Older People 7s Attitude toward Independence Program

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ABSTRACT

Elderly need specific training to keep their independence in doing daily Activity. This Survey Research sought the degree of correlation between the Activity of Daily Living (ADL) independently and the independence of the older people. The data of older people participation in integrated Center of East Jakarta. Data obtained showed that a positive correlation was high; p-value <0.010. Thus, the independence level in carrying out ADL is p-value <0.05. It concluded that the active older people in joining the ADL program in Health Center could increase the independence of older people.

Keywords

ADL, Integrated Healthcare Center,older people

Introduction

The increase of dependency level of older people and life expectation not only involves a health care problem but also family and relatives burdens. Increasing the number of the older people population in Indonesia impacts to the social lives such as the growth of dependency on the older people. Those older people dependence created several factors, namely physical, psychological and social setbacks that fall into four stages, namely weakness, functional limitations, disability, and inhibition in the ageing process. It notes that Life Expectancy of Jakarta population tends to higher since 2015. the 2016 data shows the life expectancy is 74.0 (Health Profile of DKI Jakarta Province, 2016).

Ambardini et al. (2009) reported that 25% of samples in ADL program live with degenerative diseases and live dependent on others and approximately 99% of them are using the medicine every day. Furthermore, most of them spend their lives resting without doing anything.older people dependence is caused by physical and psychological setbacks (Usha et al., 2020). Lack of physical immobility is a problem that is often found in older people patients due to various physical, psychological, and environmental problems experienced by the older people (Malida, 2011). Thus, Ambardini et al. (2009) found that the Non-Communicable Diseases including hypertension, arthritis, stroke, chronic obstructive pulmonary disease, and diabetes affected the older people. In this regard, the essential things closely related to their quality of life are their ability to evaluate Daily Living's Activity (ADL) (Pashmdarfard & Azad, 2020).

Elderly Healthcare Center, following Indonesian Law No. 13 of 1998 is a forum for services to the older people in the community that focuses on health, psychological, spiritual services, nutrition fulfilment so that the older people can meet their needs and adequate social welfare.older people healthcare centre activities are held once a month. The Activity of Daily Living (ADL) program refers to activities oriented toward taking care of one's own body. These activities are functionally to living in a society; they enable basic survival and well-being, such as bathing, toileting, dressing and eating (Taghizadeh et al., 2019). Activities undertaken by the older people healthcare centre include health services so that the older people know his body's condition and take precautions if there are symptoms of an illness. Other activities are checking the Activity of daily living of the older people.

Method

Qualitative research with a survey procedure (Ponto, 2015) was implemented to collect the data from 105 respondents. This public health survey to supply data for public policy (Kohler, 2020) and usage data of external factors (Dolnicar, 2020) to support the treatment of dependency ofolder people in Jakarta of Indonesia. Data obtained was calculated by the statistical tool such as univariate and bivariate analysis which helped the researchers to interpret the data obtained.

Findings

Data collection from the East Jakarta Health Center showed the attitude of samples during the research was carried out. The samples activities could be displayed in the following tables:

Table 1. An attitude of the older people in the ADL Program

Attendance at the Health Care Centre	Level of Independence				Total		OR (98%CI)	p (Value)
	Independent		Under care		N	%		
	n	%	n	%				
Active	63	79,7	14	18,2	79	100	0.296	0,010
Not Active	14	53,8	12	46,2	26	100	0.115-0.763	

The correlation between the activeness of the older people with the level of independence in ADL program obtained 63 samples (81.8%); less active 13 (46.4%). Test obtained the p value = 0.001. It found a significant correlation between the active older people in joining the Healthcare Centre. It gained the OR value = 193, It revealed the active older people have 193 times to get health.

Table 2. Distribution of Respondents according to factors characteristic of the older people (Age, Gender, Education, Health status)

Variables	Level of Independence				Total		OR (98%CI)	p (Value)
	Independent		Under care		N	%		
	n	%	n	%				
Age								
60-74 y.o.	66	77.6	19	22.4	85	100	0.352	0.075
75-90 y.o.	11	55	9	45	20	100	0.127-0.974	
Sex								
Male	23	65.7	12	34.3	35	100	1.627	0.310
Female	45	77.1	16	22.9	70	100	0.670-2.618	
Education								
Low	2	30.3	53	69.7	76	100	2.083	0.270
Higher	35	17. 2	24	82.8	20	100	0.707-5.138	
Health Status								
Healthy	16	100	0	0	16	100	1.459	0.004
With disease	61	68.5	28	31.5	89	100	1.267-1.680	
Live with								
Family	62	77.5	18	22.5	80	100	0.435	0.142
Child	15	60	10	40	25	100	0.167-1.134	
Sport								
Yes	52	82.5	11	17.5	63	100	0.311	0.017
No	25	59.5	17	40.5	25	100	0.127-0.762	

