
Simalungun Batak Family Support for Elderly Independence

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ABSTRACT/ ABSTRACT

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Aging is an event that will be experienced by everyone who is blessed with a long life. Biologically, elderly people experience a continuous aging process characterized by decreased physical resistance to disease. These various changes often cause elderly people to experience problems in facing life, so family support is needed. This study aims to analyze the influence of Simalungun Batak family support on the independence of the elderly in the working area of the Haranggaol Community Health Center. Type of quantitative research with a cross-sectional approach. The subjects were 149 elderly people who lived at home with family members in Haranggaol who were selected using purposive sampling. The instrument was adopted and modified from existing family support, and elderly independence questionnaires and validity and reliability tests were carried out on 30 subjects with $r\text{-table} > .361$, with Cronbach's alpha reliability of $.761$. The results of the univariate analysis show that the majority of emotional family support is in the excellent category 68 (46%), the appreciation family support is good 63 (43%), the informational family support is sufficient 100 (67%) the instrumental family support is good 75 (50%), the total independence of the elderly is 96 (65%). The Pearson product-moment analysis results show a significant relationship between emotional, appreciative, informational, and instrumental family support and the independence of the elderly. There is a significant relationship between emotional family support, appreciation family support, informational family support, and instrumental family support for the independence of the elderly at the Haranggaol Health Center. It is recommended that the family support the elderly in participating in integrated services, elderly activities, and customary activities to maintain the elderly's level of independence in fulfilling daily living activities.

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INTRODUCTION

Elderly or old age (elderly) is a closing period in a person's life span, namely when a person has moved away from a previous period that was more enjoyable or full of benefits. According to the World Health Organization, an elderly person has reached the age of 60 years and over (Hanif et al., 2023).

The independence of the elderly in fulfilling daily activities includes eating, bathing, maintaining personal hygiene, going up and down stairs, dressing, exercising, and moving places. The elderly do everything independently without being limited by fear and failure. Suppose family support is not received well by the elderly. In that case, it can have a negative impact on the elderly, causing a decline in quality of life, which has implications for daily activities and also has a bad stress effect and makes the elderly tend to close themselves off (Hamidah & Fitriani, 2021).

Various changes that occur in the elderly include physical, social, and psychological changes. Physical changes include a decreased ability to carry out daily life activities. Social changes include equal opportunity to provide input and feeling excluded. Psychological changes include fear of death and moments of loneliness. The various changes mentioned above often cause elderly people to experience problems in life, so family support is needed (Daryanti et al., 2021).

According to Friedman (2013), family support is the attitude and action of family acceptance towards family members in the form of informational, assessment, instrumental, and emotional support. Of the four family supports, the one that has the most significant impact on the elderly is assessment support in the form of praise and encouragement, which will motivate the elderly to be independent in their daily activities. With the support of this assessment, the elderly feel cared for and loved by other family members, thereby reducing their dependence on other people

to fulfill their daily activities (Khulaifah et al., 2019).

In Indonesia, it has become a culture in which parents are the place to ask for advice and consideration regarding problems in the family and society. In the family, grandparents have a significant role as the oldest residents, full of experience and wisdom. However, it is not uncommon for the elderly to feel they are no longer needed, so assessment support is essential for the elderly (Mayasari et al, 2022).

The Batak tribe is one of the many tribes in North Sumatra. It has six sub-tribes: Toba Batak, Karo Batak, Simalungun Batak, Pakpak Batak, Angkola Batak, and Mandailing Batak. The Simalungun Batak tribe is one of the districts in North Sumatra. The Simalungun people have a value system of insight, mentality, and attitudes that can be called one of the pinnacles of regional culture, namely Tolu Sahundulan Lima Saodoran (Situngkir & Herlina, 2022).

Based on research by Djala & Gugu (2021), there is a relationship between emotional support and the independence of the elderly in fulfilling their daily activities. There is a relationship between instrumental support and the independence of the elderly in fulfilling their daily activities, a relationship between assessment support and the independence of the elderly in fulfilling their daily activities, and a relationship between informational support and the independence of elderly people in fulfilling their daily activities. This is also in line with research by Martina et al. (2023), which states that there is a relationship between family support and the independence of the elderly. The results of research conducted by Ramadini & Herman (2021) found a significant relationship between family support and the independence of elderly people in carrying out daily activities. It is hoped that health workers will make efforts to increase family understanding and support elderly family members.

