

**INCREASING THE QUALITY OF LIFE FOR THE ELDERLY
THROUGH THE IMPLEMENTATION OF A CLEAN AND HEALTHY
LIFE PATTERN (PHBS) AT THE ELDERLY INTEGRATED SERVICE
POST (POSYANDU), 26 ILIR DISTRICT, PALEMBANG**

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Abstract

In Southeast Asia, the elderly population is 8% or around 142 million people. In 2000 the number of elderly people was around 5,300,000 (7.4%) of the total population, while in 2010 the number of elderly people was 24,000,000 (9.77%) of the total population, and in 2020 it is estimated that the number of elderly people will reach 28,800,000 (11.34%) of the total population. . While in Indonesia alone in 2020 it is estimated that the number of elderly people is around 80,000,000. In old age, a person will experience changes in terms of physical, cognitive, and psychosocial life. also emphasized the importance of life expectancy and quality of life for the elderly. Ratna (2008) also added that if these needs are not met, problems will arise in the life of the elderly which will reduce their quality of life. Kelurahan 26 Ilir, Bukit Kecil District, located in Palembang City, is estimated to have a fairly large elderly population. The first problem is that the elderly do not have sufficient knowledge about the quality of life in the elderly. The second problem that needs attention is the physical condition of the elderly. Physical health is an integral part of sports activities. For this reason, it is necessary to educate the elderly about the quality of life in the elderly and the ways that can be done so that people can live in their old age with quality. This activity is carried out by conducting health education for the elderly. The second solution is that the elderly are given health education about how to do physical activities at home, such as light exercise at home and regular walking.

Keywords: Elderly, Quality of Life, PHBS.

INTRODUCTION

The elderly is someone who has experienced changes or decreases in the body or physical, intellectual or psychological, social and spiritual, beliefs and religion. The elderly are often considered a group that always needs help from others or is always dependent on others and becomes a burden for their families, communities, and the state (Mujahidullah, 2012).

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2010 the number of elderly people was 24,000,000 (9.77%) of the total population, and in 2020 it is estimated that the number of elderly people will reach 28,800,000 (11.34%) of the total population. . While in Indonesia alone in 2020 it is estimated that the number of elderly people is around 80,000 (Kemenkes RI, 2013).

Elderly people tend to experience health problems caused by decreased body functions due to aging such as decreased physical, psychological, social, and spiritual functions. The decline in body function in the elderly is caused by the state of cells in the body that change, including decreased cell numbers, and larger cell sizes so that the process of cell proliferation mechanisms in the elderly's body is disrupted (Mujahidullah, 2012).

As a result of physiological changes in the structure and function of cells, tissues, and organ systems that occur with age, the elderly experience several disorders, including the cardiovascular system, endocrine metabolic system, nervous system, respiration, gastrointestinal, genitourinary, reproductive, integumentary and musculoskeletal systems. (Mujahidullah, 2012).

In old age, a person will experience changes in terms of physical, cognitive, and psychosocial life. also emphasized the importance of life expectancy and quality of life for the elderly. The four domains of quality of life are physical health, psychological health, social relationships, and environmental aspects. Four domains of quality of life are identified behavior, existence status, potential capacity, and subjective perception or experience. Ratna (2008) also added that if these needs are not met, problems will arise in the life of the elderly which will reduce their quality of life. In a study conducted by Rahmania (2008), it was explained that most of the elderly at the Hargo Dedali Nursing Home in Surabaya experienced moderate levels of depression due to the lack of activities carried out by the elderly while in the orphanage and supported by the absence of consultation services or psychological examinations for the elderly who had depression. Depression in the elderly will have a fairly serious impact on social and physical life where it will causing a decrease in quality of life and causing the elderly to depend on others (Mangoenprasodjo & Hidayati, 2005). The condition of the elderly in general if described is not encouraging. Old age, loneliness, poor socioeconomic status, and the emergence of degenerative diseases such as cancer, heart disease, rheumatism, and cataracts cause productivity to decline and affect social life (Dahlia Amareta, 2008). All of the above is the impact of the low quality of life of the elderly. This can be caused by a weakened physical condition, poor personal relationships, lack of opportunities to obtain information, new skills, and so on. All of the above explanations are by the WHOQOL Group concept (1996) which states that four factors affect the quality of life, namely physical health factors, psychological health, social relationships, and environmental factors (Rapley, 2003). The patient's quality of life should be an important concern for health professionals because it can be a reference for the success of an action, intervention, or therapy (Ayu, 2007). In addition, data on quality of life can also be initial data for consideration in formulating appropriate interventions or actions for patients (Ayu, 2007).