Table 2 shows samples of 60-74 years old have 77.6% were active in ADL Program and need help ADL 9 (20%). Thus, at aged 75-90 years, 11 respondents (55%) independently doing ADL, and 19 respondents received assistance (45%). The statistical test results obtained p-value = 0.075, it is possible to interpret that there is a negative correlation between age and the independent level of samples in ADL program . The analysis of the correlation between sex and ADL showed that 54 female respondents (77.1%) independently conducted ADL, it recorded 16 respondents needed assistance. Independent male sex performs ADL 23 respondents (65.7), and 12 respondents require statistical test results obtained p = 0.396. There is no significant correlation between sex with ADL activity in the older people. The results of the analysis of the correlation between two values.

Data Analysis

Data analysis showed that the level of independence of respondents carrying out Activity of daily living (ADL) was independent, is 77 (73.3%), while with a minimum of 28 people assistance (26.7%). The active participation in the healthcare centre for the older people is 79 (75.2%), it noted the less active are 26 people (22.8%). The age of most respondents is between 60-74 years (89.5%); it gained the age group is 74-90 years, according to the WHO age category, including the older people group. In fact respondents aged 75-90 years, only 11 people (10.5) fall into older people (Old). Most respondents are female, as many as 70 respondents (66.7%), it found the male as many as 35 (33.3%). Furthermore, the marital status of respondents is 65 respondents (61.9%), the status of widows / widowers were 36 (34.3%), and there were four respondents (3.8%) unmarried. The respondents' characteristics encompasses 31.4% of elementary school graduates, 22.9% of non-school respondents, and 9.6% of tertiary institutions. More respondents were of the ethnics of Betawi and Javanese, and there were also Sundanese 13.3% and Bataknese of 4.8%. Most of the older people live with husbands/wives and children 76.2% and others live with children/grandchildren (23.8%). Health status of the older people is 82.7% with the disease, and 17.1% are healthy without the disease. There are 65.7% of the older people doing sports activities, and 34.3% had a regular sport activity.

Bi-variate Analysis

It gained that twenty three respondents with low education (30.3%) joined independently ADL program, but fifty three respondents (69.7%) needed help. Educated respondents were five (17.2%) fall into independent, but twenty four respondents (82.8%) needed help in ADL Program. Statistical test results obtained p = 0.396. It is possible to interpret that there is no significant correlation between education with the independence level of samples in ADL program; it recorded eighteen (22.5%) needed ADL assistance. In comparison, it found fifteen respondents (60%) independent in ADL activities, in contrast ten (40%) needed ADL assistance. Statistical test results obtained p = 0.67, and it is possible to interpret that there is no significant correlation between a family residence with ADL activity in the older people. The correlation between the health status of samples in ADL activities found sixty one had the disease (68.5%), but twenty eight (31.5%) needed ADL assistance.

In comparison, the healthy 16 (100%) independently did ADL. Statistical test results obtained p = 0.004. It is possible to interpret that there is a significant correlation between health status and the independence level of samples in ADL program . The OR value is 1.459, meaning that healthy older people have a 1.45 times more chance to do ADL independently than 11 respondents (17.5%) with assistance. While those who did not exercise as many as 25 respondents, 17 respondents (40.5%) with the help of implementing ADL. Statistical test results obtained p = 0.01 then it is possible to interpret that there is a significant correlation between sports with the degree of independence . Alternatively, value is 0.311, meaning that older people who routinely carry out sports have a 0.311 times more independent chance of implementing ADL compared to older people who do not exercise.

Discussion

The findings showed that most respondents were aged 60-75 years, i.e. aged 60-74 years there were 94 people (89.5%). The percentage in the age group 7575-90 years 11 people (according to whom age category included in the older people category). In the older people group, they have experienced a period of degeneration where their workability is reduced. Simultaneously, most sex is female, 69 respondents (65.7%) and male gender as many as 36 respondents (34.3%). There are differences in physical activity needs in older adults and women, such as when entering old age will be less active, and most of them sit and watch TV or read the newspaper (Roychowdhury, 2020). Kid marital status there are 65 respondents (65.7%), paired status or still complete husband/wife with, while there are 36 pairs of respondents (45.3%). Data obtained showed the effect of the health condition of the older people both physically and psychology and differences in physical activity needs.older people education, most of the older people's education level is low-educated, namely 76 respondents (72.4%), the higher level of education possessed by the older people, the higher the knowledge of samples in ADL program about healthy living to encourage the older people to meet the physical Activity of samples in ADL program (Lopez et al., 2016). The most books in this study are the Betawi and Javanese. Most of the respondents lived with a complete family (husband/wife and children) that is 80 respondents (76.2%) lived with children and grandchildren. Most of the respondents' health status was related to having at least one disease (Hyper tense, rheumatism, diabetes, heart disease). Whereas most of the sporting activities of respondents carry out sports regularly (60%) and 40% of respondents do not carry out sports.

