



THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND THE ACTIVENESS OF ELDERLY POSYANDU VISITS IN PUTON VILLAGE

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ABSTRACT

The annual increase in the elderly population is often accompanied by a decline in their health status, creating functional limitations that can restrict their attendance at the integrated health post (Posyandu), though such limitations can be minimized through adequate family support. Therefore, this study aimed to determine the relationship between family support and the attendance of the elderly at Posyandu in Puton Village, Diwek District, Jombang Regency. Using a correlational analytical research design with a retrospektif approach, the study involved a population of 121 respondents, from which a sample of 93 respondents was selected via a simple random sampling technique. The findings revealed that almost all (96.8%) of the elderly received family support and actively attended Posyandu visits, whereas a small percentage (3.2%) remained active despite receiving unsupportive family care. Statistical analysis using the alternative Fisher's exact test yielded a p-value of 0.000 ($p < 0.05$), thereby accepting H1 and confirming a significant relationship between family support and elderly Posyandu attendance. In conclusion, while family support plays a critical role in encouraging attendance, low attendance and a lack of support are not necessarily adverse outcomes, but may instead reflect a shifting phenomenon driven by a trend of better health status among elderly individuals who are highly educated, employed, and earn equal to or greater than the Regional Minimum Wage (UMK).

Keywords: Family Support, Posyandu visits, Elderly Posyandu.

Introduction

Older adults tend to experience a significant decline in health, particularly in physical health. As they age, older adults often face health issues, including the onset of various diseases and a decline in organ function. This decline in health among the elderly impacts their quality of life and daily activities (Brett, C.E., Gow, A.J., & Corley, J., 2012, as cited in Ria Sugianti & Kristina Everentia Ngasu, 2021). In some situations, the health decline experienced by the elderly makes it difficult for them to perform daily activities independently, so they often require assistance and become dependent on others (Nisya, 2023).

Since 2021, Indonesia has entered a phase of an aging population, with approximately 1 in 10 residents being elderly. Over the past decade (2015–2024), the percentage of elderly Indonesians has increased by nearly 4%, reaching 12.00%. Life expectancy has also shown an upward trend, rising from 70.78 years in 2015 to 72.39 years in 2024. This figure indicates that every person born in 2024 is expected to live to the age of 72. By 2045, the elderly population is projected to reach 65.82 million, or 20.31 percent of the total population (Agustina, 2024).

In East Java, the prevalence of the elderly over the past three years has shown varying data, with different changes observed across each age group. The data indicates that the number of elderly aged 70 to 75 years decreased during this period. Meanwhile, the population in the 0–69 age group has increased annually (BPS, 2023). The Jombang Regency Statistics Agency reports that the number of elderly aged 60–75 and older totals 187,358 people (BPS, 2023).

Diwek Subdistrict is one of the subdistricts ranked second in Jombang Regency in terms of the growth in the elderly population, with 12,799 people in 2023 and an increase to 14,010 people in 2024 (Jombang Regency Central Statistics Agency, 2024). Given the size of the elderly population and this rapid growth, Puton Village is one of the villages in Diwek Subdistrict with 371 elderly residents (Municipality, 2024). Following a preliminary study in Puton Village, it was found that there are 4 hamlets: Pojok Hamlet has 121 elderly residents, Puton Hamlet has 80, Kanigoro Hamlet has 80, and Sanan Hamlet has 90.

This increase in the number of elderly people poses various challenges, such as the aging process impacting physical, emotional, and social issues; reduced social participation among the elderly; low work productivity; many elderly individuals experiencing poverty, neglect, and disabilities; shifts in social values within the community leading to more self-centered lifestyles; and the negative impacts of development that can harm the physical health of the elderly (Sunaryo, 2016; Ginting, D., 2019) as cited in (Ria Sugianti & Kristina Everentia Ngasu, 2021). This demonstrates that the elderly require serious attention from all relevant parties to improve their quality of life and well-being.

The participation of older adults in Posyandu visits is influenced by several factors, including both internal and external aspects. According to Noor Eswanti (2022), the factors influencing older adults' participation in Posyandu visits include education, employment, knowledge, attitude, access to Posyandu, and family support.