Based on interviews conducted with 5 Simalungun Batak patients who came to the Haranggaol Community Health Center, it is known that the level of independence of the elderly is still very poorly considered, and family support is the main factor in their lack of independence. This is known based on interviews conducted by researchers in an initial survey of 5 elderly people. Researchers are interested in the

Simalungun Batak family's support for the independence of the elderly in the Haranggaol Community Health Center area, Simalungun Regency.

METHOD

This research is quantitative and uses a cross-sectional approach. This research was conducted in the working area of the Haranggaol Community Health Center, Simalungun Regency, and was carried out February-March 2024. Samples were taken based on inclusion criteria, including elderly people with good hearing abilities and elderly people who live with a family member. A total of 149 subjects were selected using a proportional sampling technique. The instrument was adopted and modified from an existing family support and independence questionnaire for the elderly, and validity and reliability tests were carried out on 30 subjects with r -table $>.361$, with Cronbach's alpha reliability of $.761$, interpreted as reliable or consistent.

In this research, the independent variable is family support: emotional family support, appreciation family support, informational family support, and instrumental family support. The dependent variable is the independence of the elderly. Family support was measured using 41 questions: 15 questions regarding emotional family support, 10 questions regarding appreciation family support, 6 questions regarding informational family support, and 10 questions regarding instrumental family support. Elderly independence was measured using 16 question items about independence in *activities of daily living*.

This research has received approval from the Dean of the Faculty of Nursing, Universitas Sumatera Utara with letter number 176/UN5.2.1.13/PPM/2024 and an ethical certificate with number 103/KEPK/USU/2024. The researcher asks for permission from the respondent, who will explain the research's purpose directly. If willing, the respondent will be given informed consent and ask for the prospective respondent's willingness to sign a consent form to become a respondent. The data analysis method uses univariate and bivariate analysis according to the variables.

RESULTS

Table 1. Distribution frequency respondent characteristics

Respondent characteristics	f	%
Age		
60-74 Years	69	46
75-90 Years	80	54
Gender		
Man	42	28
Woman	107	72
Religion		
Islam	8	5
Christian	57	39
Catholic	84	56
Level of education		
elementary school	83	56
Junior high school	29	20
Senior high school	23	15
College	14	9
Marital status		
Marry	76	51
Widow	60	40
Widower	13	9
Family type		
Main family	116	78
Big family	33	22
Number of families in the household		
2 - 3 People	15	10
4 - 5 People	99	66
>6 People	35	24
Work		
Farmer	105	70
Businessman	31	21
Etc	13	9
Health service center		
Public health center	94	63
General clinic	55	37
Family income		
≤Rp. 2,800,000	20	13
≥Rp. 2,800,000	129	87
Distance from house to health facility		
≤ 1 Km	36	24
2-3 Km	113	76

Table 1 shows that the research subjects mainly were respondents with family support for the independence of the elderly, the majority of whom were 75-90 years old 80 respondents (54%), female namely 107 respondents (72%), Catholic namely 84 respondents (56%), primary school education namely 83 respondents (56%), married 76 respondents (51%), nuclear family 116 respondents (78%), 4-5 people living in the same house namely 99 respondents (66%), 105 respondents (70%) work as farmers, 94 respondents (63%) seek treatment at the community health center, 129 respondents (87%) has income above Rp. 2,800,000, and the distance from home to services is 2-3 km as many as 113 respondents (76%).

Table 2. Distribution frequency of family support

Variable	f	%
Emotional Support		
Less	38	25
Sufficient	43	29
Good	68	46
Appreciation Support		
Less	30	20
Sufficient	55	37
Good	75	43
Informational Support		
Less	30	20
Sufficient	100	67
Good	19	13
Instrumental Support		
Less	31	21
Sufficient	43	29
Good	75	50

Table 2 shows the responses of 149 respondents. The family support was found to be mostly good emotional support for 68 respondents (46%), the family support provided by the family was primarily good appreciation support for as many as 75 respondents (43%), the family support provided was primarily informational, sufficient for 100 respondents (67%), the family was mostly instrumental support, which was good for 75 respondents (50%).

Table 3. Distribution of elderly independence

Independence	f	%
Depends	23	15
Helped	30	20
Independence	96	65

Table 3 shows that of the 149 respondents, 65% (96 respondents) of respondents who were independent regarding elderly independence were mostly independent.

Table 4. The effect of family support for elderly independence

Family support	Elderly independence
Emotional support	
Correlation coefficient	.197
p-value	.016
Appreciation support	
Correlation coefficient	.185
p-value	.024
Informational support	
Correlation coefficient	-.209
p-value	.010
Instrumental support	
Correlation coefficient	-.193
p-value	.018

Table 4 shows a positive correlation or effect of emotional, appreciation, informational,

and instrumental family support on the elderly independence in the working area of the Haranggaol health center.

