



RELATIONSHIP AMONG FAMILY ROLE, ELDERLY LIFESTYLE AND INDEPENDENCE IN ACTIVITY DAILY LIVING (ADL) FOR ELDERLY PEOPLE

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ABSTRACT

The declining of Activity Daily living (ADL) in the elderly people could be influenced by several factors such as life style and the role within family. Less appropriate lifestyle could induce severe degenerative disease, so that family roles are really necessary to solve it. Factors affecting the role within family include social class, family type, family background, family developmental stage, and role models. This study aims to determine the relationships among family roles and the ability of ADL for elderly in Kenjeran sub-district of Surabaya. This study used cross sectional design. A number of 285 respondents were selected using multi-stage random sampling method. Data was collected using questionnaires and observation. The data then analyzed using Multinomial Logistic statistic regression model. The results shows that in Kenjeran sub-district of Surabaya, elderly people with partially ADL have unhealthy lifestyle and perform moderate the role within family with statistical analysis as follow, life style $p=0,011$, CI(1,064-4,405), role of family $p=0.033$ CI (1,267-6,069). Those lifestyle behaviors include: smoking, unhealthy diet, lack of exercise and activity, drinking coffee and unhealthy sleeping patterns. While the less support in family roles were the lack of fulfillment of the elderly facilities needs at home, the lack of family ability to make decisions relate to the elderly health. Conclusion: This study concludes that there are relationships among family role, lifestyle and the ability of ADL. Recommendation for society is necessary to implement health lifestyle and carry out their role in elderly care so that their ability of ADL can increase.

Keywords: Family roles, lifestyle, ability of ADL (Activity Daily Living).

INTRODUCTION

Being older or ageing is a condition normally happened in human life. Process of becoming older occurs throughout life, not set out in particular time, but begin from origin of life. Becoming older adult is a natural process, which means people have already passed by their phases of life; from childhood, young adulthood to mature adulthood. This phase is distinguishable, both biologically and psychologically. Someone physical condition, who has got into mature adulthood phase, sustain degradation. It can raise disorders or abnormality of physical, social, psychological, and mental state.

A derangement which is very striking to elderly is ability degradation to engage in daily activity

include: eating fulfillment, ability to move or mobilization, personal hygiene which means self-care needs or individual committed to maintain good physically and psychologically. Things that emerge when elderly impaired in fulfilling needs for daily activities such as the lack of personal hygiene including body cleanliness so that their body become more susceptible to illnesses, especially skin disease. Untidy appearance and smelly body odor, also other else of body condition which can cause disease. On the other hand, in the fulfillment of food needs for elderly, it will occur nutrition deficiencies which have consequence to physical condition, their inability to move or mobilization also can result impaired skin integrity or emerge sore in pressure ulcers area so that can cause skin infection.

Elderly lifestyle formerly can determine the presence and nothingness of illness in this time. Illness presence can also affect activity and independence of elderly. In these conditions, the elderly require help in activity, both minimal and dependent assistance. Right activities can improve the elderly quality of life. Family has a role in managing elderly activities (Tarwoto and Wartonah, 2004).

Elderly population growth in Indonesia is predicted more than other country so that it causes the Statistics Indonesia point 21st century as the century for elderly. According to WHO, in 2025, elderly population in Indonesia will increase to 41.4% which will become the highest raise in the world. Moreover, in 2020-2025, the number of elderly people in Indonesia will obtain rank after China, India, and the United States, with a life expectancy over than 70 years (Wahyudi Nugroho, 2012).

There are around 4.23 million elderly in East Java, while in Surabaya is about 298.511 elderly (10% of the total population in Surabaya). According to the data archived, Kenjeran sub-district has the highest number of elderly attain 7.807 (Department of Health of Surabaya: 2014). Based on the results of preliminary studies in Kenjeran sub-district, there are 20 elderly who participated in the integrated health pos showed that they have problems in daily activities include independency to 45%, some of them live with family by minimal assistance in fulfilling daily needs, approximately 55% are experiencing problems such as self-care and mobility needs. Physical condition is one of the important things that will influence health and psychological of elderly. In everyday life, health conditions must be noticed. The health condition of elderly themselves extremely influenced by perceptions and habits. Somebody perception of health also determine when he/she is ill usually because of lack of concern in health problems, he/she regards health problem is trivial matter. Nevertheless if it keep left on, it can affect health entirety (Tarwoto & Wartonah, 2011).

Research by Husein (2013) resulted that there is a relationship between family support and elderly independence, in study revealed that the elderly dependency can be overcome by support and change habits of the elderly. Meanwhile, Baroroh (2012) stated that family role was very influential in regulating and managing their daily activities.

