

The Relationship Between Education and Family Support with Elderly Visits in Patients with Diabetes Mellitus in the Elderly Posyandu of the Puskesmas Working Area Bumidaya District Hospitalization South Lampung

Ari Kurniawan¹, Tri Adi Nugroho², Rizki Yeni Wulandari³, Riska Hediya Putri⁴

¹Bachelor of Nursing Study Program, Faculty of Health, Aisyah University Pringsewu, ^{2,3,4}Aisyah Pringsewu University

Article Info	ABSTRACT
<p>Keywords: Elderly Posyandu, Education, Family Support</p>	<p>The International Diabetes Federation (IDF) in 2021 recorded 19.47 million people with diabetes mellitus in Indonesia with a prevalence of 10.6% and is predicted to increase to 28.57 million in 2045. The number of elderly people with diabetes at the Bumidaya Health Center has increased from 2022, namely 125 people to 146 people 2023. The risk factor for most diabetics is the elderly, one of the government's efforts to improve the health of the elderly with the elderly Posyandu program, but the activity rate of the elderly visit to the Bumidaya Puskesmas is still low, which is below 50%, which means that this figure is still below the Ministry of Health standard with a minimum of 8 attendances or 66% in one year. Education and family support are needed to improve the quality of life of the elderly. The purpose of the study was to determine the relationship between education and family support with visiting elderly diabetes mellitus at the Bumidaya Health Center. Type of quantitative research using cross sectional method. The study population was elderly with a history of diabetes mellitus. The number of research samples was 102 respondents taken by purposive sampling technique. Research time October 10-24, 2024. Collecting data on education and family support using a questionnaire, data on the activity of elderly visits with the elderly Posyandu register book. Bivariate analysis using Chi square and Mann whitney tests. Based on statistical tests obtained $p\text{-value } 0.539 > \alpha (0.05)$ there is no relationship between education and elderly visits and $p\text{-value } 0.025 < \alpha (0.05)$ there is a relationship between family support and elderly visits. It is hoped that health workers will improve health services, the elderly family always provides support by accompanying and motivating the elderly to maintain health and routinely come to the Elderly Posyandu.</p>
<p>This is an open access article under the CC BY-NC license</p> 	<p>Corresponding Author: Ari Kurniawan Aisyah University Pringsewu, Jl. A Yani No. 1 A Tambak Rejo, Wonodadi, Kec. Pringsewu, Pringsewu Regency arikurniawan727@gmail.com</p>

INTRODUCTION

Diabetes mellitus is a chronic disease whose prevalence continues to increase globally. At the end of 2021, the International Diabetes Federation (IDF) in its 10th edition Atlas confirmed

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that diabetes is one of the fastest growing global health emergencies in the 21st century, with more than half a billion people worldwide living with diabetes (537 million people), and this number is projected to reach 643 million by 2030 and 783 million by 2045. In addition, approximately 541 million people had elevated blood glucose levels or were in the prediabetes phase in 2021. Diabetes mellitus has significant mortality consequences, estimated at more than 6.7 million deaths in adults aged 20-79 years (Webber, 2021).

The World Health Organization (WHO) estimates that the number of people with diabetes mellitus in Indonesia will surge from 8.4 million in 2000 to approximately 21.3 million in 2030. Similarly, according to the World Diabetes Association, the prevalence of diabetes mellitus in Indonesia is expected to increase from 19.5 million in 2021 to 28.57 million in 2045. In Indonesia, diabetes mellitus is the third largest cause of death at 6.7 percent, after stroke (21.1 percent) and heart disease (12.9 percent) (Risikesdas, 2018).

According to the Basic Health Research (Risikesdas) in 2018, the prevalence of diabetes mellitus in Indonesia was 2.0%. By 2023, according to the Indonesian Health Survey, this prevalence increased to 2.2%, representing a 0.2% increase. This trend was accompanied by an increase in the prevalence of diabetes mellitus based on blood tests in the population aged >15 years, from 8.5% to 11.7% in 2023. In Lampung Province specifically, the prevalence of diabetes mellitus is 1.2%, affecting 29,331 people (Indonesian Health Survey, 2023).