In an effort to improve the quality of life and well-being of the elderly, the government facilitates programs aimed at ensuring the well-being of the elderly, which is an aspect of social responsibility and the improvement of the standard of living for the entire community. Through various initiatives and regulations, local governments are committed to creating clean environments and comprehensively supporting the health of the elderly. (Ananda, 2022).

One of the government's programs to improve the health status of the elderly is the elderly health post program, which includes blood pressure and health check-ups held once a month, as well as the provision of supplementary meals and exercise sessions for the elderly organized every one or two weeks. The senior health posts also hold training and skill-building sessions for the elderly, guided by the local community health center (Keperawatan, 2021).

Optimal use of the posyandu can be achieved and implemented if older adults are willing, health-conscious, and have family support that encourages them to take an active interest in their health. Older adults who are less active in participating in senior health posts tend to be at increased risk of chronic diseases. Therefore, increasing older adults' visits to senior health posts is crucial for their well-being; this must be supported by the roles of their families and the surrounding community (Rumakey & Soulissa, 2024). This indicates that family support is one of the factors that can influence the elderly's participation in senior health posts, leading to a situation where the elderly are unaware of the benefits of the health posts themselves (Sutri, 2023). Based on the results of a preliminary study conducted in Puton Village, the interest of the elderly in attending health posts is relatively low; out of 371 elderly individuals, 144 actively attended health posts, while 227 did not. This study aims to demonstrate that family support has a significant influence on the elderly's active participation in health post visits.

Methods

This study is a quantitative, analytical-correlational study. It employs a retrospective approach and uses the Chi-square test. The population of this study consists of all elderly residents in Pojok Hamlet, Puton Village, Diwek Subdistrict, Jombang Regency, totaling 121 individuals. The sample comprised 93 participants selected using simple random sampling.

The inclusion criteria for this study are as follows: elderly individuals serving as informal caregivers who are willing to participate as study respondents and elderly individuals living with

their families. Meanwhile, the exclusion criteria for this study are as follows: elderly individuals with dementia and physical impairments (hearing loss, joint pain, muscle weakness, and dysarthria or slurred speech).

The variables examined in this study consist of an independent variable, namely family support, and a dependent variable, namely the frequency of visits to the elderly health post. These variables were measured using a standardized questionnaire and the attendance records of the elderly health post over the past year. Data analysis in this study employed univariate and bivariate analyses. To determine the relationship between the two variables, Fisher's exact test was used.

Results and Discussions

Based on research conducted on February 11 and 13, 2026, in Pojok Hamlet, Puton Village, Diwek Subdistrict, Jombang Regency, data was collected and subsequently categorized into general data and specific data.

Table 1 Frequency distribution based on general data

Characteristics	Frequency(n)	Percentage (%)
Education		
No schooling	10	10,8
Elementary school	47	50,5
Junior high school	19	20,4
Senior high school	14	15,1
College	3	3,2
Total	93	100,0
Job		
Working	38	40,9
Not Working	55	59,1
Total	93	100,0
Income		
≤ Regional minimum wage UMK	76	81,7
≥ Regional minimum wage UMK	17	18,3
Total	93	100,0

Table 1 shows that the majority (50.5%) of respondents had an elementary school education (47 elderly individuals), the majority (59.1%) were unemployed (55 elderly individuals), and nearly all (81.8%) had an income below the regional minimum wage (76 elderly individuals).

Table 2 Frequency distribution of respondents based on support

Family support	Frequency (n)	Percentage (%)
Supportive family	90	96,8
Unsupportive family	3	3,2
Total	93	100,0

Table 2 shows that nearly all (96.8%) of the 90 respondents reported that their families support the elderly in attending senior citizen health posts.

Table 3: Distribution of Participation in Visits.

Posyandu visits	Frequency(n)	Percentage (%)
Active	90	96,8
Inactive	3	3,2
Total	93	100,0

Table 3 shows that nearly all (96.8%) of the 90 respondents actively participate in the elderly health.