Elderly physical condition decline can inflict activity intolerance, social isolation, and decreased spiritual well-being, then this would decrease various activity which can further diminish elderly quality of life (Setiabudi dalam Baroroh, 2012).

Each person should be able to undertake activities to comply his/her respective needs, especially in terms of self-care. Process of becoming older will cause the degeneration function in various organ of elderly as decline in the musculoskeletal system will lead movement disorders, muscle cramping, tremors, stiff joints and emerging pain. Psychosocial and mental changes will influence elderly motivation. All these changes will become barrier for elderly to carry out self-care or personal hygiene independently (Ma'rifatul, 2011).

In this case, role of health workers required in providing health education to take care of elderly

physical health condition, as well as dedicate a role as family partner both for elderly and their family when facing problem.

MATERIALS AND METHODS

Research design of this study performed a cross-sectional study, which examines the relationship among family role, elderly health status, and independence in daily activities. Whole elderly population in Pondok Wedi village, Sidotopo Wetan village, 285 family samples with elderly were assembled by multi stage random sampling technique. Instruments were collected by questionnaire to get data of family role, elderly lifestyle, and elderly independence. There are 15 questions of family role, 15 questions about lifestyle (consist positive and negative questions of healthy lifestyle, diet, sleep pattern, and alcohol consumption), 13 questions of independence (by using modification of Barthel Index). Questionnaires were given to patients' family and answered to the circumstances which fit to elderly condition at home. Data is categorized as good, fair and poor in the family role, while independence is categorized as independence, partially dependence, and totally dependence, then lifestyle categorized consists of healthy and unhealthy lifestyle. Data were analyzed using statistical tests Multinomial logistic regression to determine the relationship among family roles, lifestyles, and elderly independence in activity daily living.

RESULT AND DISCUSSION

Result showed the characteristics of respondents by sex, 285 respondents consist mostly women as many as 148 people (52%), 70 respondents male. Based on educational background: the majority were elementary education with 96 respondents (34%), 58 respondents were Junior High School (20.3%), while 45 respondents were Senior High School (15.8%) and, 19 respondents were university (6.7%). According to elderly occupational background: there are 81 unemployment, 59 entrepreneurs, 38 service workers, and 40 civil service pensions. Based on age characteristics, 285 respondents were obtained mostly 139 elderly aged 60-69 years, 122 people were amounted 70-79 years, 24 respondents aged over 80 years.

The results of particular data as follows:

1. Family role in Kenjeran sub-district, Surabaya

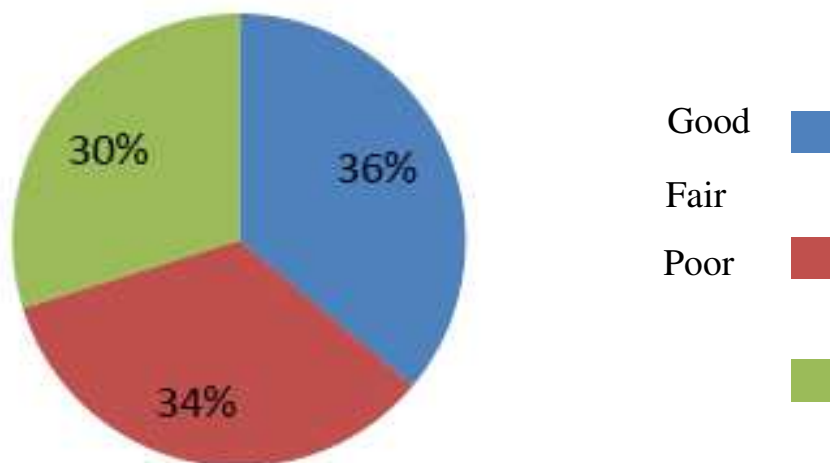


Figure 1. Family role in elderly care in Kenjeran district, Surabaya in 2015

The majority of the 103 respondents (36%) have good family role, some have fair and poor family roles.

