# The difference the age of the elderly before and afterbeing distributed the brochure social support techniques and socialization in the activities of posyandu seniors in Papua province and South East Sulawesi

# La Jumu, La Banudi, Abraham Marai, Sukatemin and Agussalim

Nursing School of Biak, Health Polytechnic of Jayapura, Indonesia Nutritionist School of Kendari, Health Polytechnic of South East Sulawesi, Indonesia Nursing School of Nabire, Health Polytechnic of Jayapura, Indonesia Nursing School of Nabire, Health Polytechnic of Jayapura, Indonesia School of Nursing, Health Polytechnic of Jayapura, Indonesian

#### Abstract

Active elderly in the activities of the elderly Posyandu has not fulfilled expectations in accordance with the mandate of Indonesian law number 13 year 1998 about the welfare of the elderly, because there are still less active elderly in the activities of elderly posyandu as a container Monitoring of elderly health conditions, for that need social movement of elderly health services, especially from the potential social support of the community by spreading the brochure of social support techniques and socialization. This method of research is quantitative analytic with cross sectional approach, in population amounting to 74 elderly, Stratified Proportionate random sampling and the determination of respondents randomly systematic sampling and acquired 55 Respondents in one group for two measurements with an independent variable (X) numbering one variable and using the scale of the category about timeliness come to the elderly posyandu activities, while the dependent variable (Y) amounted to one Variables use a categorical scale on high, moderate, and low number groups (ordinal). This type of statistical test uses Wilcoxon for the purpose of knowing the average rate between two measurements (before and after) in the same group as the normal undistributed data. Description Wilcoxon is the value of Wilcoxon Signed Ranks Test in Asymp Sig. (2-tailed) and the show statistical test results are: r count = 0.000 (a < 0.05)., meaning there is a significant difference in the active elderlybefore and after the technical brochure share Social support and socialization to the

**Keywords:** The diversity of the elderly, brochures come in elderly Posyandu

#### Introduction

Increasingly in life expectancy (AHH), in Indonesia since 2014 as much as 18.781 million people and estimated in 2025 will be 36 million people, the condition will cause health problems because the elderly in general Deterioration of bodily function if not in the maintenance efforts well, because it has been proved still many less active elderly in the activities of elderly posyandu.

The condition is in line with the data of the Yendidori in Papua province at the time of the initial data retrieval date of 31 August 2017 recorded number of elderly around 183 elderly people, but active only ranging from 74-120 elderly (65.57%). The condition is not in accordance with the health

care efforts for the elderly conducted by the central government, the provincial government, the local government in this case is, the health officer and or society stipulated in the LAW No. 36 Year 2009 About the health of Article 138 read as follows: Subsection (1) health care efforts for the elderly must be, aimed at keeping healthy and productive in social and economic accordance with the dignity of humanity., subsection

(2) Governments are obliged to ensure the availability of healthcare facilities and facilitate elderly groups to remain socially and economically productive.

Based on the background, researchers are interested to do research with the title of the inactivation of senior elderly before and after in the brochure share their social support techniques and socialization in following the activities of elderly Posyandu in Papua. The purpose of this research is to know the extent of the active level of elderly before and afterthe brochure social support engineering brochures and socialization in the activities of elderly Posyandu in Papua and South West Sulawesi province.

#### Method of Research

This type of research is quantitative analytic with cross sectional approach, and carried out in the elderly posyandu of the village of Yendidori in the District Health Center in Biak Numfor Regency as a representative of Papua Provinceand southeast Sulawesi, with time and mechanism of implementation of the research is on the activities of the elderly Posyandu in April 2018, determining the sample in the population amounted to 74 with Proportionate stratified random sampling and randomly fixing respondents systematic Sampling, obtained 55 respondents with an independent variable (X) totaled a variable (an elderly perception of the activities of elderly Posyandu conducted every month before it was completed a brochure social support and socialization) by using The scale of the categories on activation in the form of timeliness come following the activities of elderly posyandu.