Table 4: Cross-tabulation of the relationship between family support and active participation in visits

Family support	Posyandu visits				Total	
	Active		Inavtive			
	f	%	f	%	f	%
Supportive	90	100,0	0	0,0	90	100,0
Unsupportive	0	0,0	3	100,0	3	100,0

Table 4.4 shows that all (100.0%) of the 90 elderly participants received family support and were active in attending Posyandu visits. Based on the Chi-Square statistical test, it was found that the assumptions for the Chi-Square test were not met, as some cells had an expected count of less than 5; therefore, the analysis in SPSS utilized Fisher's Exact Test as a more accurate alternative for small samples or unevenly distributed data.

Based on the Exact Sig. (2-sided) value from Fisher's Exact Test, a p-value of 0.000 ($p < 0.05$) was obtained, indicating a significant association between family support and the frequency of visits to the Posyandu. From these test results, it can be concluded that H0 is rejected and H1 is accepted, meaning there is a relationship between family support and the frequency of visits to the elderly health post.

1. Family Support

Based on Table 2, the frequency distribution of respondents' data on family support for the elderly shows that nearly all (96.8%)—a total of 90 respondents—reported that their families supported them in attending the elderly health posts, while a small portion (3.2%)—a total of 3 respondents—reported that their families did not support them in actively participating in the elderly health posts.

According to House (1989) as cited in Ananda (2022), family support is one of the functions of social bonds that encompasses emotional support—encouraging the expression of feelings, providing advice and guidance, sharing information, and offering material and moral assistance. Families play a crucial supportive role during the healing and recovery of family members, enabling them to achieve optimal health. The theory by Rock & Dooley (1985) as cited in Kuntjoro (2002) and in Nataria Yanti Silaban et al. (2022). Family support is influenced by several factors, ranging from internal to external factors, both of which encompass developmental,

spiritual, emotional, family, socioeconomic, and cultural background aspects. Consequently, these factors influence individuals in providing family support (Dewi Arwini Bugis, 2023).

Based on facts and theory, families provide excellent support for the use of posyandu by the elderly, with nearly all elderly individuals having strong family support. The high level of family support is influenced by external factors, including a cultural background deeply rooted in filial piety toward parents, as well as a cooperative and mutually supportive community attitude, which encourages families to provide maximum support to the elderly. Nevertheless, there are internal barriers among a small portion of respondents, where families do not support the elderly in attending posyandu, leading the researcher to assume that this is related to economic circumstances, a lack of in-depth knowledge regarding health, and differences in daily activities, such as work-related busyness. Nevertheless, overall, the strong family support in Pojok Hamlet, Puton Village, Diwek Subdistrict, Jombang Regency, is classified as very good, serving as a solid foundation for improving the optimal health status of the elderly through promotive and preventive health services.

2. Participation in Posyandu Visits

Table 3, which shows the frequency distribution of respondents based on data regarding the attendance of older adults at Posyandu in Pojok Hamlet, Puton Village, Diwek Subdistrict, Jombang Regency, indicates that nearly all (96.8%) of the 90 respondents were active in attending the older adult Posyandu, while a small portion (3.2%)—3 respondents—were not active in attending the older adult Posyandu.

Active participation refers to an individual's level of compliance or discipline in following established rules. This active participation indicates that an individual actively engages in care, treatment, and behaviors recommended by health workers to achieve their health goals. It reflects the extent to which an individual actively adheres to rules that support their health (Jannatin, 2021).

A study conducted by Noor Eswanti (2022) identified factors influencing the activity of elderly posyandu visits, including education, employment, knowledge, attitude, access to posyandu, and family support; thus, these factors form the basis for whether the elderly are active or not in attending elderly posyandu visits.

Based on these facts and theories, the level of participation in elderly health post visits in Pojok Hamlet, Puton Village, is very high, with nearly all elderly residents actively participating in these visits; This is influenced by several factors; in this study, the factors supporting the high participation rate in elderly posyandu visits were access to the posyandu and the elderly's cooperative attitude toward maintaining their health, leading them to actively participate in posyandu visits. However, a small portion of the elderly are not active in attending the elderly

health post visits; in this regard, the researcher assumes that this inactivity is caused by factors such as education, employment, and knowledge that are more advanced than those of nearly all the elderly in Pojok Hamlet, Puton Village; where the elderly's ongoing education and active employment status lead to schedules that conflict with posyandu times and lack flexibility, causing inactive respondents to opt for self-directed healthcare access to private doctors or hospitals. Additionally, this educational disparity may foster the perception that health services at posyandus are less specialized compared to other formal healthcare services. This indicates that although health coverage is already very good, the program's approach needs to be adapted to the diverse socioeconomic backgrounds of the elderly.

