

ASSESSING THE QUALITY OF LIFE OF THE ELDERLY IN SELECTED REGIONS KELURAHAN TERBAN, YOGYAKARTA, INDONESIA

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ABSTRACT

Background: Indonesia is the third biggest Asian country with a total population aged 60 years and older population after China and India. Based on data from the year 2012 Susesnas Indonesia, elderly population distribution by province shows that the 13.04% of elderly living in Yogyakarta. The elderly need support to face the live changes to maintain high quality of life. Health care provider, family and community around older people should work hand in hand to be support system for our elderly. Objective: to explore about elderly quality of life and find out if there is a significant difference in the self-assessed quality of life of the elderly respondents when their personal profile characteristics are taken as test factors. Method: This study uses descriptive correlational design. The population are 95 elderly who live in in RW 5 and RW 10 Kelurahan Terban, Yogyakarta. Their quality of life was assessed by themselves and tested by T-test and Anova. Result: Majority of the respondents are 60-70 years old (63%), female (63%), and living with their significant other (78%). There is no significant difference in the self-assessed quality of life of the elderly respondents when their personal profile (age (F value of 1.849514) and gender (T value of 0.5085)) characteristics are taken as test factors. On other hand, there is a significant difference in the self-assessed quality of life of the elderly respondents when their personal profile characteristics (living condition) (T value of 2.0972) is taken as test factor. Conclusion: The quality of life of the elderly are good and the living condition has significant difference in self-assessed quality of life of the elderly respondents. Recommendations: There are inputs for enhancement health care service program especially additional activities in Posyandu Lansia.

Keywords: Elderly - Quality of Life – Posyandu

ABSTRAK

Latar belakang: Indonesia adalah negara ketiga terbesar yang memiliki populasi lanjut usia (lansia) usia 60 tahun keatas setelah Cina dan India. Berdasarkan data Susenas Indonesia tahun 2012, distribusi populasi lansia berdasarkan provinsi menunjukkan bahwa 13.04% lansia tinggal di Yogyakarta. Lansia memerlukan dukungan untuk menghadapi perubahan kehidupan untuk mempertahankan kualitas hidupnya. Penyedia layanan kesehatan, keluarga dan komunitas disekitar lansiaa harus bekerja sama untuk menjadi pendukung bagi para lansia kita. Tujuan: Mengetahui tentang kualitas hidup lansia dan mengetahui adanya perbedaan signifikan kualitas hidup dengan karakteristik lansia. Metode: Penelitian ini menggunakan dekriptif korelasi. Populasi penelitian ini adalah 95 lansia yang tinggal di RW 5 dan RW 10 Kelurahan Terban, Yogyakarta. Kualitas hidup lansia diukur oleh lansia sendiri dan diuji dengan T-tes dan Anova. Hasil: Mayoritas response berusia 60-70 tahun (63%), wanita (63%), dan tinggal bersama keluarga (78%). Tidak ada perbedaan signifikan antara kualitas hidup lansia dengan usia (F value 1.849514) dan jenis kelamin (T value 0.5085). Di sisi lain, ada perbedaan signifikan antara kualitas hidup lansia dengan kondisi hidup (T value 2.0972). Kesimpulan: Kualitas hidup lansia baik dan kondisi hidup memiliki perbedaan signifikan dengan kualitas hidup lansia. Saran: Beberapa masukan di berikan untuk meningkatkan program pelayanan kesehatan terutama kegiatan tambahan di Posyandu Lansia.

Kata kunci: Lansia-Kualitas Hidup- Posyandu

INTRODUCTION

Indonesia is the third biggest Asian country with a total population aged 60 years and older population after China and India. Based on data from the year 2012 Susesnas Indonesia, elderly population distribution by

province shows that the 13.04% of elderly living in Yogyakarta (Kementrian Kesehatan RI, 2013).