DISCUSSION

Results shows the characteristics of most female respondents. The assumption from elderly researchers is that men have a greater level of dependency than women, and this will continue to increase with age. In society, it can be seen that more women abandoned by their husbands can raise their children successfully. Almost all women live longer and are more independent than men. Their greater propensity in self-care to seek medical care and greater biological fragility in men. Majority of marital status being married, with the assumption from researchers is that elderly people who live alone, either because their family has died or divorced from their partner, have a quality of life that is not the same as elderly people who live in an intact family. Loss of a spouse in the elderly is generally caused by death. This is because many activities previously carried out with their life partner now have to be carried out alone, for example, discussing children's future, household economic problems, or social relationships.

Majority having an elementary school education level. Researchers assumption is that elderly with low education work as farmers/farm laborers or do not even have a job, so they are economically disadvantaged. This dramatically influences respondents' ability to meet their daily living needs and perform instrumental activities such as shopping and managing finances. Therefore, education is needed to increase broad insight and make it easier for the elderly to understand when given counseling about the cognitive function of the elderly and the independence of the elderly. It is hoped that the family will support the education level. This aligns with Latifah and Maryam's (2022) research results showing a significant relationship between gender and personal hygiene in the elderly at the Tresna Wedha Teratai Social Home and the Dharma Bakti Nursing Home in Palembang. This is in line with research by Nurkhasanah et al. (2022), with research results with a p-value of 0.017 less than 0.050, meaning that there is a significant relationship between marital status and the level of independence. This is in line with research by Yuswatiningsih & Suhariati (2021), with the research results showing a relationship between the level of education and the independence of the elderly in meeting their daily needs, with a value

of $p=0.005$. To increase knowledge, seniors can participate in counseling or health education even though they only have a primary school education.

Results shows that based on 149 respondents, majority had emotional, appreciation, and instrumental family support with good category. This is in line with research by Diah et al. (2023), which explains that the majority of emotional family support is suitable (51%), this is because the elderly are no longer able to carry out daily activities. Most respondent families have more time to pay attention to the elderly. Other research conducted Rekawati et al. (2020), that in the family appreciation support category, most respondents received good support (60%).

This is also in line with research by Delita et al. (2021) with the results that majority of elderly in this study received good instrumental support from the family, so it can be concluded that elderly Those who receive good instrumental support will influence the quality of life of the elderly. Most respondents had sufficient informational family support. This aligns with research by Santi et al. (2023), which found that most informational support was sufficient for 52 respondents (58%). Respondents said that the family always reminded them to take their medicine and also explained unclear things or things that were not understood related to the disease. Results shows that most respondents were completely independent. This is in line with Hanif et al. (2023) that the majority were independent (49.2%), at the Tresna Werdha Budi Luhur Social Home, Jambi Province.

The results of the Pearson product-moment correlation test shows a correlation or positive influence of family support on the independence of the elderly. This aligns with Putri et al. (2022), with research results showing that emotional support has a higher relationship with successful aging than other aspects of social support.

Rumaolat et al. (2023), with research results finding a significant relationship between family assessment support and the level of independence of the elderly. This is because each person has different life interests; the elderly also have similar interests to live peacefully, safely, and comfortably. The interests and living needs of the elderly include balanced nutritious food, regular health checks, and healthy and livable housing. Shiddieqy et al. (2022), with the results of the chi-square statistical test obtaining a p-value of 0.000 where the $p\text{-value}<0.05$, so there is an informative support relationship with cognitive function. Malay society believes the family environment is

the safest and most comfortable place for the elderly.

Aligns with Nugroho & Febriati (2019) research results using in-depth interviews with 7 respondents and 2 key informants. The interview results showed that the families of all respondents (100%) provided support to respondents in the form of instrumental support and information. According to this research, the interview results show that all respondents (100%) accepted the changes within themselves.

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CONCLUSION

Most Batak Simalungun families provide good emotional, informational, and instrumental support for the independence of the elderly at the Haranggaol Health Center.

There is a significant relationship between emotional family support, appreciation family support, informational family support, and instrumental family support for the independence of the elderly at the Haranggaol Health Center.

It is recommended that the family support the elderly in participating in integrated services, elderly activities, and customary activities to maintain the elderly's level of independence in fulfilling daily living activities.

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