		
	n	%	n	%	N	%	
Not supported	24	66,7	2	5,6	26	72,2	0,002
Supported	4	11,1	6	16,7	10	27,8	
Total	28	77,8	8	22,2	36	100	

Bivariate analysis shows that there are 24 respondents (66.7%) receive less assistance and are less active in engaging in POSBINDU. 2 respondents (5.6%) were old who received less support yet actively engaged in POSBINDU. There were 4 respondents (11.1%) who got support yet were less active in engaging in POSBINDU. 6 respondents (16.7%) received support and actively engaged in POSBINDU. Based on the results of the Fisher's exact test, a significant value of 0.002 (p-value 0,05) was obtained, implying that there is a relationship between family support and the activeness of elderly participants in the POSBINDU noncommunicable disease "sauyunan" in Tasikmalaya.

#### A. Family Support for elderly

According to the findings of a survey of 36 people, the majority of them experienced less family support. The findings of this study are consistent with the findings of Ginting & Brahmana, (2019), who discovered that the majority of participants (48.7%) are got less support. According to Friedman, (2014), family support is the family's attitude, deeds, and acceptance of its members. Family support is shown by family members, who are always ready to support, aid, and assist when required. Family support is crucial in encouraging the elderly to engage in POSBINDU activities. If the family is always there to supply equipment, accompany and accompany the elderly to the Pobindu, remind the elderly of the POSBINDU schedule, and help handle the elderly's issues,

they may be a big motivator for the elderly. The elderly will not be encouraged or interested in participating in POSBINDU events if there is no family support (Meigia, 2020).

The family as a component of society, plays an important role in determining the patient's health state. The family has a responsibility to play in maximizing the growth, development, and productivity of all its members by addressing nutritional demands and safeguarding family members' health (Kemenkes RI, 2018). Family care for sick family members comprises attitudes, deeds, and family acceptance (Friedman, M. Marilyn, Bowden. Vicky. R, 2010). Family is the most essential social group because it has the strongest and most intimate emotional link with the patient (Azizah et al., 2011). Support from family is the most beneficial aspect in assisting patients to address difficulties; with support, self-confidence and motivation in dealing with problems will rise (Suarnianti et al., 2021) and making them responsible for their own care (Kartikasari et al., 2012). To comply with treatment regulations, family members must have a good awareness of their duties and functions (Nastiti & Kurniawan, 2020). It demonstrates how the family impacts the patient's self-care in order for the patient to comply with the therapy (Hayati & Musa, 2016; Suriani & Mansa, 2021).

According to (Ginting & Brahmana, 2019), low family support is caused by older people not being reminded of the POSBINDU schedule by their families; in reality, the family is too busy working to urge or push the elderly to attend the POSBINDU. Families must have confidence and understanding that the elderly require

good support from the family in order to give good assistance. Health workers include families in order to help the elderly in joining POSBINDU.

### **B. The activeness of elderly participating in POSBINDU**

According to the findings of a survey of 36 people, the outcomes of family support are mainly inactive. The study's findings are consistent with previous research, which found that the majority of respondents (66.7%) do not actively participate in POSBINDU. Furthermore, it was discovered that 31 persons (53.4%) did not actively engage in the elderly POSBINDU. The elderly's participation in POSBINDU is a genuine disease-control measure. Family support is one of the variables that motivate the elderly to actively participate in POSBINDU activities for the elderly. Family support includes the family's attitude, activity, and acceptance to support and aid the patient (Ginting & Brahmana, 2019).

Meanwhile, physical exercise might help the elderly feel better. Elderly who engage in regular physical exercise have more pleasant leisure activities and social support, which leads to better psychological well-being and, ultimately, less depression. Continuous physical exercise improves social support by improving relationships, exchanging emotional support, and discussing personal difficulties. Physical activity can help to alleviate depression and enhance mental health in the long run. The study looked at the relationship between social support and psychological well-being through physical activities and discovered that the elderly who participated in a physical activity on a regular basis reduced depression and had higher social support and subjective happiness than non-participants. Regular exercise has been demonstrated to lower senior anxiety and melancholy, regardless of gender. It will be required in the future to assess the relationship between physical exercise and geriatric depression in other ethnicities and civilizations (Byeon, 2019).