Elderly facing many changes in their life such as physical, emotional and financial changes. They need support to face the changes to maintain high quality of life. Health care provider, family and community around older people should work hand in hand to be support system for our elderly.

Quality of life is feeling of satisfaction when a person meets their needs. Shin and Johnson (1978) as cited by Walker (2005) define quality of life as the possession of the necessary resources to meet the needs of the individual.

This research uses Ann Bowling's framework about elderly's quality of life. Ann Bowling explain the eight domains which are related with elderly's quality of life. The domains are life overall; health; social relationship; independence, control over life and freedom; home and neighborhood; psychological and emotional well-being; financial circumstances; and leisure and activities domain (Bowling, 2015).

RESULT

1. Personal characteristic

a. Age

Table 1.
Summary of Values Showing the Frequency and Percentage Distribution of the Personal Characteristics of Elderly Respondents in Terms of Their Age

Age	Frequency	Percentage
60-70	60	63%
71-80	29	31%
81-90	6	6%
Above 90	0	0%
Total	95	100%

Seeing the fact that the number of elderly in Indonesia is getting bigger so that the researcher want to explore more about elderly quality of life and find out if there is a significant difference in the self-assessed quality of life of the elderly respondents when their personal profile characteristics are taken as test factors. Hence this research can give input to enhance health care service program especially for the elderly so that, more programs will be established and hopefully will improve or maintain good elderly's quality of life.

RESEARCH METHOD

This study utilized a descriptive correlation design. (Best and Kahn, 2006; Fain, 2009; Fraenkel and Wallen, 2008). This study was conducted in RW 5 and RW 10 under Kelurahan Terban, Yogyakarta, Indonesia. The population was 95 elderly who lives in that area.

Data collection in this study used a questionnaire about quality of life which is adopted and modified from Older People's Quality of Life Questionnaire (OPQOL 35).

b. Gender

Table 2.

Summary of Values Showing the Frequency and Percentage Distribution of the Personal Characteristics of Elderly Respondents in Terms of Their Gender

Gender	Frequency	Percentage
Male	35	37%
Female	60	63%
Total	95	100%

c. Living Condition

Table 3.

Summary of Values Showing the Frequency and Percentage Distribution of the Personal Characteristics of Elderly Respondents in Terms of Their Living Condition

Living Conditions	Frequency	Percentage
Living with Significant Other	74	78%
Living with Extended Family	21	22%
Total	95	100%

2. Elderly's Quality of Life

a. Life Overall

Table 4.

Summary of Values Showing the Mean and Verbal Interpretation on the Self-Assessed Quality of Life of the Elderly Respondents in Terms of Life Overall

Life Overall	Mean	Verbal Interpretation	
Enjoy their life overall	3.88	Agree	Good
Happy most of the time	3.62	Agree	Good
Look forward to things	3.92	Agree	Good
Life doesn't get them down	4.01	Agree	Good
Overall Mean	3.86	Agree	Good

b. Health

Table 5.

Summary of Values Showing the Mean and Verbal Interpretation on the Self-Assessed Quality of Life of the Elderly Respondents in Terms of Health

Health	Mean	Verbal Interpretation	
Have a lot of physical energy.	3.83	Agree	Good
Not sick and don't feel pain.	3.40	Uncertain	Either Good or Poor
Their health doesn't restrict them looking after their selves or their home.	3.87	Agree	Good
Healthy enough to get out and about.	4.05	Agree	Good
Go to a doctor when they don't feel well.	4.07	Agree	Good
Overall Mean	3.85	Agree	Good

c. Social relationship.

Table 6.
Summary of Values Showing the Mean and Verbal Interpretation on the
Self-Assessed Quality of Life of the Elderly Respondents in Terms of
Social Relationship

Social Relationship	Mean	Verbal Interpretation	
Their family, friends or neighbors would help if needed.	4.13	Agree	Good
Have a good companionship or contact with other people.	4.05	Agree	Good
Have someone who gives love and affection.	4.07	Agree	Good
Have people to enjoy life with.	4.04	Agree	Good
Have my children around which is important.	4.07	Agree	Good
Overall Mean	4.07	Agree	Good

d. Independence, control over life and freedom.