One of the significant risk factors for diabetes mellitus is advanced age. According to the Indonesian Health Survey in 2023, the highest prevalence of diabetes mellitus by age group was found among those aged 65-74 years (6.7%) and 55-64 years (6.6%). Currently, the number of elderly individuals with diabetes mellitus continues to increase, highlighting the importance of government programs such as the Posyandu elderly program, which provides integrated health services for the elderly population.

The increasing prevalence of diabetes mellitus among the elderly negatively impacts their health status and economic well-being, while also hampering government program outcomes. To address this challenge, the government has established Posyandu for the elderly, which offers health activities aimed at promoting well-being and usefulness in later life. These Posyandu facilities are expected to improve the quality of life for elderly individuals through basic health services. They function as specialized health service activities for the elderly in designated areas, driven by community participation and supported by healthcare workers from the nearest health centers (Prasetya, 2019).

The various activities offered at Posyandu for the elderly provide numerous benefits. Utilization of these services aims to ensure that elderly health can be optimally maintained and monitored. For elderly individuals who do not actively utilize these health services, their health conditions cannot be adequately monitored, which may lead to serious health risks due to declining physical condition and the aging process (Subekti, 2022).

Education plays a crucial role in this context, as it represents a learning process that facilitates growth, development, and positive change toward more mature and improved individuals, groups, and communities. Education is particularly important for disease

recognition (Ermawati & Lukiastuti, 2021). According to Lawrence Green's model as cited in Notoadmojdo (2018), education is one of the factors that influence health-related behavior change, as it relates to the motivation of individuals or groups to engage in specific behaviors.

Education involves a reciprocal process of human adjustment to nature, peers, and the universe. It encompasses the organized and comprehensive development of human potential, including moral, intellectual, and physical aspects. Education has a causal relationship with elderly Posyandu attendance behavior. Educational level directly influences visits to elderly Posyandu facilities (Alhidayati, 2014). Research by Noreswanti in 2024 found that among elderly participants in Posyandu activities, 53.2% had primary education (with 36.7% being active participants), 35.4% had secondary education (with 21.5% being active), and 11.4% had higher education (with 7.6% being active). Chi-Square test results confirmed a significant influence of education level on elderly participation in Posyandu activities.

Beyond education, family support plays a crucial role in encouraging elderly attendance at Posyandu facilities. Families can serve as strong motivators when they make themselves available to accompany elderly family members to Posyandu or help address their concerns. Adequate family support is essential for fostering interest and willingness among the elderly to participate in Posyandu activities (Ningsih & Arneliwati, 2014).

Family support encompasses any positive behavior provided to family members. Insufficient family support—whether in accompanying elderly family members or simply reminding them to participate in Posyandu activities—can affect their active engagement. Family support is particularly important for encouraging elderly individuals to participate in health check-ups, exercise programs, or meaningful social activities despite their non-productive age (Ananda, 2022).

Physical and mental health significantly influence the daily lifestyle of elderly individuals. Research by Yesi Maifita in 2020 revealed that 53.3% of elderly individuals received good family support, and 60% made complete visits to elderly Posyandu facilities. Analysis showed a significant relationship between family support and elderly Posyandu attendance. Both education and family support are essential for improving elderly quality of life. Education influences behavior, while family support provides empathy, affection, and care. Families can provide needed information and direct, tangible assistance.

A preliminary study was conducted by researchers on May 3, 2024, at the UPTD Puskesmas Inpatient Bumidaya, which serves eight active villages: Bumidaya, Bumiasri, Kalirejo, Bumiasih, Tanjung Jaya, Pulau Jaya, Bumirestu, and Bali Agung. According to the annual report of the UPTD Bumidaya Inpatient Health Center, in 2022, 550 elderly individuals actively attended Posyandu, with 125 having a history of diabetes mellitus. In 2023, this number increased to 569 elderly attendees, with 146 having diabetes mellitus. The frequency of active elderly visits in 2023 averaged 50% from January to December, falling below the Ministry of Health standard, which defines active Posyandu participation as attendance by more than 66% of the target population in one year.