Respondents Participation in ADL

Respondent presence at the Healthcare Center was classified as active and not active to the Healthcare Center. Following the statement of the Ministry of Health of the Republic of Indonesia (Ministry of Health of the Republic of Indonesia, 2003), active samples in Healthcare Center visit more than nine times each year, less active group visited less than nine times each year. Data analysis showed that of the 105 respondents registered at the Healthcare Center, 79 active respondents attended the Healthcare Center activities, but 26 less active respondents attended the Healthcare Center. The analysis of the correlation between the presence of samples in ADL program at the Healthcare Center with the level of independence carrying out daily activities (ADL) obtained that 63 (81.8%) of samples in ADL program who were actively carrying out daily activities. It found that the frequency of attending the Healthcare Center get essential services every month to reduce dependency. The quality of life of samples in ADL program who are active in the community health promotion will be better than samples in ADL program who are not active in the Healthcare Center. That is because samples in ADL program who are active in Healthcare Center get essential health services every month. one of which is the examination of Activity of daily living, which includes necessary activities in life, but the statistical test results obtained the value of P = 0.001, it is possible to interpret that there is a difference between the level of independence of samples in ADL program who are active and samples in ADL program who are less active in joining samples in ADL program Healthcare Center (there is a significant correlation between the presence of active samples and less active in participating in samples in ADL program Healthcare Center to the independence of carrying out daily activities (ADL) From the results of the analysis also obtained the value of OR = 193, meaning that samples in ADL program who actively participate in the Healthcare Center of samples in ADL program have 193 times the opportunity to carry out daily activities independently (ADL) compared to the less active samples . This level of independence of samples in ADL program gives meaning where samples in ADL program who follow The Healthcare Center has a better quality of life compared to samples in ADL program who do not attend the Healthcare Center because samples in ADL program who are active in the Healthcare Center routinely receive essential health services once a month for a year so that their physical health is also better than samples in ADL program who do not attend the Healthcare Center in maintaining and maintaining their health. Maintaining the health of samples in ADL program requires awareness of samples in ADL program about the importance of participating inolder people health service activities, namely the Healthcare Center of samples in ADL program so that samples in ADL program get many benefits from these activities, one of which is maintaining and maintaining their daily living activities, routinely following samples in ADL program Healthcare Center, the health of samples in ADL program will be well monitored so that if any problems can be detected early.

Age and Level of Independence in ADL

The findings of the research show that based on respondents' age data, most 85 respondents (81%) areolder people who are aged 60−74 years , while aged 75-90 years (elderly) totalling 20 respondents (19%). The results of this study obtained a p-value = (0.075) indicating that there was a statistically significant correlation between age and independence of samples

in ADL program in conducting ADL. This study was different from Rosina's study, 2018, that there was a statistically significant correlation between age and independence of samples in ADL program in conducting ADL with a p-value (0.034) where respondents with samples in ADL program age category have a risk of dependence in doing ADL of 2.055 times greater than respondents with the age category of samples in ADL program .

Physically fit older participants (as opposed to their sedentary counterparts) had comparable results to younger participants on a range of cognitive tasks, abilities, and processes (Renaud et al., 2010). The older a person is, his physical abilities will decrease to cause setbacks in social roles. Lack of physical fitness cause disruption in terms of fulfilling their needs, so that it will increase dependencies that require others' help. In theory, a person's age development stage is when a person experiences setbacks, both physically and psychologically as he gets older (Maryam et al., 2008). The physical ageing of samples in ADL program experiencing a decrease in body organs, immune cells, or psychologically makes samples in ADL program often experience anxiety and decreased memory, which will impact health problems (Maryam et al., 2008; Potter & Perry, 2010). Meanwhile, when viewed from the level of independence assessed based on carrying out daily activities (Maryam et al., 2008). From the description above it is possible to interpret that the increasing age of a person will cause disturbances and abnormalities in physical, psychological and social functions, which in turn can cause a state of dependency on others.

Gender and the Level of Independence in ADL

The analysis results found more female sex (65.7%) while the male is sex (34.4%). Based on a survey of the Central Statistics Agency (BPS) in 2018, the total number of samples in ADL program in Indonesia shows that samples in ADL program male population is higher than samples in ADL program female; 9,841,000 males and 9,927,000 females). However, in this study, more female sex than the male gender. There are differences in physical activity needs in older men and women, such as when entering samples in ADL program will be less active and mostly sit back and watch TV or read newspapers (Roychowdhury, 2020). Women even though they have entered old age, she will continue to do physical activities in the household such as cooking, preparing food for the family or sewing and women are accustomed to being housewives who are accustomed to taking care of household needs so that women often have activities at home, in the family environment women also play a role in housewives' activities such as participating in the social gathering, as healthcare centre cadres, in the community.