Table 7.
Summary of Values Showing the Mean and Verbal Interpretation on
the Self-Assessed Quality of Life of the Elderly Respondents in Terms of
Independence, Control over Life and Freedom

Independence, Control Over Life and Freedom	Mean	Verbal Interpretation	
Healthy enough to have independence.	4.05	Agree	Good
Can please their self what they do.	4.04	Agree	Good
The cost of things compared to their pension/income doesn't restricts their life.	3.65	Agree	Good
Have a lot of control over the important things in their life.	3.89	Agree	Good
Overall Mean	3.91	Agree	Good

e. Home and neighborhood.

Table 8.
Summary of Values Showing the Mean and Verbal Interpretation on
the Self-Assessed Quality of Life of the Elderly Respondents in Terms of
Home and Neighborhood

Home and Neighborhood	Mean	Verbal Interpretation	
Feel safe where they live.	4.22	Agree	Good
The local shops, services and facilities are available.	4.02	Agree	Good
Get pleasure from home.	4.07	Agree	Good
Friendly neighborhood.	4.09	Agree	Good
Overall Mean	4.10	Agree	Good

f. Psychological and emotional well-being.

Table 9.

Summary of Values Showing the Mean and Verbal Interpretation on the Self-Assessed Quality of Life of the Elderly Respondents in Terms of Psychological and Emotional Well-Being

Psychological and Emotional Well-Being	Mean	Verbal Interpretation	
Take their life as it comes and make the best of things.	4.08	Agree	Good
Feel lucky compared to most people.	4.10	Agree	Good
Tend to look on the bright side.	4.04	Agree	Good
If their health limits social/leisure activities, then they will compensate and find something else they can do.	3.94	Agree	Good
Overall Mean	4.04	Agree	Good

g. Financial circumstances.

Table 10.

Summary of Values Showing the Mean and Verbal Interpretation on the Self-Assessed Quality of Life of the Elderly Respondents in Terms of Financial Circumstances

Financial Circumstances	Mean	Verbal Interpretation	
Have enough money to pay for household bills.	3.52	Agree	Good
Have enough money to pay for household repairs or help needed in the house.	3.43	Uncertain	Good or Poor
Can afford to buy what they want to.	3.53	Agree	Good
Can afford to do things they would enjoy.	3.67	Agree	Good
Overall Mean	3.54	Agree	Good

h. Leisure and activities.

Table 11.

Summary of Values Showing the Mean and Verbal Interpretation on the Self-Assessed Quality of Life of the Elderly Respondents in Terms of Leisure and Activities

Leisure and Activites	Mean	Verbal Interpretation	
Have social or leisure activities/hobbies that they enjoy doing.	3.95	Agree	Good
Try to stay involved with things.	3.80	Agree	Good
Doing paid or unpaid work or activities that give them a role in life.	3.83	Agree	Good
Don't have responsibilities to others that restrict my social or leisure activities.	3.67	Agree	Good
Religion, belief or philosophy is important for their life.	4.34	Agree	Good
Cultural/religious events/festivals are important for their life.	4.05	Agree	Good
Overall Mean	3.94	Agree	Good

3. Variable's Description

- a. The summary of ANOVA values showing the significant difference in the difference in the self-assessed quality of life of the elderly respondents with respect to age.

Table 12.

Summary of ANOVA Values on the Significant Difference in the Self-Assessed Quality of Life of the Elderly Respondents When their Age Was Taken as a Test Factor

F value computed	F critical value	Decision
1.849514	3.095433	Accept H0

- b. The summary of t-test values showing the significant difference in the difference in the self-assessed quality of life of the elderly respondents with respondent's gender and living condition.

Table 13.