Based on a preliminary survey conducted at the Bumidaya Village Elderly Posyandu, among 19 diabetes mellitus patients, 13 had primary education, 2 had no formal education,

and 4 had secondary education. From a target population of 56 elderly individuals in Bumidaya Village, only 19 attended the Elderly Posyandu. Interviews revealed that 9 patients visited the elderly Posyandu twice because their families did not accompany them more frequently, while 10 other patients visited only once due to an absence of health complaints (Bumidaya Inpatient Health Center, 2023).

Based on this preliminary study and the background presented, the researchers aim to investigate "The Relationship between Education and Family Support with Elderly Visits in Diabetes Mellitus Patients at the Elderly Posyandu in the Working Area of the UPTD Bumidaya Inpatient Puskesmas."

METHODS

Research Design

This study employed a quantitative research approach with a cross-sectional design. A cross-sectional design was selected because it allows for the examination of relationships between variables (education, family support, and elderly visits) at a single point in time, which is appropriate for investigating the current patterns of Posyandu utilization among elderly diabetes mellitus patients. This design is cost-effective and efficient for collecting data from a relatively large sample within a limited timeframe, while still providing meaningful insights into the associations between the variables of interest.

Population and Sample

The study population consisted of elderly individuals with a documented history of diabetes mellitus residing in the working area of UPTD Bumidaya Inpatient Puskesmas. A sample of 102 respondents was selected using a purposive sampling technique. This non-probability sampling method was chosen to ensure that participants met specific criteria relevant to the research objectives, allowing for targeted data collection from elderly individuals with diabetes mellitus who could provide meaningful information about their Posyandu attendance patterns.

Inclusion Criteria

1. Elderly individuals with documented diabetes mellitus
2. Elderly who live with their families
3. Can communicate effectively, demonstrated by the ability to comprehend and respond to questionnaire items
4. Willing to participate and provide informed consent

Exclusion Criteria

Elderly experiencing severe physical discomfort such as pain, dizziness, or other conditions that would impair their ability to participate. The research was conducted from October 10-24, 2024. Data were collected using the following methods:

1. Education data, Collected using a structured questionnaire that categorized education levels into primary education (Elementary/Junior High School), secondary education (High School), and higher education (Diploma/Bachelor's Degree).

2. Family support data, Collected using a validated questionnaire measuring dimensions of family support. Family support was categorized as good or less good based on the scores obtained.
3. Elderly visit data, Obtained from the elderly Posyandu register book, which recorded attendance over the past 12 months. Elderly visits were categorized as: Active: Attendance at $\geq 66\%$ of scheduled Posyandu sessions, Inactive: Attendance at $< 66\%$ of scheduled Posyandu sessions

Data Analysis

To minimize bias in the analysis, several measures were implemented:

1. Data Processing: Raw data were checked for completeness and consistency. Missing values were handled using appropriate statistical techniques. All data were coded according to predetermined categorization schemes and entered into statistical software (SPSS) for analysis.
2. Statistical Analysis:
 - a. Univariate analysis: Descriptive statistics were calculated to characterize the sample demographics and distribution of key variables.
 - b. Bivariate analysis: Relationships between independent variables (education and family support) and the dependent variable (elderly visits) were examined using: Chi-square test: To assess the relationship between categorical variables, Mann-Whitney U test: Used as an alternative when Chi-square test assumptions were not met
3. Statistical Control:
 - a. Potential confounding variables were identified and controlled for in the analysis.
 - b. A significance level of $\alpha=0.05$ was established a priori.
 - c. All statistical tests were two-sided.