The higher the level of public health, the higher the life expectancy. This will cause the elderly population to be even greater. The elderly period is a period of life that needs attention, especially because this period is prone to degenerative diseases and the quality of life is decreasing. The decline in quality of life is marked by the elderly who are unable to carry out routine activities such as bathing or wearing clothes, unable to enjoy activities with

family members, and unable to socialize with other communities such as religious activities or other social activities.

IMPLEMENTATION METHOD

- a. The activities carried out are in the form of initial measurements of the quality of life of the elderly by providing questionnaires on the quality of life of the elderly and health checks for the elderly: Measuring blood pressure, checking blood sugar and cholesterol
- b. Provide education about clean and healthy lifestyles for the elderly and train the elderly to do physical activities that can be done at home: Resource persons explain materials about clean and healthy lifestyles for the elderly and physical activities that can be done at home.
- c. Evaluation of the elderly at home who have been given education about a clean and healthy lifestyle: The evaluation is carried out by asking about the activities of the elderly regarding the implementation of a clean and healthy lifestyle and an assessment of the quality of life of the elderly after the application is carried out, asking for the participation of family members in assessing the application of the pattern. clean and healthy life and physical activity carried out by the elderly.

RESULTS AND DISCUSSION

After carrying out community service activities, namely improving the quality of life of the elderly through the application of a clean and healthy lifestyle (PHBS) at the integrated service post (POSYANDU) for the elderly, 26 Ilir Palembang, the results obtained from these activities are:

- a. The implementation of health examination activities (blood pressure measurement, blood sugar, and cholesterol checks) for the elderly and an assessment of the quality of life of the elderly through the application of a clean and healthy lifestyle (PHBS), with a total of 28 elderly people.
- b. The implementation of educational activities by providing counseling about a clean and healthy lifestyle for the elderly and physical activities that the elderly can do at home.
- c. The evaluation of the quality of life for the elderly is carried out through the application of a clean and healthy lifestyle (PHBS) by asking for the participation of family members who have carried out physical activities carried out by the elderly at home.

The following table presents the results of the assessment of the quality of life of the elderly before the intervention activities are carried out and after the intervention activities are carried out.

TABLE 1. PRE AND POST-ASSESSMENT OF THE QUALITY OF LIFE OF THE ELDERLY THROUGH THE IMPLEMENTATION OF A CLEAN AND HEALTHY LIVING PATTERN (PHBS) AT INTEGRATED SERVICE POST (POSYANDU) ELDERLY, 26 ILIR DISTRICT PALEMBANG

No	Name	Dom 1	Dom 1	Dom 2	Dom 2	Dom 3	Dom 3	Dom 4	Dom 4
		pre	post	pre	post	pre	post	pre	post
1	Merri	31	81	56	75	56	50	81	63
2	Halimah	63		75		61		69	
3	Siti Hawa	75	63	75	19	75	50	69	38
4	Penti	50	56	63	56	75	56	75	44
5	Sumarni	69		69		75		56	
6	Ajema	38	56	63	56	56	56	56	56
7	Juwita	75		94		81		100	
8	Yuli	44		56		75		56	
9	Lela	56	63	50	81	50	81	50	63
10	Rusmiati	38	63	50	81	69	46	56	56
11	Halimah	69	69	56	56	56	50	50	38
12	Masna	75	63	56	69	31	56	56	75
13	Zubaidah	63	88	50	69	25	75	44	69
14	Reni	69	81	56	56	81	50	81	56
15	Rizkamilah	63	56	50	81	25	75	50	56
16	Dewi	44	63	56	56	25	69	44	44
17	Leni	75	63	94	56	81	44	100	50
18	Samsi Abas	69	50	63	56	69	56	56	44
19	Iin	81	69	56	56	75	75	69	38
20	Aniar	81	63	81	50	94	44	69	38
21	Lia	31		44		44		56	
22	Lela2	63		56		69		50	
23	Joni	63	63	56	75	69	56	50	63
24	Ratna	81		81		81		81	
25	Yarti	63	75	63	75	81	81	63	69
26	Asmawati	81	81	56	63	75	75	56	
27	Yati	63		63		81		50	
28	Astrida	63		56		44		63	
29	Dulihar	69		69		75		50	
30	Royani	63		69		69		63	

Table 1, it can be seen the value of each domain of the assessment of the quality of life of the elderly before and after the intervention. The number of elderly people whose quality of life was measured before the intervention was 30 people. However, one week after the intervention, the quality of life was measured, but not all of the elderly could be measured because the elderly were not found at home.