Summary of T-Test Values on the Significant Difference in the Self-Assessed Quality of Life of the Elderly Respondents When their Gender and Living Condition Are Taken as Test Factors

Variable	Computed t	T value	Level of Significance	Decision
Gender	0.5085	1.96	5%	Accept H0
Living Condition	2.0972	1.96	5%	Reject H0

DISCUSSION

1. Personal characteristic

- a. Age

Table 1 showed that majority of the respondents belong to age bracket ranges from 60-70 years old. The least among the respondents belongs to 81-90 years old, having an equivalent rate of 6%.

Indonesian life expectancy based on the Health Ministry data shows that there is an increasing number every year. The 2010 data showed that Indonesian life expectancy was 69.43 years. That number increased in 2011 become 69.65 years (Kementrian Kesehatan RI, 2013). According to WHO data, in 2013 Indonesian life expectancy is 71 years (WHO, 2013).

According to Anggraini and Listyaningsih (2013) the most influence factor that affect the variety of life expectancy in Indonesia is the environmental factor. The other factors are behavior, health and heredity. In addition, economic conditions, education and health which is the basic need of every human being also affect the life expectancy.

- b. Gender

Table 2 shows that among the 95 respondents, there are 60 respondents or 63% are female, while 35 respondents or 37% are male.

The number of elderly women dominate in Indonesia. Currently an estimated 60% of the elderly population of Indonesia are women and this proportion will increase to 64% in 2030 (Fatmah, 2010;

Kementrian Kesehatan RI, 2013). The number of elderly women are higher than man which concerns with the condition that woman's life expectancy in Indonesia is higher. Woman life expectancy in Indonesia is 72.8 years and man is 68.8 years (World Health Ranking, 2016). The life expectancy of men is lower than women because men tend to have unhealthy life style and riskier. Some examples of man's unhealthy and risky lifestyle are smokers, drinking, working in an hazardous environment and risky recreational activities (Sandra, 2007 in Awad, Yussof, Ismail, and Sarmidi, 2013).

According to Awad, Yussof, Ismail, and Sarmidi (2013) the factors that affect this disparities are socioeconomic factors (income, education) and environmental factor (air pollution). Higher income and educational level will increase the life expectancy because that factors are related with healthiness.

c. Living Condition

Table 3 shows that most of the respondents are living with their significant other. They are 74 respondents or 78% respondents from total 95 respondents. On the other hand, only 21 respondents or 22% living with their extended family.

A study from Agarwala and Saikia (2014) found out that when elderly who live in an old age home being asked about the reason why they choose to live in that place, one of their answers was related to the high stress living with extended family. Living with extended family tends

to increase the risk of having problem from multigenerational mode of living, conflict between mother and daughter in-law or differences with regard to food habits.

In this study, most of the elderly are living with their significant other this is align with Natividad, Kuan, Bonito, Balabagno, Manahan, and Anonuevo (2005) which are say that the elderly need family to provide emotional and social support. In Indonesia's tradition also carry that the young generation have to take care of their elderly as the return of their favor.

2. Elderly's Quality of Life

a. Life Overall

As seen from table 4, the highest self-assessment of elderly quality of life goes to the statement "life doesn't get them down" with mean score 4.01 verbally interpreted as "agree" which means that the quality of life is "good". The lowest mean which score is 3.62 verbally interpreted "agree" with "good" quality of life goes to the statement "happy most of the time". The overall mean in terms of life overall dimensions for elderly's quality of life is 3.86 with verbal interpretation "agree" that means "good" quality of life.

Throughout the journey of human life, elderly experienced a lot of life experience. Various life changes can make people more mature in thought and action. As stated by Natividad, Kuan, Bonito, Balabagno, Manahan,

and Anonuevo, (2005) who explain that throughout the life we experienced acquisition, struggle and legacy. The quality of what people acquired will give them strength to face their struggles. If people acquired negative things than they will see struggles as heavy problem. The good and positive things people acquired will help to solve struggles. Having good and positive thinking will make people have good legacy. They can be a good role model. Seeing this result we can conclude that the elderly reached a good legacy.