The results of this study indicate that p-value = 0.310. Therefore, it is possible to interpret that there is no gender correlation with the level of independence of samples in ADL program implementing ADL.

Degree of Education to ADL

Respondents in this study were mostly low educated, namely, 76 respondents (72.4%). This study shows that the analysis results can be p-value = 0.27, meaning that there is no significant correlation between education and ADL implementation in samples in ADL program . Furthermore, it is said that with high education, a person will be able to maintain his life longer and at the same time be able to maintain his independence also for longer because he tends to take care of his health. A person's education level is influential in responding to something that comes from outside. The lower the level of a person's education, the worse his health status is P = 0.004, it is possible to interpret that there is a significant correlation between the percentage of the population and the level of higher education having the best health status when compared to the low level of education. However, in this research, neither high nor low education is related to the level of independence. Other factors motivate or encourage samples in ADL program to be maintained in implementing ADL.

correlation of Respondents staying at home with the Level of Independence in Carrying out Activity of Daily Living The results of statistical analysis of the correlation between samples in ADL program residence with ADL activity obtained value of 62 respondents (77.5%) living with family (husband/wife, children) independently doing ADL activities and 18 respondents (22.5%) with ADL assistance. In comparison, samples in ADL program living with children had 15 respondents (60%) independently carrying out ADL activities, ten respondents (40%) with ADL assistance. This study found the p-value = 0.142 is possible to interpret that there was no meaningful correlation between respondents living with their families on the independence level of samples in ADL program . There is a significant correlation between family support and the level of daily activities in samples in ADL program (p-value = 0.002). Respondents who live with family or with children and grandchildren if they together provide support to samples in ADL program both physical, social, psychological support may undoubtedly be able to increase independence in implementing ADL daily at home. Besides, the culture in a society where the responsibility of samples in ADL program is still dominant in daily life even after their children gets married, resulting in samples in ADL program being

more confident and productive. Family attention is the key to the spirit of samples in ADL program for survival as well as quality.

Correlation of health status to the level of independence in carrying out Activity of Daily Living
The analysis of the correlation between the health status of samples in ADL program with the level of independence obtained P = 0.021 means that there is a significant correlation between health status and the level of independence of samples in ADL program. Respondents whose health status were healthy were 16 respondents (100%) doing mandatory ADL. While among respondents who experienced health problems, as many as 28 respondents (31.5%), carried out ADL with minimal assistance. Independence for older people can be seen from the quality of their health to do ADL (Activity Daily Living). The high level of independence is that they physically and psychologically have good health.

The correlation of Sports and the Level of Independence in Implementing Activity of Daily Living

The results of the analysis of the correlation between sports activities with the level of independence in carrying out ADL in samples in ADL program obtained that those who carry out sports regularly there are 52 respondents (82.5%) independently implementing ADL and those who do not carry out routine exercise there are 17 respondents (40.5%) implementing ADL with light help. The result of statistical analysis p = 0.017 means that it is possible to interpret that there is a correlation between those who exercise and the degree of independence in implementing ADL.
While the value of OR = 0.311 means that respondents who exercise regularly have the opportunity 0.311 times to implement ADL independently. Joint flexibility exercises are an essential component of an exercise/sports program for samples in ADL program . Flexibility problems such as muscle stiffness can occur due to lack of Activity in samples in ADL program in everyday life. Less participation in ADL program made older people tend to be less active. These data averages prove that the provision of older people exercise increases the independence of elderly ADL program .
Physical fitness is an aspect, namely the physical aspect of total fitness, which gives a person the ability to lead a productive life and adjust to physical stress. It is possible to interpret that exercise carried out routinely for an extended period can train one's physical fitness. Besides exercising physical fitness, oxygen inhaled while exercising will facilitate blood circulation throughout the body and reduce stress or depression. Thus sports will be able to increase the independence of samples in ADL program in carrying out daily ADL.

Conclusions

Most active samples joined ADL program of Healthcare Centre. It indicated that there is a positive correlation between the presence of samples in ADL program with a p-value = 0.010. The high level of independence was found among the samples who are that physically and psychologically health.Respondents whose health status were healthy were 16 respondents (100%) doing mandatory ADL. While among respondents who experienced health problems, as many as 28 respondents (31.5%), carried out ADL with minimal assistance.
Respondents who live with family or with children and grandchildren if they together provide support to samples in ADL program both physical, social, psychological support may undoubtedly be able to increase independence in implementing ADL daily at home.

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