This comprehensive methodological approach was designed to ensure the reliability and validity of the findings, while minimizing potential biases that could affect the interpretation of results.

RESULTS AND DISCUSSION

Univariate Analysis

Table 1 Frequency Distribution According to Gender of Diabetes Mellitus Elderly in the Work Area of the Bumidaya Inpatient Puskesmas

Gender	Frequency (f)	Percentage %
Male	33	32,4%
Female	69	67,6%
Total	102	100%

Source: General data of research respondents at the Posyandu for the elderly in the working area of the Bumidaya Inpatient Puskesmas

Table 1 above shows that out of 102 elderly diabetes mellitus who have male gender as many as 33 people (32.4%), while women are 69 people (67.6%).

Table 2. Frequency Distribution According to the Distance of Diabetes Mellitus Elderly Houses in the Bumidaya Inpatient Health Center Working Area

Home Distance	Frequency (f)	Percentage %
Near (<5 Km)	40	39,2%
Far (≥ 5 Km)	62	60,8%
Total	102	100%

Source: General data of research respondents at the Posyandu for the elderly in the working area of Puskesmas Bumidaya Hospitalization.

Table 42 above shows that out of 102 elderly people with diabetes mellitus with close home distance (< 5 Km) as many as 40 people (39.2%), while far home distance (≥ 5 Km) amounted to 62 people (60.8%).

Table 3 Frequency Distribution of Visit Activity of Diabetes Mellitus Elderly in the Working Area of the Bumidaya Inpatient Puskesmas

Elderly Visit Activity	Frequency (f)	Percentage %
On	38	37,3%
Inactive	64	62,7%
Total	102	100%

Source: General data of research respondents at the Posyandu for the elderly in the working area of Puskesmas Bumidaya.

Table 3 above shows that out of 102 elderly people with diabetes mellitus who actively attended the Elderly Posyandu, 38 people (37.3%), while those who were not active were 64 people (62.7%).

Univariate Analysis

Table 4 Frequency Distribution According to Education of Diabetes Mellitus Elderly in the Working Area of the Bumidaya Inpatient Puskesmas

Last Education	Frequency (f)	Percentage %
Higher Education (Diploma/Bachelor's Degree)	5	4,9%
Secondary Education (SMA/SMK)	31	30,4%
Basic Education (Elementary/SMP/MTs)	66	64,7%
Total	102	100%

Source: General data of research respondents at the Posyandu for the elderly in the working area of the Bumidaya Inpatient Puskesmas.

Table 4 above shows that out of 102 elderly people with diabetes mellitus with education, 5 people (4.9%) had higher education, 31 people (30.4%) had secondary education, and 66 people (64.7%) had primary education.

Table 5 Frequency Distribution According to Family Support for Elderly Diabetes Mellitus in the Bumidaya Inpatient Health Center Working Area

Family Support	Frequency (f)	Percentage %
Good	70	68,6%
Less Good	32	31,4%
Total	102	100%

Source: General data of research respondents at the Posyandu for the elderly in the working area of the Bumidaya Inpatient Puskesmas

Table 5 above shows that out of 102 elderly diabetes mellitus with good family support, 70 people (68.6%) had good family support, while 32 people (31.4%) had poor family support.

Bivariate Analysis

Table 6. The relationship between education and visits by diabetes mellitus elderly people in the Bumidaya Inpatient Puskesmas work area

Education	Elderly Visit						<i>p-value</i>
	On	%	Inactive	%	N	%	
Higher Education	3	2,9	2	1,9	5	100%	0.539
Secondary Education	10	9,8	21	20,5	31	100%	
Basic Education	25	24,5	41	40,1	66	100%	
Total	38	37,2	64	72,8	102	100%	

Source: General data of research respondents at Posyandu in the working area of the Bumidaya Inpatient Puskesmas.