The highest mean score belongs to the statement that elderly feels that life does not make them down. Elderly experienced life changing such as physical and psychosocial changes. Facing this changes elderly should constantly evolving to adapt with the environment and the physical limitation experienced (Stanley, 2006). Even with more physical and economical limitation in old age, it seems that the maturity of the respondent make them always have positive thinking. They are believe that they can face the reality.

The lowest mean which score goes to the statement “happy most of the time”. It is showed that the elderly respondents are happy but they might be still looking for another reason to stay happy at all times. Some reasons or source of problem in elderly life may comes from the family. Agarwala and Saikia (2014) living with extended family tends to increase the risk of having problem from multigenerational mode of living, conflict between mother

and daughter in-law or differences with regard to food habits. Having more problem which make their life stressful will decrease the quality of life. On the other hand, according to Balan and Devi (2015) the elderly who stay active and doesn't feel that they are a family burden will get higher quality of life. It means that supportive family will make them happier. Knowing that two study result we can see that the elderly's family might be the resource of problem beside the support system also.

b. Health

Table 5 shows that the statement “go to doctor when they don't feel well” got the highest mean score which is 4.07 with verbal interpretation “agree” that means they are having “good” quality of life. On the other hand the lowest mean score belongs to the statement “Not sick and don't feel pain” with score 3.40, “uncertain” with verbal interpretation of “Either Good or Poor” quality of life, this stament mean score is also the lowest score among all the statements for OPQOL. Overall mean for self-assessed quality of life of the elderly respondent in terms of health is 3.85 with “good” verbal interpretation.

Abdollahi and Mohammadpour (2013) found out that Health Related Quality of life (HRQOL) for elderly in Iran is worse in elderly living in nursing home compared to whom living in home. This research findings support present research which shows that the health dimension of elderly's quality of life is “good” because

all of the elderly respondent are not living in the nursing home.

Increased age often makes them feel tired, pain or discomfort even if they are not sick (Bowlin, 2005; Stanley 2006). This factor might be the cause of the statement “Not sick and don’t feel pain” get the lowest mean score not only in this dimension but also the lowest score among all the question in this questionnaire.

The statement “go to doctor when they don’t feel well” got the highest mean score in this dimension. The elderly willingness to go to the doctor or checking their health status can be related to the motivation from their social environment. In Indonesia there is a Posyandu Lansia programs in every region. The objectives of this program are to help and reach the elderly in their house so that they will easily get treatment or help. Thus, this program add a good social environment for the elderly. According to Mollenkopf and Walker (2005) People with good social environment and active in the activities become easier to adapt and also having good physical and mental health.

c. Social relationship

Seen from table 6, are the elderly’s quality of life on social relationship dimensions. All the items were verbally interpreted as “agree” which means that having “good” quality of life. The highest assessment goes to the statement “their family, friends or neighbors would help if needed” with mean score 4.13. The lowest mean score which is 4.04 belongs to the statement “have people to enjoy life with”. There

a two statements which are have same mean score 4.07. The statements are “Have someone who gives love and affection” and “Have my children around which is important “. The overall mean for this social relationship dimension is 4.07 with “good” verbal interpretation and which implies having “good” quality of life.

According to Nugroho (2009) elderly should be given a chance to socialize or hang out with other people. This activity also helps maintaining the communication skill and prevents dementia. To be gathered and having fun with others will lessen the stress level.

This study align with the statement taken from Nugroho (2009) because the highest mean score belongs to the statement “their family, friends or neighbors would help if needed”. According to previous research about Elderly’s Posyandu motivation to follow the activities Senen, Central Jakarta in 2013 showed that motivation to attend to the elderly’s Posyandu activities is related to peer support and family support.