While the dependent variable (Y) is a variable (the level of the elderly to follow the activities of elderly Posyandu after the social support brochure is distributed) uses a categorical scale of timeliness coming to the elderly Posyandu in the group of numbers High, moderate, and low (ordinal), then the next step is to record elderly families of elderly peers and elderly Posyandu cadres close to sample or support respondents. Assess the presence of elderly as respondents of research samples and distribute brochures of social support techniques to the elderly, elderly families, elderly peers, as well as elderly Posyandu cadres while socializing the benefits of the brochure social support techniques, Then on the implementation of the elderly Posyandu in July and August 2018, collecting data on the elderly by using data collection instruments is a checklist or format the list of elderly present and watches/HP/Wall clocks. This type of statistical test uses Wilcoxon test for the purpose of knowing the average rate between two measurements (before and after) in the same group with undistributed data.

### Result of the Study

Writing results using the Times New Roman 11, regularly, created paragraphs with indentation 1 cm. The results section outlines the results of data analysis that includes data presentation and data underperformance. Authors may use sub-headings for each research variable, sub-headings inBold and at the beginning OF the word capitalized, Bullet or Number Use Is Not Allowed.

**Tabel 1:** Frequency distribution and the percentage of elderly people active.

No	Elderly active	Hours	Scooring	Before intervention		After Intervention		Sum	
No				F	%	F	%	F	%
1	Very active	08.30-09.30	80	24	21,81%	28	25,48%	52	47,26%
2	Active	09.31-10.00	70	15	13,64%	26	23,64%	41	37,26%
3	Average	10.01-10.30	60	2	1,81%	1	0,90%	3	2,71%
4	Low	10.31-11.00	50	14	12,72%	0	0%	14	12,72%
Total			55	49,89%	55	50,02%	110	100%	

Source: Primary data

Based on the results of data processing on table 1 characteristics of the intervention group shows that the attendance rate is less as much as 14 respondents (12.72%), after the Division of Social Support technical brochure and socialization of the brochure benefits, the level Presence less does not exist or be 0 (0%)., then the respondent who had the attendance level was very active previously 24 respondents (21.81%) After the share of brochures and

socialization of brochure benefits, the elderly attendance increased 28 respondents (25.48%). This Data shows the increase in the age of the elderly, which means there is a positive influence the existence of social support techniques brochures in the elderly, elderly families, elderly peers, and elderly Posyandu cadres in an effort to improve elderly activity the activities of elderly posyandu.

Tabel 2: Descriptive Distribution statistics of Elderly People active

Initial Name	Before Intervention	After Intervention	Add
IV.01	70	70	
IV.02	80	80	
IV.03	80	80	
IV.04	60	70	
IV.05	80	80	
IV.06	70	70	
IV.07	70	70	
IV.08	50	70	P
IV.09	50	70	
IV.10	50	70	
IV.11	80	80	= 0.000).
IV.12	80	80	
IV.13	80	80	
IV.14	80	80	
IV.15	80	80	
IV.16	70	70	
IV.17	70	70	
IV.18	60	60	

Volume 70 Number 3

IV.19	70	70
IV.20	80	80

IV.21	80	80	
IV.22	80	80	
IV.23	80	80	
IV.24	80	80	
IV.25	50	70	
IV.26	50	70	
IV.27	70	70	
IV.28	50	70	
IV.29	50	70	
IV.30	80	80	
IV.31	70	70	
IV.32	50	70	
IV.33	50	70	
IV.34	80	80	
IV.35	80	80	
IV.36	80	80	
IV.37	80	80	
IV.38	80	80	
IV.39	80	80	
IV.40	80	80	
IV.41	80	80	
IV.42	70	70	
IV.43	70	70	
IV.44	70	70	
IV.45	50	70	
IV.46	70	70	
IV.47	50	80	
IV.48	50	80	
IV.49	50	80	
IV.50	70	80	
IV.51	50	70	
IV.52	80	80	
IV.53	70	70	
IV.54	80	80	
IV.55	70	70	
TOTAL	3.790	4.120	
Mean	68,91	74,91	
SD	12,274	5,400	
Minimum	50	60	
Maximum	80	80	
E + C+ +' +' 177	1 0' 10 1 5	F ( D 1 D )	