Participation in a physical activity may strengthen a participant's physical strength and provide a happy mood, so improving the participant's capacity to manage with depression. Physical activities have been shown to boost the release of antidepressant hormones: Physical activities can briefly increase central norepinephrine activity, reduce the hypothalamopituitary-adrenocortical axis, and increase beta-endorphin secretion. As a result, maintaining a high mood through physical exercise can help to avoid depression caused by a low mood. Depression among older persons living alone, in particular (e.g., triggered by bereavement), is often chronic rather than acute, and it reduces life satisfaction (Wang et al., 2014).

According to the findings of this study, regular physical exercise can help reduce depression in the elderly. Another important conclusion of this study showed that flexibility exercise, such as stretching, freehand exercise, and yoga, was strongly connected to depression prevention. Flexibility training has also been shown to improve the mental health of the elderly. For example, (Wang et al., 2014) discovered that tai chi reduced depression considerably. After examining 36 research, (Rogers et al., 2021) determined that tai chi not only improved the physical function of the elderly but also successfully reduced their despair and anxiety. Furthermore, yoga was shown to provide grade B evidence for lowering depression.

Nonetheless, there are not many programs in South Korea that provide flexible physical activities for the elderly who live alone, and there is not enough research on the association between their psychological factors and their amount and kind of physical exercise. More intervention studies and epidemiological research are required to establish scientifically the influence of physical activities on mental health in the elderly (Byeon, 2019).

According to R. A. Damayanti & Muniroh, (2016), the use of POSBINDU may be assessed by referring to good attitudes about card in the previous year. It is said to be active in using POSBINDU if it appears 6 times in a year and

not active in using POSBINDU if it appears 6 times in a year. Most of the elderly who are less active in engaging in POSBINDU activities face hurdles, such as being unwell and unable to participate in POSBINDU activities. Furthermore, there is a shortage of family support to accompany or remind the elderly to come to POSBINDU. Family support is critical in promoting the elderly's desire or willingness to participate in POSBINDU activities (Meigia, 2020).

### **C. Relationship between family support and elderly activity at POSBINDU**

Based on the findings of the Fisher's exact test, a significant value of 0.002 was obtained, implying that there is a link between family support and the activity of the elderly after the noncommunicable disease sauyunan POSBINDU in Tasikmalaya.

This is consistent with the findings of (Solikhah et al., 2019) Regarding the link between family support and elderly activeness in attending elderly at POSBINDU melati klawisan seyegan, Yogyakarta, 15 respondents showed that the elderly who had strong family support were primarily active in participating in the elderly POSBINDU. According to 29 respondents (50.0%), the majority of the elderly with appropriate family aid were not active in participating in the elderly POSBINDU, and it was determined that there was a relationship between family support and the elderly's engagement in attending the elderly POSBINDU.

The elderly who had strong family support became more involved in elderly POSBINDU activities. According to Ginting & Brahmana, (2019) research on the association between family support and senior participation in POSBINDU activities in lumban sinaga village, lumban sinaga health center working area, pangaribuan district, north tapanuli regency According to the cross tabulation statistics, the elderly who have adequate family support are the most engaged in the elderly POSBINDU. There were 5 responses (12.5%). The bulk of

older people who had adequate family support did not actively engage in POSBINDU. There was a relationship between family aid and older engagement in POSBINDU activities, according to 7 respondents (17.9%).

The analysis of the According to the relationship between family support and the activity of the elderly in participating in POSBINDU noncommunicable disease sauyunan in Tasikmalaya, 66.7% of respondents who received less family support did not actively attend POSBINDU, whereas the majority of respondents who received good family support did actively participate in POSBINDU activities. This reveals that families that do not encourage posyandu involvement lead the elderly to be inactive in posyandu activities. According to early findings from interviews with some of the elderly and cadres, family support at the noncommunicable disease sauyunan POSBINDU was insufficient since the family neglected to remind them of the illness.

