CORRELATION BETWEEN SOCIAL SUPPORT AND THE QUALITY OF LIFE ELDERLY IN PRAWIRODIRJAN SUB-DISTRICT YOGYAKARTA

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ABSTRACT

Introduction: The largest elderly population in Indonesia in 2017 was in Yogyakarta (13.81%). Increased life expectancy leads to changes in population, namely the higher percentage of older people. The increased number of elderly makes efforts to improve the quality of life of the elderly quite important.

Purpose: To assess the correlation between social support and the quality of life of the elderly in the Prawirodirjan Sub-district, Gondomanan District, Yogyakarta Municipality.

Method: This is a cross-sectional study with a sample of 50 people. Measurement of social support was done using the MOS Social Support Survey questionnaire. Measurements for quality of life were done using the WHOQOL-BREF questionnaire. Data were analyzed using Pearson correlation analysis.

Results: Respondents were 50 people consisting of 10 men (20.0%) and 40 women (80.0%). Age of respondents ranged from 60-81 years. The statistical analysis results showed significant correlations between social support (MOS Social Support Survey) and quality of life (WHOQOL-BREF) in the Physical Health (r=0,771, p= 0,001), Psychological (r=0,550, p=0,001), Social Relationship (r= 0,664, p=0,001), Environment (r= 0,455, p = 0,001).

Conclusion: There is a significant correlation between social support (MOS Social Support Survey) and quality of life (WHOQOL-BREF) in the elderly living in Prawirodirjan Sub-district, Gondomanan District, Yogyakarta Municipality.

Keywords: Social Support, Quality Life, Elderly

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INTRODUCTION

Data show that the world's elderly population in 2015 reached 881 million.[1] The elderly population in Asia reached 527 million. A person can be categorized as elderly if they are 60 years or older (Government Regulation of the Republic of Indonesia, 2004). Besides, referring to data from the Statistics Indonesia, the elderly is divided into 3, namely young elderly (60-69 years), middle-aged elderly (70-79 years), and old elderly (80 years or more) (Central Bureau of Statistics Yogyakarta City, 2018). Based on the Ministry of Health of the Republic of Indonesia (2017), Indonesia had 23.66 million elderly (9.03%) in 2017.[2] A total of 19 provinces in Indonesia (55.88%) has an elderly population structure. Furthermore, the largest percentage of the elderly population in Indonesia in 2017 was in DI Yogyakarta province (13.81%), followed by Central Java (12.59%) and East Java (12.25%).[2]

The aging process is a natural change in the body's anatomical and biochemical systems that can affect psychology and its ability to perform its functions. Thus, the elderly cannot carry out activities independently without others' support due to aging or illness. On the other hand, not all older people experience limitations in carrying out activities independently.[3]

The social support provided to the elderly can create a sense of comfort for them elderly. The elderly feel cared for and accepted by the people closest to them.[4] Social support can affect the quality of life of the elderly. Quality of life is an individual understanding to feel and experience important events to achieve welfare.[5] The higher the quality, the better the welfare.

METHODS

This study used a quantitative analytic design with a cross-sectional approach. The population was elderly who live in Kelurahan Prawirodirjan, Yogyakarta City. It used a consecutive random sampling method. The sample was elderly aged ☐ 60 years who are willing to be respondents and live in Kelurahan Prawirodirjan, Yogyakarta City. It involved a total of 50 samples. Sampling was carried out by filling in the Mini-Mental State Examination (MMSE) questionnaire that has been adjusted to the education level and age of the respondent, Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), Medical Outcomes Study (MOS Social Support Survey Instrument)), and (WHOQOL-BREF). Then, the obtained data were analyzed using univariate and bivariate analysis to identify the correlation between the MOS Social Support Survey Instrument and the WHOQOL-BREF. The normality of the data had been tested previously to check the data distribution. The normality test used an analytical method of Kolmogorov Smirnov. Moreover, normally distributed data were then analyzed using the Pearson correlation analysis.