Test Statistics Wilcoxon Signed Ranks Test: Pre dan Post

Based on the distribution of the above descriptive statistics, shows an average of the previous active 68.91 and the average increase after the intervention of 74.91, the previous standard deviation of 12.274 and down after the intervention of 5.400, the previous drinking value is 50, after the intervention rises 60, the previous maximum value is 80 and after the 80 intervention. As a result, non-parametric tie test results were obtained by Wilcoxon Signed Ranks Test at Asymp. Sig. (2-tailed) is  $\rho=0.000$  (a < 0.05). Then it can be concluded that there is a significant difference in the active elderly before and after the intervention of the Division of Social support techniques brochures and socialization of brochure benefits.

#### Discussion

Based on the results of the percentage of senior level of the elderly following the activities of elderly Posyandu in the intervention group showed that the level of activity with the category is very active before as much as 24 elderly respondents (21.81%) And after the distribution of social support brochures and socialization of the brochure benefits rose to 28 respondents (25.48%), active (13.64% to 26 respondents (23.64%), previously moderate 2 respondents and after 1 respondent's intervening intervention, The

attendance of the category was less declining from 14 respondents (12.72%), down to 0 (0%). The Total percentage of the previous elderly was 49.89%, and after theintervention increased to 50.02%. The results of the descriptive statistics show an average previous active rate of

68.91 and after an increased intervention of 74.91, the previous deviation standard amounted to 12.274 and dropped after the intervention of 5.400, the previously drinking value of 50, after 60 up intervention, the previous maximum value of 80 and after intervention.

Non parametric paired test results are obtained by Wilcoxon Signed Ranks Test at Asymp. Sig. (2-tailed) is  $\rho=0.000$  (P Value < 0.05). Then it can be concluded that there is a significant difference in the active elderly before and after the intervention of the Division of Social support techniques brochures and socialization of brochure benefits. The results of this research has not been exactly the same, especially about the title as well as the tools and how to implement the research, except the research object, so that conformity with previous researchers only if reviewed from the inactivity factor of the elderly come to Elderly Posyandu is influenced by lack of knowledge, the negative attitude of the elderly and the negative attitude of health officers with significant results (P = 0,045) namely the research results.

Megawati with the title "Factors affecting the inactivity of elderly come to the elderly Posyandu Melati village Megarsari Kota Mojokerto" in the journal Respiratory. Poltekkes mojopahit. ac. i., data Download 2-11-2018., then this research with Wilcoxon test Results (Z count) =-3,656 as well as Asymp. Sig. (2-tailed)  $\rho = 0.000$ ), can be said to strengthen the previous research in the field of knowledge that establishes attitudes with the counseling of healthy living behavior, while the novelty of this research is the formation of attitudes through the nature and benefits of brochure techniques Social support and that motivates the elderly from social support sources i.e. elderly families, elderly peers, elderly Posyandu cadres to support each other's fellow human beings in realizing a primed health especially elderly health. The degree of inactivation of the elderly, because of encouragement or support from within the elderly and the support from outside the family support, social support elderly peers, social support POSYANDU cadres elderly health personnel support in line With the theory of exchange, the assumption of The impetus or propel proposition (The Stimulus Proposition) is very possible to create a repetition of behavior that reads: If in any event pasta particular impulse or set of urges has Cause the actions of people to be rewarded, the more similar the boost is now with encouragement in the past, the more likely people do similar actions (Homans, 1974:23, source, George Ritzar, Douglas J. Goodman, 2002.364).

This means that if the urge or support is correlated with the activity of elderly posyandu, the elderly motivation will increase in following the activities of the elderly Posyandu, furthermore if the support, the more encouraging, the fun, the more Increased also the activation of the elderly come to he elderly posyandu. In line with the core of exchangetheory reads: It is that Manuisa is a creature that seeks benefit (benefit) and avoids cost (cost); Man, in the perspective of the exchange theorists, is a reward-seeking animal, (Turner, 1978:201-215, Source, Sunarto, 2004:220). This means that the condition according to researchers, is the activation of the elderly, the elderly come to posyandu is heavily influenced by the approach of Humanist fellow human beings by using tools that can be assisted by elderly in prolonged periods, and conditions is suitable with the use of brochure social support techniques.