The lowest mean score which is 4.04 belongs to the statement “have people to enjoy life with”. This result seems contradictive with the reality that majority of the elderly are living with their significant other. Basically, the older person needs somebody to live with because they can be the resource of help in daily activities or other physical functions and also provide emotional and social support (Natividad, Kuan,

Bonito, Balabagno, Manahan, and Anonuevo, 2005). According to Mauk (2010) having a social network or friends and family does not mean that there is a social supports because the more important aspects may be the number of supportive persons and the various types of support like: emotional, instrumental and informational support. It means that they might live or stay with their family but may be because of the busy activity of the family like working or schooling they can always be with the elderly.

d. Independence, control over life and freedom.

Table 7 shows that almost all the elderly answered “agree” for all the points and this means that they have “good” quality of life. The statement of “healthy enough to have independence” got the highest mean score namely 4.05 with “agree” verbal interpretation. On the other hand, the statement of “the cost of things compared to their pension/income doesn’t restricts their life” got the lowest mean score namely 3.65 with “agree” verbal interpretation. The overall mean is 3.91 with “agree” verbal interpretation which means “good” quality of life.

Independence is the ability of the elderly respondent to carry out activities either physical activity and organize daily activity. Balan and Devi (2015) found out that elderly’s quality of life will increase if they are productive and feel that they were not a family or social burden. That study is in line with this research finding.

The statement about “the cost of things compared to their pension/income doesn’t restricts their life” which got the lowest mean related to the respondent income. The majority of elderly respondents is in the age range 60-70 years (63%). This age is the age of early retirement in Indonesia (Government Regulation of the Republic of Indonesia Number 45 Year 2015). This is a period of transition and the elderly require an adaptation especially from differences in income which is lesser than before. The elderly often feels the financial limitation in this period (Kuan, 1993). Thus, this study result also strengthen the statement that in the period of retirement there are changes in elderly’s financial condition, they receive less income.

e. Home and neighborhood.

Table 8 shows that the statement of “feel safe where they live” got the highest mean score 4.22 with “agree” verbal interpretation. The lowest mean score 4.02 belongs to statement “the local shops, services and facilities are available”. This statement got “agree” verbal interpretation. The overall mean score is 4.10 with “agree” verbal interpretation which is the highest mean score among the other OPQOL dimensions. “Agree” verbal interpretation means “good” quality of life.

This research findings are similar with Rathnayake and Siop (2015) study in Sri Lanka”. Another research from Wen and Christakis (2005) showed that the individuals’ health may depend not just

on individuals' characteristics but also on their neighborhoods'. Bowlin (2005) in her study also stated that home and neighborhood are important to people.

The statement of "feel safe where they live" got the highest mean score in this domain. According to Cramm and Nieboer (2013) feeling safe, having social cohesion and a sense of belonging within the neighborhood will help elder people reduce the frailty.

Elderly respondents ranked the statement "local shops, services and facilities available" with lowest mean score. Indonesian Government Regulation No. 43 of 2004 stated that on the Implementation of Measures to Improve Elderly Welfare some programs were prepared such as service for public infrastructure which are prioritize the elderly (Kementrian Kesehatan RI, 2013). Seeing the fact nowadays, that there is lacking facilities for the elderly in Indonesia which include the unavailability of public facilities for the elderly. Currently the elderly often have to jostle in public facilities (Malau and Ahnniar, 2010). This may be one reason elderly feel that the presence of services and facilities is still considered lacking.

f. Psychological and emotional well-being.

From table 9 we can see that the highest mean score 4.10 belongs to statement "feel luck compared to most people". It has "agree" verbal interpretation. The lowest mean score 3.94 belongs to statement "If their health limits social/leisure activities, then they will

compensate and find something else they can do". This statement has "agree" verbal interpretation. Overall mean for psychological and emotional well-being dimension is 4.04 with "agree" verbal interpretation and "good" quality of life.