Table 6 presents the relationship between education and visits of diabetes mellitus elderly. Elderly diabetes mellitus with higher education had active visits of 3 people (2.9%) while inactive visits were 2 people (1.9%). Elderly with secondary education had active visits of 10 people (9.8%) while inactive visits were 21 people (20.5%). Elderly with basic education have active elderly visits 25 people (24.5%) and inactive visits as many as 41 people (40.1%). The results of the *chi square* test stated a *p-value* of 0.485, but the 2x3 table information did not meet the criteria for the *chi square* test because more than 20% of the cells (33.3%) had an *expected* value of less than five, so the researchers decided to conduct the *mann-whitney* test according to Sopiudin dahlan (2015). The results of the *mann whitney* test said the *p-value* of $0.539 \geq \alpha$ (0.05), so it can be concluded that there is no statistically significant relationship between education and visits by elderly diabetes mellitus.

Table 7 The relationship between family support and visits by elderly people with diabetes mellitus in the Bumidaya Inpatient Health Center working area

Family Support	Elderly Visit				Total		P-value
	On	%	Inactive	%	N	%	
Good	21	20,58	49	48,03	70	100%	0.025
Less Good	17	16,66	15	14,70	32	100%	

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Total	38	37,27	64	62,73	102	100%
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Source: General data of research respondents at the Posyandu for the elderly in the working area of the Bumidaya Inpatient Puskesmas

Table 7 presents the relationship between family support and visits for diabetes mellitus elderly. Elderly with good family support have active elderly visits as many as 21 people (20.5%) and inactive visits as many as 49 people (48.03%), while elderly with poor family support have active elderly visits as many as 17 people (16.6%) and inactive visits as many as 15 people (14.7%). The results of the *chi square* test showed a *p-value* of $0.025 < \alpha$ (0.05), it can be concluded that there is a statistically significant relationship between family support and Posyandu visits for elderly diabetes mellitus.

Discussion

Frequency distribution according to Elderly Visit

The diabetes mellitus elderly Posyandu visit variable is divided into 2 categories, namely active and inactive visits. The results showed that the frequency distribution of active elderly visits was 38 people (37.3%) while inactive visits were 64 people (62.7%). This study is in line with Norma's research (2022) which says the elderly with inactive visits were 85 people (58.2%) and the elderly with active visits were 61 people (41.8%).

According to the Ministry of Health of the Republic of Indonesia in 2021, in general, health services at the Posyandu for the elderly are promotive and preventive in the form of early detection of health problems, increasing knowledge, and helping to maintain and improve the health conditions of the elderly, both physical, psychological and social functions. The general purpose of establishing Posyandu for the elderly is to improve the degree of health and quality of life of the elderly to achieve a happy and empowered old age in family and community life according to their existence. The organization of Posyandu Lansia is carried out at least once a month. The day and time are chosen according to the results of the agreement. If necessary, the opening days of Posyandu Lansia can be more than once a month.

The researcher's opinion is that most of the elderly who are not active in participating in elderly visits have obstacles or problems that cause them not to be able to participate in activities at the elderly Posyandu. The obstacles that occur in the elderly such as being sick, no one to take them because of the distance, there are also those who want to be at home to look after their grandchildren.

Frequency distribution according to education

Education variables are categorized into three, namely basic education, secondary education and higher education. Elderly with basic education have the largest frequency, namely 66 respondents (64.7%) while elderly with secondary education (SMA / SMK) 31 respondents (30.4%) and elderly with higher education 5 respondents (4.9%). The results of this study are in line with research conducted by Tobe (2022) which states that the majority of elderly people have an elementary / MI education level of 40 people (66%), high school 17 people (28%) and college 3 people (5%).

Education according to Nurfuadi et al in 2022 is a conscious and planned effort to create a learning atmosphere and learning process so that students actively develop their potential so that they have religious spiritual strength, self-control, personality, intelligence, noble character, and skills needed by themselves and society. Education in Indonesia is implemented and divided into several levels. The levels of education are divided based on the age and ability of students, each level of education has a different age range and length of education. With the arrangement of education levels like this, it is easier to group students and targets as well as policies and other matters regarding education.