2. Elderly Lifestyle in Kenjeran district of Surabaya

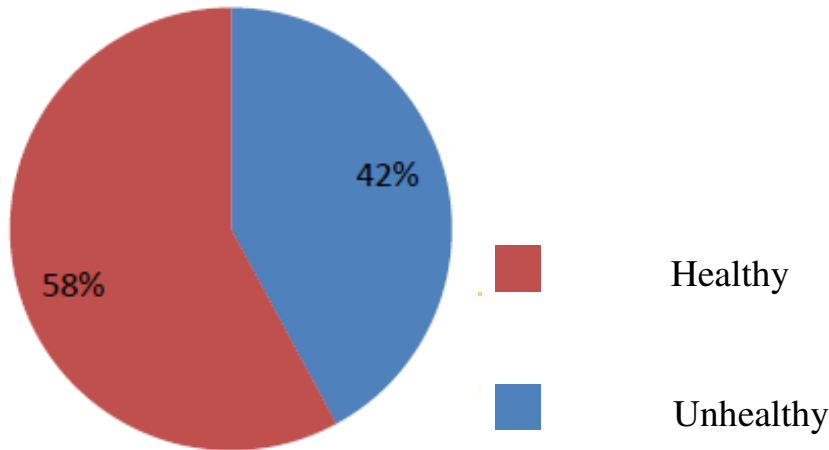


Figure 2. Elderly Lifestyle in Kenjeran district of Surabaya in 2015

According to the figure above, there are 165 respondents (58%) have unhealthy lifestyle.

3. Elderly Independence in Activity Daily Livingin coastal district of Kenjeran in Surabaya.

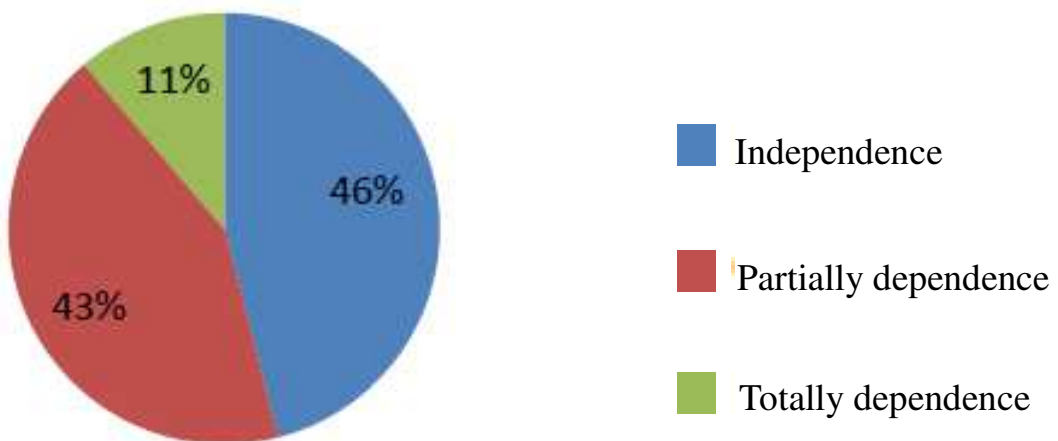


Figure 3.Independence in Elderly everyday activities in Kenjeran district of Surabaya

According to the figure above, there are found that 131 elderly are independence (46%) and 32 respondents are categorized as totally dependence (11%).

4. Analysis of Relationships among Family Role, Lifestyle and Independence in Activity of Daily Living (ADL) for Elderly People in Coastal Region of Surabaya

Table 1: Cross tabulation relationships among family role, independence activities of elderly, and elderly lifestyle

Independence in Activities of Daily Living	Family Role						Lifestyle			
	GOOD		FAIR		POOR		HEALTHY		UNHEALTHY	
	n	%	n	%	N	%	n	%	N	%
INDEPENDENCE	48	46,6	35	36,1	48	56,5	40	33,3	30	18,2
Partially Dependence	40	38,1	54	55,6	28	32,9	75	62,5	103	62,4
Totally Dependence	15	14,3	8	8,3	9	10,6	5	4,2	32	19,4
	103	100	97	100	85	100	120	100	165	100

Based on the table above, it can be seen that most of the elderly people who carry out their daily activities independently are 131 respondents, 48 have good family role (37%), while the elderly who get activity independently are 70 people; 40 people have a healthy lifestyle (14%), and the rest are unhealthy.

The results indicated that the elderly with ADL partial have unhealthy lifestyles and the family role, the statistical analysis shows the lifestyle of 0.011, CI (1064-405), the family role $p = 0.033$ CI (1.267 to 6069).

DISCUSSION

According to the results of study, from total 285 respondents in the Kenjeran district of Surabaya mostly 103 respondents belongs good family roles (36%) and only a small part goes to fair family role as much as 85 respondents (30%).