Research about the quality of life of the elderly in urban and rural areas in Serbia conducted by Urošević, Odović, Rapačić, Davidović, Trgovčević and Milovanović (2014) showed that the incidence of anxiety and depression among older people is greater in rural than in urban areas.

The highest mean value on this dimension is in the statement of "feel luck compared to most people". According to Balan and Devi (2015) quality of life was found to be high when there are less problems among the elderly and when psychological problems are low. The feeling of being lucky is the good indicators psychological health.

Research by Balan and Devi (2015) di Kerala, India also showed that the factors which increase elderly's quality of life is to make the elderly stay productive and their feeling that they are not a family burden and society. The present research showed that the statement "If their health limits social/leisure activities, then they will compensate and find something else they can do" which has "good" verbal interpretation. This statement represents the desire of the elderly to remain active despite increasing age. These findings relate to research of Balan and Devi (2015) that the quality of life would

be better if the elderly's desire and the opportunity to stay active being provided and supported.

g. Financial circumstances.

As seen in table 10 the highest mean score 3.67 goes to the statement "can afford to do things they would enjoy" with "agree" verbal interpretation. The lowest mean score 3.43 goes to the statement "have enough money to pay for household repairs or help needed in the house" with "good or poor" verbal interpretation. Overall mean of financial circumstances dimension is 3.54 with "good" verbal interpretation which mean "good" quality of life.

This dimension got the lowest overall mean score among the other QOL dimensions. This finding is the same with Rathnayake and Siop (2015) study findings in Sri Lanka. According to Balan and Devi (2015) one of the factors which affect the quality of life of the elderly is family income. Results of these studies show that poor quality of life is a reflection of low and unsteady income. A study conducted by Datta, Datta, and Majumdar (2015) in India also showed the quality of life will improve significantly with an increase per capita monthly income.

This research showed that the elderly's quality of life are "good". They can fulfill what they want and what they need. Elderly respondents earning himself from like his job, retirement or family. The lowest mean score 3.43 goes to the statement "have enough money to pay for

household repairs or help needed in the house" with neither agree nor disagree" verbal interpretation. This factor got the lowest mean score might be because of the absence of elderly priority to make house hold repairmen or payment services needed at home. In the retirement age most of the elderly rely their need on their family. They might choose to fulfill what they want from house hold need.

h. Leisure and activities.

As seen at table 11, the highest mean score 4.34 belongs to the statement "religion, belief or philosophy is important for their life" with "agree" verbal interpretation. The lowest mean score 3.67 belongs to the statement "don't have responsibilities to others that restrict my social or leisure activities" with "agree" verbal interpretation. The overall mean stands at 3.94 with "good" verbal interpretation which implied that the elderly respondents have "good" quality of life.

The statement of "religion, belief or philosophy is important for their life" get the highest mean score with "agree" verbal interpretation. Religion, belief and philosophy of life are concluded as spirituality. Salcedo (2006) finds out that elderly who stay in nursing home are not only need physical care, emotional care and social care, but they also need spiritual care from the care givers. This study was held in community area is in line with Salcedo (2006) research which took place in nursing home. Thus, we can see that all the elderly need or feel that spirituality are important for their life.

The lowest mean score 3.67 belongs to the statement “don’t have responsibilities to others that restrict my social or leisure activities” with “agree” verbal interpretation. Some of the elderly’s respondents said that they still have another responsibility for other (such as taking care their grandchild when their parents working or cooking and taking care of their house) that sometimes make them cannot go to social activity. That means that their responsibility for family restrict them to do other social activity outside their house.

According to Maslow in Notoatmojo (2007), human being has 5 level of needs, one of them is needs for socialization with others. Human being needs to participate on the activity around them and activity that is conducted with other people. This theory is proved by finding on the study that elderly respondent need and feel the importance of gathering with their peer group. They will feel something lost if they can’t meet the peer group.