# **Summary**

Conclusion there is a significant difference in the active the elderly to follow the obesity of elderly Posyandu before and after distributed social support brochures and socialization of the benefits, with value (Z count,  $\rho = 0.000$ ) smaller than (Z table  $\rho > 0.05$ ).

#### References

- Agoes, Azwar dan Agoes Achdiat serta Agoes Arizal., Penyakit di Usia Tua., Penerbit: Buku Kedokteran., EGC., Jakarta. 2013.
- Arikunto Suharsimi. Prosedur Penelitian Suatu PendekatanPraktik, Edisi Revisi. Rineka Cipta Jakarta, 2010
- 3. Aspuah Siti. Kumpulan Kuesioner dan Instrumen Penelitian Kesehatan, cetakan: pertama. Penerbit: Muha Medika. Yogyakarta, 2013.

- 4. Azwar Agus dan Jacob. Antropologi Kesehatan Indoensia. Jilid I Pengobatan Tradisional. EGC. Jakarta, 1996.
- Badrujaman Aip. Sosiologi untuk mahasiswa Keperawatan, Edisi Revisi. Trans Info Media Jakarta. Penerbit: Poltekkes Kemenkes Jayapura Gema Kesehatan, p-ISSN: 2088-5083/e-ISSN: 2456-8100 2010; 1(6) http://jurnalpoltekkesjayapura.com/index.php/gk.
- 6. Conrad P. The Seciology of Health and Illnes: Critical Perspective. New York: Worth.[suatu kumpulan tulisan yang bagus yang membahas hubungan sosiologi, politik,
- 7. Chriswell. Teori dan Paradigma Penelitian sosial, Penyunting: Agus Salim. Tiara Wacana Yogya. Yogyakarta, 2001.

ekonomi, dan gender dengan kedokteran modern, 2001.

- 8. Depkes. Pemasaran sosial dalam promosi kesehatan., edisi : revisi. Penerbit : Rineka Cipta Jakarta, 2010.
- 9. Foster George M dan, Anderson Barbara Gallatin. Antropologi Kesehatan, Penerjemah: Priyanti Pakan Suryadarma, Meutia F. Hatta Swasono. Cetakan pertama. UI-Press. Jakarta, 1986.
- 10. Freud J, dan McGuire M. Health, Illness and socialbody. englewood Cliffs, NJ:Prentice Hall. [suatu buku teks yang bagus, teerutama menggunakan data Amerika, membahas hubungan sosial penyakit], 1999.
- George Ritzer, Douglas J Goodman, (Modern Sociological Theory, 6th Edition., (Teori sosiologi modern) diterjemahkan oleh: Alimandan., Penerbit Kencana Jakarta, 2005.
- 12. Hidayat AA. Riset Keperawatan dan teknik penulisan ilmiah, Salemba Medika, Jakarta, 2007,
- 13. IKAPI, Undang-Undang Kesehatan, Nomor 36 Tahun 2009. Fokusmedia, Bandung, 2010.
- 14. Jimung, Martinus. Antropologi kesehatan. Konsep dan aplikasi., cetakan Pertama., Penerbit : CV Trans Info Media Jakarta, 2017.
- 15. Jogiyanto. Analisis & desain, Sistem Informasi : pendekatan terstruktur teori dan praktik aplikasi bisnis., penerbit : Andi Yogyakarta, 2005.
- 16. Kelana Kusuma Dharma. Medotologi Penelitian Keperawatan. Trans Info Media, Jakarta, 2011.
- 17. Kevin White. In Introduction to the Sociology of Healt English language edition Published by SAGE Publication of London, Thousand Oaks New Delhi and Singapore, penerjemah Achmad Fedyani Saifudin –Ed. 3 1 Rajawali Pers, 2011 Jakarta, 2009.
- 18. Kresno Sudarti. Aspek Sosial Budaya Yang Berhubungan dengan Perilaku Kesehatan, Edisi Revisi. Rineka Cipta Jakarta, 2010.
- 19. Malik. Metodologi Penelitian Kesehatan Masyarakat. Trans Info Media Jakarta, 2011.
- 20. Maryam *et al.*, Buku Panduan bagi kader Posyandu Lansia., Cetakan : Pertama., Penerbit : CV Tans Info Media., Jakarta, 2010.
- 21. Muaz Husni. Anatomi sistem sosial, Rekonstruksi Normalitas relasi intersubjektivitas dengan pendekatan sistem, penerbit : IPGH, Jakarta, 2014.
- 22. Mubarak Wahid Iqbal. Sosiologi untuk keperawatan Pengantar dan Teori. Salemba Medika, Jakarta, 2009.
- 23. Narwoko J Dwi, Bagong Suyanto. Sosiologi Teks Pengantar dan Terapan. Edisi kedua, Cetakan kedua. Kencana Prenada Media Group, Jakarta, 2006.