This study find that the majority of respondents impartial family has a considerable role (34%) and lack of role for caring of other family members, in this case the elderly, obtains 30%. Poor role for the elderly because the family spends time outside or busy working and less attention to elderly condition, while the elderly care is redirected to the nearest person. The family role portrays a set of behaviors expected by others towards someone in appropriate position within a system (Barbara, 1995 in Arfene 2010). At this time, family role should be improved by the family itself because family duties are not only recover their family members who are ill, but also to extend and enhance family potential to cope with health problems. Factors affecting the family are role social class, family type, family background, stage of family development, and role models (Friedman, 1998). Family role for caring elderly can be classified as a motivator, mediator, and facilitator. Role as a motivator is to supply support to the elderly to be able to carry out well activities of daily living (ADL). The second role of family becomes educator, who can provide health information to elderly particularly to maintain their health so that they can carry out their daily activities (ADL) well, in addition to the importance to maintain viability of hygiene. And latter role is family role as a facilitator, the family is able to guide, assist and allocate resources to fulfill elderly daily living (ADL) needs. Based on what has been described above, according to researchers, family has important role to actively take care of elderly. Therefore, positive support to elderly can improve health status and well-being of them.

Elderly Lifestyle

Based on the data results, It is found that 165 respondents (58%) experience unhealthy lifestyle.

This indicates that most elderly still take unhealthy life.

A healthy lifestyle can make somebody healthy and do not susceptible to disease and vice versa, an unhealthy lifestyle can cause various diseases to body that can influence daily activities. Lifestyle incorrect resulted prorogation of sense organ functions and body parts of the elderly, both physically, mentally and emotionally, their capacity will also be decreased as a result of their disability (Nugroho,2008)

Independence in Activity Daily Living for Elderly

Based on the research results in Kenjeran district, from 285 respondents majority of them are independent as many as 131 respondents (45.96%), and 32 respondents are totally dependence (11%).

Based on the data found independently,most elderly people in Kenjeran region are independent because they mostly could manage their daily activities, their work background are private traders, habits acquired in youth and done regularly become daily habit in the future.However, there is a small percentage experiencing totally dependence 11% and 43% partially dependencebecause they have chronic diseases include hypertension, post stroke, diabetes mellitus, and vertigo.One of factors affecting ability declining of ADL in elderly is their family support; average household mothers in this district are unemployment so they can pay more attention to the elderly condition.

Functional status of Activity Daily Living is not only closely linked to age, but also the disease (Tamher, 2009).Movement limitation is a major cause of disruption in activities daily living so family take well contribution for caring elderly (Fauzi, 2007).

Researchers stated that the activities daily living in the elderly was a habit or activities pattern encouraging the elderly to develop themselves within the family and society.Activity limitation in the elderly caused either by an illness or psychological disorder can degrade their potential. Basically, the elderly have intention to keep on developing themselves and potentially to their surroundings.

Relationships among Family Roles,Elderly Lifestyle in independence to Fulfill ADL (Activity Daily Living)

Based on the results of research, in the Kenjeran district, from 285 respondents have mostly good family role by a number of 131 people, the elderly in carrying out independent of activity daily living consists of 48 respondents (46.6%), 40 partially dependence (38%),15 totally dependence; and 122 partially dependence and a small part of totally dependence.

Less supportive family roles, among others, is lackof need fulfillment facilities to the elderly at home, lack of the family ability to make health decisions to the elderly.

Mostly 165 respondents (58%) have unhealthy lifestyles, some of them are in the category of elderly independence and a small percentage in totally independence and independence.Lifestyle includes smoking behavior, unhealthy diet, lack of exercise and activity, drinking coffee and unhealthy sleeping patterns.

From statistical test with multinominal logistics regression, the results show that the elderly with partially ADL have unhealthy lifestyle and family role, lifestyle statistical analysis indicate $p = 0.011$, CI (1064-4405), the family role $p = 0.033$ CI (1,267- 6069).

ADL can be interfered by several things, for example due to a deterioration in ADL to the elderly. Factors influencing it are physical conditions include chronic diseases, eyes and ears disorders,

mental capacity, mental status such as sadness and depression, limb function acceptance, and family members support (Hardywinoto, 1999, in Arfene 2010). If there is lack of family support (family role), ADL ability in the elderly can be decreased.

CONCLUSION

Most of roles within the family in Kenjeran district is to care for Kenjeran is a number of 103 people (36%). Most of ADL ability in elderly goes to 48 independent category (46.8%). While the elderly lifestyle in implementing unhealthy life as many as 165 people (58%). Based on statistical correlation test results among family roles, lifestyle and independence in carrying out activity daily living for elderly in Kenjeran district of Surabaya; lifestyle value $p = 0.011$, CI (1064-4405), the family roles $p = 0.033$ CI (1.267 to 6069).

Hopefully this research can take contribution to society in order to do better perform their role in elderly care so that it increases elderly ability of ADL and also the elderly can rectify their healthy lifestyle so that their health status is reached and the case of chronic diseases caused by lifestyle can be prevented.

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