The researcher's opinion is that the working area of the Bumidaya Inpatient Puskesmas is located in the countryside with the majority of the population as farmers, based on the data from the Bumidaya Inpatient Puskesmas Profile, the majority of residents have a history of basic education (elementary / junior high school), as well as the research respondents, most of whom also have a history of the last education is elementary / junior high school.

Frequency Distribution According to Family Support

Family support variables were categorized into two, namely good and poor family support. The results showed that 70 respondents (68.6%) had good family support while 32 respondents (31.4%) had poor family support. This research is in line with research conducted by Nurfadilah (2019) which says good family support 40 respondents (58.8%), while family support is not good 28 respondents (41.2%).

Family support according to Jhoni Putra in 2019 is assistance received by one family member from another family member. Family support is a form of support that is a source of practical and concrete support for other family members. Forms of support can be financial, caring for sick family members, doing household chores, replacing the role of sick family members, and utilizing existing facilities and materials for care purposes. Other forms of family support can be in the form of good quality and comprehensive support, showing empathy, providing facilities and providing information needed, can increase motivation and make patients feel safer and more comfortable when they are around their family.

The researcher's opinion is that family support is needed by the elderly. people with advanced age have many organs that begin to experience the process of degeneration or aging and various kinds of chronic diseases that begin to affect them, one of which is diabetes mellitus. In the elderly with diabetes mellitus, continuous treatment is needed where there must be drugs that are always consumed every day, a balanced diet, daily physical activity, the family can provide care support so that the elderly can feel peaceful in the midst of the family.

Relationship between Education and Elderly Visits

Based on the results of research from 102 respondents, it was found that the elderly with a high level of education were 5 people (4.9%), a secondary education level of 31 people (30.4%), and a basic education level of 66 people (64.7%), the majority of respondents were elderly with basic education or graduated from elementary / junior high school / MTs, of the 66 respondents who actively attended the elderly Posyandu were 25 people (24.5%) while those who were not active were 41 people (40.1%). The statistical test results showed a p-

value of $0.539 \geq \alpha (0.05)$ there was no significant relationship between education and visits by diabetes mellitus elderly.

The results of this study are in line with research conducted by Tobe (2022) which explains that the elderly who have an elementary / MI education level mostly visit the elderly posyandu with a proportion of 83.88% and those who do not visit are 16.12%. The results of statistical tests using chi-square obtained a p-value of 0.545 ($p\text{-value} \geq \alpha = 0.05$) which means that the null hypothesis is accepted with the interpretation that there is no relationship between education and elderly visits to posyandu. Norma's research (2022) says from the results of bivariate analysis using the chi square statistical test the relationship between education level and elderly visits with a p-value of $0.371 \geq \alpha (0.05)$, so H_0 is accepted, it can be interpreted that there is no significant relationship between education level and elderly Posyandu visits in the Sempaja Health Center area. Yolanda's research (2023) explains that the results of statistical test calculations found that the level of education with elderly visits significant value is p-value $0.689 \geq \alpha (0.05)$ which means H_0 is accepted and H_a is rejected there is no relationship between the level of education of the elderly with elderly visits in the working area of Puskesmas Pitu, Central Tobelo District.

The elderly who visit the Posyandu for the elderly mostly have a basic education level of elementary/junior high school. The statistical test results show that there is no significant relationship between education and elderly visits to Posyandu. The results of this study are not in line with the theory put forward by Lawrance Green in Notoadmodjo (2018), namely education is one of the factors that influence health-related behavior change, education affects the learning process, the higher a person's education the easier it is for that person to receive information, however, from the results of the study it was found that there was no relationship between education and elderly visits, it is possible that not all changes occur due to learning alone, but also due to the maturity process of their development.