- Notoatmodjo, Soekidjo. Promosi Kesehatan dalam kesehatan masyarakat., edisi : revisi. Penerbit : Rineka Cipta Jakarta, 2010.
- Partino HR, dan Sutoro. Statistika Inferensial, Edisi ketiga, cetakan ketiga. Pustaka Mahasiswa. Yogyakarta, 2008.
- Peterson C. Sterss at Work: A Sociological Approach. New York: Baywood. [Suatu tinjauan kepustakaan sosio-psikologis tentang stres], 1999.
- 27. Potter, Patricia A. Pengkajian Kesehatan (Pocket Guide to Health Assessment)., Edisi: ketiga., Alhi Bahasa: Veldman Y.P. James., Penerbit: Buku Kedokteran Jakarta, 1996..
- 28. Rita Damayanti, Persepsi dalam promosi kesehatan., edisi: revisi. Penerbit: Rineka Cipta Jakarta, 2010.
- 29. Santoso, Singgih, Statistik Multivariat Konsep dan Aplikasi dengan SPSS, PT.Elex Media Komputindo. Jakarta, 2010.
- Sarafino EP. Health Psychology, Third Edition. New York. John Wiley & Son. Inc, 1997.
- 31. Sasongko Adi. Promosi Kesehatan melalui Pengorganisasian dan pengembangan masyarakat., edisi : revisi. Penerbit: Rineka Cipta Jakarta, 2010.
- 32. Singaribuan Masri, dan Effendi Sofian, Metode Penelitian Survai, Cetakan ke sembilan belas. Pustaka LP3SE Indonesia. Jakarta, 2008.
- 33. Siti Nur Kholifah. Keperawatan Gerontik, Cetakan pertama., Kemenkes Jakarta, 2016.
- 34. Smeet B. Psikologi Kesehatan. Grasindo, Jakarta1994.
- 35. Su'adah. Sosiologi Keluarga. UMM, Malang, 2005.
- 36. Sudijono Anas. Pengantar Statistik Pendidikan. RajaGrafindo Persada, Jakarta, 2008.
- 37. Sugiono. Statistik untuk penelitian, Alfabeta : Bandung, 2002
- 38. Susilo. Statistika & Aplikasi Untuk Penelitian Ilmu Kesehatan. Trans Info Media. Jakarta, 2012.
- Susilo dan Limakrisna. Cermat menyusun kuisioner Penelitian Ilmu Keperawatan. Trans Info Media, Jakarta, 2012.
- Sutriono. Metodologi Research, Jilid I, Cetakan ke IX. Yayasan Peneribitan Fakultas Psikologi Universitas Gajah Mada Yogyakarta, 1980.
- 41. Suyanto. Metodologi dan Aplikasi Penelitian Keperawatan, Muha Medika Jogyakarta, 2011.
- 42. Sunyoto Danang. Analis Data Penelitian kesehatan dengan SPSS., cetakan: pertama., penerbit: Nuha Media Yogyakarta, 2014.
- 43. Susila dan Suyanto. Metodologi Penelitian Croos sectional, kedokteran, keperawatan, kesehatan masyarakat, kebidanan, psikologi, ilmu gizi, farmasi,dan lain-lain. cetakan kesatu., penerbit : Bossscript.,Klaten, 2015.