3. The Relationship Between Family Support and Participation in Senior Citizen Health Post Visits

Based on Table 4.4, which presents a cross-tabulation of family support and participation in senior citizen health post visits in Pojok Hamlet, Puton Village, Diwek Subdistrict, Jombang Regency, it shows that all (100.0%) of the 90 seniors received family support and were active in health post visits, while all (100.0%) of the 3 elderly individuals did not receive family support and were not active in visiting the elderly health post.

The results of the Chi-Square statistical test indicate that the assumptions for the Chi-Square test were not met, as some cells had an expected count of less than 5; therefore, the analysis in SPSS utilized Fisher's Exact Test as a more accurate alternative for small samples or unevenly distributed data.

Based on the Exact Sig. (2-sided) value from Fisher's Exact Test, a p-value of 0.000 ($p < 0.05$) was obtained, indicating a significant association between family support and the frequency of visits to the elderly health post. From these test results, it can be concluded that H_0 is rejected and H_1 is accepted, meaning there is a relationship between family support and the frequency of elderly individuals' visits to the Posyandu.

This is consistent with research conducted by Noor Eswanti (2022), which states that family support for active participation in senior citizen health post visits is influenced by factors such as education, employment, knowledge, attitudes, access to health posts, and family support; thus, these factors determine whether or not seniors actively participate in senior citizen health post visits.

Based on the research findings consistent with these facts and theories, there is a very strong relationship between family support and the frequency of elderly individuals' visits to Posyandu. This condition is due to the presence of family support and positive participation in Posyandu visits; this is attributed to supportive attitudes, respondents possessing knowledge and

high health awareness, as well as easy accessibility to Posyandu, which fosters cooperative behavior among respondents in maintaining their health and well-being.

However, this study found that some older adults did not receive family support and were not active in attending posyandu visits. Based on the results of the analysis, the researchers hypothesized that this was due to factors related to education, employment, and income. The researchers then concluded why this might occur. A new finding emerged: the lack of family support and the elderly's reluctance to visit community health posts were not due to a lack of knowledge, but rather stemmed from differing perspectives regarding health services—specifically a preference for more private and comprehensive care. Thus, this phenomenon is not a sign of backwardness but rather a new trend reflecting a shift in perspective—from merely utilizing community health facilities toward utilizing professional healthcare facilities.

Meanwhile, regarding employment, the researcher assumes that the lack of family support and the reluctance of older adults to visit senior health posts are related to the fact that, among older adults who are employed, family support for attending these posts is relatively low, as families perceive that these older adults are in good health, and are busy with work, so families prefer not to support the elderly in actively visiting the health posts; instead, families recommend and support the elderly in undergoing routine check-ups at hospitals and scheduled doctor's appointments, so that this does not interfere with the elderly's work time and activities. Thus, this phenomenon is highly efficient and represents a middle-ground priority in maintaining the health and well-being of the elderly.

In this study, the researcher assumes that income is one of the factors influencing family support as well as active participation in posyandu visits. The study conducted in Pojok Hamlet, Punton Village, showed a correlation between higher education, employment, and an income $\geq$ the regional minimum wage (UMK), where these individuals did not receive positive treatment from their families regarding posyandu activities, but they receive positive support to access health services that are more time-efficient, comfortable, and more private as well as specialized.

Thus, the absence of some of these older adults is a logical consequence of differences in socioeconomic background, whereby the form of support and the frequency of visits to the posyandu are better tailored to individual needs without disadvantaging any party or neglecting the health and well-being of older adults.

Conclusion

1. Family support for the elderly health post in Pojok Hamlet, Puton Village, Diwek Subdistrict, Jombang Regency is almost entirely in the “supportive” category, with a small portion in the “unsupportive” category.

2. The level of participation in elderly health post visits in Pojok Hamlet, Puton Village, Diwek Subdistrict, Jombang Regency is almost entirely in the “active” category, with a small portion in the “inactive” category.
3. There is a significant relationship between family support and participation in elderly health post visits in Puton Village, Diwek Subdistrict, Jombang Regency.

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