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Elderly people tend to experience health problems caused by decreased body functions due to aging such as decreased physical, psychological, social, and spiritual functions. The decline in body function in the elderly is caused by the state of cells in the body that change, including decreased cell numbers, and larger cell sizes so that the process of cell proliferation mechanisms in the elderly's body is disrupted (Mujahidullah, 2012).

The elderly have changes in brain structure that cause a decline in quality of life which has implications for independence in carrying out daily activities (Nugroho, 2008). Elderly independence in ADL (activities of daily living) is defined as a person's independence in carrying out activities and functions of daily life carried out by humans routinely and universally (Kane, 1998 in Sari 2013). Independence is very important to take care of himself in meeting basic human needs. Although it is difficult for younger family members to accept parents carrying out daily activities completely and slowly (Kozier, 2004).

26 Ilir Village, Bukit Kecil District, located in Palembang City, is estimated to have a fairly large elderly population. The high population of elderly people in the community and government is a common concern of Ex. 26 Ilir. Some problems may occur related to the health of the elderly. The first problem is that the elderly do not have sufficient knowledge about the quality of life in the elderly. The higher the level of public health, the higher the life expectancy. This will cause the elderly population to be even greater. The elderly period is a period of life that needs attention, especially because this period is vulnerable to degenerative diseases and the quality of life is decreasing. The decline in the quality of life is marked by the elderly who are unable to carry out routine activities themselves such as bathing or wearing clothes, unable to enjoy activities with family members, and unable to socialize with other communities such as religious activities or other social activities. Knowledge related to the quality of life of the elderly may be something that is still very minimal found in the community.

The second problem that needs attention is the physical condition of the elderly. Physical health is an integral part of sports activities. People sometimes forget how important health is especially old. Many elderly people do not know that there are many physical activities that can be done by the elderly when they are at home. Physical activity in the elderly is very necessary to keep the muscles and nerves still sensitive and not stiff.



Figure 1 Health Check



Figure 2 Health Education Improving the Quality of Life for the Elderly

CONCLUSION

The quality of life of the elderly before being given education about the quality of life of the elderly through the application of a clean and healthy lifestyle (PHBS) obtained an average Domain I of 62.32; domain 2 is 60.53; domain 3 is 58.32; domain 4 is 59.21.

The quality of life of the elderly after being given education on the quality of life of the elderly through the application of a clean and healthy lifestyle (PHBS) obtained an average Domain I of 66.63; domain 2 is 62.42; domain 3 is 63.42; domain 4 is 60.32

The problem faced was that during the evaluation a week after being given education, the elderly were difficult to find in their respective homes.

It is expected that the elderly are given education about the application of a clean and healthy lifestyle (PHBS) continuously when the elderly come to the elderly integrated service post (POSYANDU) activities in the hope that the quality of life of the elderly can improve.

The implementation of a clean and healthy lifestyle for the elderly expected by family members to also participate in supervising and paying attention to the elderly in activities at home to improve their quality of life of the elderly.

REFERENCES

- Christian. (2016). *Asuhan Keperawatan Gerontik*. Yogyakarta: CV. ANDI OFFSET.
- Green. (2009). *50 Hal yang Bisa Anda Lakukan Hari ini Untuk Mengatasi Insomnia*. Jakarta: PT Elex Media Komputindo.
- Hidayat. (2012). *Pengantar Kebutuhan Dasar Manusia: Aplikasi Konsep dan Proses Keperawatan*. Jakarta: Salemba Medika.
- Kementerian RI. (2017). *Analisis Lansia diIndonesia*. Jakarta Selatan: Pusat Data dan Informasi.
- Koesmardiyah. (2009). *A-Z Aromaterapi Untuk Kesehatan, Kebugaran, dan Kecantikan*. Yogyakarta: Lily Publisher.
- Mujahidullah, K. (2012). *Keperawatan Gerontik*. Yogyakarta: pustaka belajar.
- Notoadmojo. (2010). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta. Di Panti Werdha Dharma Bhakti Kasih Surakarta .
- Padila. (2013). *BukuAjar Keperawatan Gerontik*. Bengkulu: Nuha Medika