A family is a natural social organization in which a person sets norms, roles, power structures, modes of communication, and methods of problem solving in order to carry out tasks more efficiently. The family is the primary source of the notion of health and disease, as well as healthy behavior, and has a substantial influence on the physical and mental well-being of its members (Keliat, 2011). Good or bad family support can assist stabilize medication (Chambers et al., 2011), since family can have an impact on the patient's self-care, especially during treatment (Tung et al., 2013). Family support is also continual help since it has a greater degree of control (Manehat, 2015). When one of the family members becomes ill, the support of all family members is critical for the course of treatment and recovery. There are five family health tasks that play a critical role in family health care problems: being able to recognize health problems, making the right decisions to improve health, performing nursing interventions on members who require care, creating an environment conducive to the treatment process, and utilizing available

health facilities (Gebreweld et al., 2018). According to the findings of Mando et al., (2018), pulmonary TB patients receive largely positive support from their families. The stage of development is one of the reasons for this outstanding support.

Family support is critical in promoting the elderly's desire or willingness to participate in POSBINDU activities. The family may be a powerful motivator if they are constantly accessible to attend or accompany the elderly to the POSBINDU, remind them if they forget the POSBINDU schedule, and strive to help solve all challenges with the elderly jointly (Muhlisin & Irdawati, 2010). Support may be defined as a sense of belonging or the conviction that other people can play an active part in one's daily life. Family support manifested by paying attention, being empathetic, and providing assistance and encouragement can result in the elderly feeling more stable and safe (Friedman, M. Marilyn, Bowden. Vicky. R, 2010).

Another study found a link between family support and the frequency with which older people visited Posyandu. Gender is a factor that influences the frequency with which older people attend Posyandu. According to the findings of this study, the majority of the elderly that participated in the Posyandu for the Elderly were women, totaling 69 elderly (84.1%). Most senior males do not attend the posyandu for the elderly because they are still active at work and do not have much time to attend the posyandu for the elderly. Work is another element that determines the frequency with which older people visit Posyandu.

According to the findings of this survey, 44 seniors (53.7%) are still working as farmers. Work is a continuous activity performed by someone in order to get compensated. This is because the elderly do not want to be financially or otherwise dependent on their families. Most older people desire to live independently and not rely on relatives. Encouraging older people to join in POSBINDU events for the elderly. The family can be the

main support for the elderly if they always take the time to accompany or take the elderly to the POSBINDU, remind the elderly if they forget the POSBINDU schedule, and try to help the elderly overcome all problems (Fatmawati & Soesanto, 2019).

Several factors contributed to the elderly's inactivity at POSBINDU noncommunicable illness sauyunan in Tasikmalaya, who engaged in POSBINDU activities. From the old aspect, owing to physical limitations that make participation in POSBINDU activities hard, lack of desire from oneself, for example, the elderly believe that POSBINDU is not very valuable for them because not all health checks are performed every month. The most crucial of the other elements is a lack of family support in the form of instrumental, informational, emotional, and evaluation help. In order for the elderly to actively participate in POSBINDU activities, they must have the support of a decent family, as well as be in excellent physical health.

Due to the elderly's lack of participation in utilizing health services at the POSBINDU, their health problems cannot be adequately monitored. As a result, if they are at risk of disease as a result of a decline in their bodily state, it can be deadly and life-threatening. In conclusion, patients require family assistance in promoting the elderly's enthusiasm or readiness to participate in POSBINDU activities. The elderly coming to the POSBINDU activity is a frequent of involvement and participation in POSBINDU activities regularly every month of older health behavior in an effort to maintain and develop their health optimally (Pasaribu et al., 2020). According to Damayanti, (2022), POSBINDU usage may be determined by referring to the kms (healthy towards card) during the previous year. It is said to be active in using POSBINDU if it appears 6 times in a year, and not active in using POSBINDU if it appears 6 times in a year. The higher the level of activeness of the elderly engaging in POSBINDU activities, the higher the degree of family support; conversely, the lower the level of activeness of the elderly participating in

POSBINDU activities. However, a tiny percentage of patients receive familial support.

## CONCLUSIONS AND RECOMMENDATIONS

This study concludes that there is a relationship between family support and the activity of the elderly in participating in POSBINDU in Tasikmalaya, Indonesia.

The study recommend that families will have a better understanding of how to give effective family assistance for elderly.

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