RESULTS

The characteristics of respondents are presented based on gender, age, education, past and current occupations, marital status, and living.

Table 1 Characteristics of Respondents

Characteristics	Notes	Number (n)	Percentage (%)
Gender	Male	10	20.0
	Female	40	80.0
Age	60-64	21	42.0
	65-69	12	24.0
	70-74	9	18.0
	75-79	3	6.0
	80-84	5	10.0
Education	Not attending school	9	18.0
	Elementary School	15	30.0
	Junior High School	10	20.0
	Senior High School	9	18.0
	Higher Education	7	14.0
Current Occupation	Housewife	15	30.0
	Trader	15	30.0
	Entrepreneur	3	6.0
	Retirement	5	10.0
	Tailor	3	6.0
	Not working	9	18.0
Past occupation	Housewife	10	20.0

Teacher	4	8.0
Trader	15	30.0
Entrepreneur	9	18.0
Tailor	3	6.0
Civil servant	2	4.0
Factory workers	2	4.0
Analyst	1	2.0
Maid	1	2.0
Nurse	1	2.0
Hotel worker	1	2.0
Worker	1	2.0
Marital Status		
Married	23	46.0
Single	1	2.0
Widowed	26	52.0
Living with		
Alone	4	8.0
Spouse	13	26.0
Child	19	38.0
Spouse and Child	10	20.0
Others	4	8.0

The results of cognitive function measurement using the MMSE questionnaire reveal the highest value of 30 and the lowest value of 9. The mean and standard deviation values are 26.64 ± 4.707 with the lowest and highest MMSE value of 9 and 30. A total of 6 elderly respondents (12.0%) most likely experience cognitive impairment and six elderly respondents (12.0%) possibly experience cognitive impairment. Meanwhile, 38 elderly respondents (76.0%) are within normal limits.

Assessment of the daily activities of elderly respondents used the ADL questionnaire with the highest value of 20 and the lowest value of 11. The mean and standard deviation are 18.98 ± 2.075 with the lowest and highest ADL value of 9 and 20 Based on those data, 2 (4.0%) respondents have moderate dependence in carrying out daily activities, 17 (34%) respondents have mild dependence, and 31 (62.0%) respondents are independent in carrying out daily activities. The assessment of heavier daily activities used the IADL questionnaire with the highest value of 16 and the lowest value of 0. The average value and standard deviation obtained are 11.94 ± 3.951 with the lowest and highest lowest IADL values of 0 and 16. Based on those data, 1 (2.0%) respondents cannot carry out daily activities; 5 (10.0%) respondents need assistance; and 44 respondents (88%) are independent in carrying out daily activities.

Elderly social support was measured using the MOS Social Support Survey Instrument. The highest value is 72, and the lowest value is 29. The mean value and standard deviation obtained are 47.42 ± 8.337, with the lowest value of 29 and the highest value of 72. It can be seen that 23 (46.0%) respondents have poor social support, and 27 (54.0%) respondents have good social support.

Table 2 Description and Classification of Social Support

Classification of Social Support	n	%
Poor social support	23	46.0
Good social support	27	54.0

The quality-of-life assessment in WHOQOL-BREF covers four domains, including the physical health domain, containing seven questions. The psychological domain contains six questions; the social relationship domain contains three questions, and the environmental domain contains eight questions.

Table 3 Description and Classification of Quality of Life

	n	%
Physical		
Moderate quality of life	30	60,0
Good quality of life	20	40,0
Physiological		
Moderate quality of life	24	48,0
Good quality of life	21	42,0
Very good quality of life	5	10,0
Social Relationship		
Moderate quality of life	27	54,0
Good quality of life	17	34,0
Very good quality of life	6	12,0
Environment		
Very poor quality of life	1	2,0
Poor quality of life	2	4,0
Moderate quality of life	26	52,0
Good quality of life	20	40,0
Very good quality of life	1	2,0

The Pearson correlation test tested the correlation between the MOS Social Support Survey Instrument and

WHOQOL-BREF. It used the Pearson correlation test because the data were normally distributed.