3. Variable’s Description

- a. The summary of ANOVA values showing the significant difference in the difference in the self-assessed quality of life of the elderly respondents with respect to age.

Table 12 presents the summary of ANOVA on the significant difference between the self-assessed quality of life of the elderly respondents when grouped according to their age. Based on the ANOVA statistical treatment with a 0.05 level of significance, F computed value of 1.849514 was less than F critical value of

3.095433 this result implies that the null hypothesis of no significant difference in the self-assessed quality of life of the elderly respondents when their personal profile characteristics (age) are taken as test factor is accepted.

This results are not in line with research conducted by Rathnayake and Siop (2015) and Balan and Devi (2015). Their research shows that quality of life was associated with age. Moreover, Balan and Devi (2015) study findings also shows that there is significant variation in the quality of life of the elderly among different age groups, as age increases the quality of life decreases.

- b. The summary of t-test values showing the significant difference in the difference in the self-assessed quality of life of the elderly respondents with respondent’s gender and living condition.

Table 13 shows that in terms of gender, the computed T of 0.5085 was less than T values of 1.96 so that the null hypothesis is accepted. This research finding is the same with research conducted by Rathnayake and Siop (2015).

Chakraborty (2014) got a different research result. He found out that Indian female elderly has a lower quality of life, it might be because the discrimination in India. Balan and Devi (2015) find out that quality of life among the male elderly is higher than female. They also discussed that the socioeconomic of male respondent is higher than female might be the cause of better quality of life. Moreover, elderly women are more likely

to have more psychological problems that have roots in their personal, family, economic and social life.

The second T-test was done to find out the significance difference between self-assessed quality of life and living condition. The result showed that the computed T of 2.0972 so that the null hypothesis is rejected.

Rathnayake and Siop (2015) in their study also find out that the living arrangement are significantly associated with quality of life. The person with whom the elderly stays, has a definite role in determining the quality of life of the elderly (Balan and Devi, 2015).

The previous study about Elderly's Posyandu motivation to follow the activities in 2013 showed that motivation to attend to the elderly's Posyandu activities is related to peer support and family support. The help from family, friends and neighbors for the elderly is needed because they are the closest to the Elderly. In line with research by of Balan and Devi (2015) that the elderly who is remain active and don't feel that they are a burden for the family to have a higher quality of life.

SUMMARY AND RECOMMENDATION

1. Summary

- a. Majority of the elderly are in young old, female and living with their significant other.
- b. The self-assessed quality of life of the elderly respondents in terms of eight

domains are good.

- c. There is no significant difference in the self-assessed quality of life of the elderly respondents when their personal profile (age and gender) characteristics are taken as test factors. On other hand, there is a significant difference in the self-assessed quality of life of the elderly respondents when their personal profile characteristics (living condition) is taken as test factor.

2. Recommendations

- a. To improve the social relationship of the elderly it is also important to invite elderly to join the outing activity. Staying active will make the elderly happier. Supporting the elderly especially during religion activity or praying also very important to help elderly enhance higher quality of life.
- b. Family must always pay attention for elderly. They need to assist and support the elderly needs, motivate them to be active.
- c. Conduct special Posyandu activity once in two months which requires attendee of the elderly and at least one of family member. Special Posyandu has additional activities like practicing traditional dance, playing gamelan.
- d. Health care volunteer must continuously doing the home visit for elderly especially who are sick or didn't come to the Posyandu activity and also add session like games, and

- recreation program in Posyandu.
- e. Implement health education program for the elderly such as doing elderly gymnastic every week and offering special food for elderly.
- f. Enforce the implementation of Government Regulation No. 43 of 2004 on the Implementation of Measures to Improve Elderly Welfare by requesting government, worship place officers and the shops to provide space or special lane for elderly.
- g. Apply a comprehensive lecture and application of geriatric nursing care to sharpen student's skill in handling better elderly care.
- h. Future researcher can expand the variable of the study, specifically related to elderly's needs compared to their quality of life

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