Table 4 Correlation Test between MOS Social Support Survey Instrument and

WHOQOL-BREF	MOS Social Support Survey Instrument	
	Correlation Coefficient	Sig.
Physical Health	,771	,001
Psychological	,550	,001
Social Relationship	,664	,001
Environment	,455	,001

DISCUSSION

This study found that social support (MOS Social Support Survey Instrument) has a positive correlation with the quality of life of the elderly (WHOQOL-BREF) in the domains of physical health, psychological, social relationship, and environment. In the physical health domain, the presence of social support impacts the quality of life of the elderly. Social support is obtained in various forms which will directly or indirectly benefit the elderly. The Elderly will get more benefits for their life if the social support provided is high to face life's challenges well. The results of this study are in line with a previous study conducted by Aswan Herlina in 2015. The study used a descriptive correlational method with a cross-sectional approach involving 52 respondents with a total sampling method. This study used the Social Provision Scale (SPS) questionnaire and the WHOQOL-BREF Indonesian questionnaire for the quality-of-life variable. The results obtained a p-value of 0.017, which is lower than 0.05, indicating a relationship between social support and quality of life. The previous study has explained that the social support provided to the elderly has a significant effect on the quality of life for the elderly.[6]

In the psychological domain, the correlation value is positive. It means that the better the social support provided, the better the psychological health (Psychological) of the elderly. Desiningrum (2015) study involved 112

elderly with a total sampling method. The data were obtained using perception scales of social support and psychological welfare. Then, the obtained data were processed using the t-test and obtained a p-value of 0.001 <0.05, meaning a positive correlation between perceptions of social support and psychological welfare of the elderly at Paguyuban Lansia Sehat PMI Kota Semarang. Thus, the better the given support and social welfare received, the better the psychological welfare of the elderly.[7]

In the Social Relationship domain, the correlation value obtained is positive, indicating that the better the social support provided, the better the quality of life-related to the social relationship of the elderly. It is in line with the previous study by Ariyanthi (2016), which used a non-random sampling technique. It used the Social Provision Scale and PIL-R instruments involving 100 respondents. It obtained a p-value of 0.000 (p <0.05). It can be seen that there is a positive correlation between social support and quality of life in friendship and love. Therefore, if the elderly have better social relationships with friends or family, the higher the social support, it positively affects the elderly.[8]

In the Environment domain, the correlation value obtained is positive. The environment can be described as a condition around an individual, including home environment, freedom, financial resources and social care, and being able to carry out recreation or other activities.9 Previous research by Winahyu, Wahyuniati, and Sekarsari in 2017 used the Multidimensional Scale of Perceived Social Support (MSPSS) instrument to measure social support and the World Health Organization Quality Of Life (WHOQOL-BREF) to measure the quality of life. It involved 71 respondents. The result showed a positive correlation between the perception of social support and the quality of life of the elderly, particularly in the social and

environmental domains. Therefore, if the elderly can interact with their environment well, the higher the social support.[10]

CONCLUSION and SUGGESTION

In contrast, the level of quality of life varied for each domain. The level of social support for the elderly in Kelurahan Prawirodirjan, Yogyakarta City, mostly showed good social support with an average of 47.42. Furthermore, social support has a strong relationship with the quality of life of the elderly in Kelurahan Prawirodirjan, Yogyakarta City. The elderly are expected to participate in community activities in their surroundings to get social support to improve their quality of life. Families are expected to be active in supporting elderly activities and decisions. Then, future research on social support questions on the MOS Social Support Survey Instrument regarding affection, attention, and prohibition on smoking from the family has to be clarified and deepened to obtain more accurate data and further examine the factors in providing social support to the elderly.

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