The researcher's opinion is that the majority of elderly diabetes mellitus who actively participate in Posyandu activities for the elderly are at the basic education level, while the majority of elderly visits are inactive. The results of the study say there is no relationship between education and elderly visits. The level of education does not guarantee someone to come to the Posyandu for the elderly, basically education can not only be obtained from school but also in the family environment, community, and from other media such as social media, news, which can increase one's awareness of health behavior for himself.

Of the 102 respondents, when viewed based on the distance of the elderly's home, it turns out that the majority of elderly people have a long distance home as many as 62 people (60.8%), which may be one of the factors for the low number of elderly visits at the UPTD Bumidaya Inpatient Puskesmas. The close distance of the house certainly makes it easy for the elderly to reach the elderly posyandu, the distance of the house to the elderly Posyandu has an effect in encouraging the interest or willingness of the elderly to participate in the elderly Posyandu activities, otherwise the distance of the house makes the elderly reluctant to come to the elderly Posyandu.

The distance between the house and the Posyandu location will affect the participation of the elderly at the Posyandu. The close distance of the Posyandu will make it easy for the elderly to reach the Posyandu without having to experience fatigue due to a decrease in endurance or physical strength of the body, so this can encourage the interest or motivation of the elderly to participate in Posyandu activities, besides that the local government is also expected to work with health workers to increase the location of the elderly Posyandu so that the community can reach the elderly Posyandu more.

Relationship between Family Support and Elderly Visits

Based on the results of the study, it can be seen that out of 102 respondents with good family support as many as 70 people (68.6%), while family support is not good as many as 32 respondents (31.4%), of the 70 people with good family support, 21 people (20.5%) of them with active elderly Posyandu visits while 49 respondents (48.03%) with inactive elderly Posyandu visits. The statistical test results obtained a p-value of $0.025 < \alpha (0.05)$ which means that family support is related to elderly diabetes mellitus in elderly Posyandu activities.

The results of this study are in line with research conducted by Yolanda (2023) which explains that family support with elderly visits has a p-value of $0.002 < \alpha (0.05)$ which means that H_a is accepted there is a relationship between family support and elderly visits in the work area of the Pitu Health Center, Central Tobelo District. Tobe's research (2022) said that most of the elderly who visited received support from their families with a proportion of 89.47% and those who did not receive family support amounted to 10.53%. The results of statistical tests using chi-square obtained a p-value of $0.006 (p\text{-value} \leq \alpha = 0.05)$ which means, the null hypothesis is rejected with the interpretation that there is a relationship between family support with elderly visits to Posyandu in Manulai II Village, Alak District, Kupang City. Nurfadilah's research (2019) is also in line with the results of the chi square test testing, the results of the P-value ($0.001 < \alpha (0.05)$) mean that H_a is accepted, namely there is a relationship between family support and elderly visits to the elderly Posyandu at Posyandu Bugenvil 50 Gugut Village, Jember Regency.

Most of the elderly who visit the Posyandu of the Bumidaya Inpatient Puskesmas work area have good family support, this is in line with the theory of Stuart and Sundeen (1995) in Tamher and Noorkhasiani (2019) who say that family is a shelter and refuge for the elderly, family support is one of the most important elements in helping individuals solve problems in this case their health problems, if there is support, self-confidence will increase and motivation to deal with problems that occur will increase. In accordance with the theory put forward by Arayntiningsih (2014) family support plays a very important role in encouraging the interest or willingness of the elderly to participate in posyandu activities for the elderly, the family can be a strong motivator for the elderly if they always take the time to accompany or take the elderly to the elderly posyandu to remind the elderly if they forget the posyandu schedule and try to help overcome all problems with the elderly.

The researcher's opinion is that the majority of family support when looking at the results of the respondent's questionnaire is in instrumental support where out of 102 respondents 82 of them said they agreed and supported the instrumental support category,

instrumental support includes the family helping with elderly problems, accompanying and caring for the elderly when sick, helping elderly people who have difficulty doing activities. Family support has a good value but the number of elderly visits tends to be low it is possible when viewed from the questionnaire in the informational support category the majority of elderly people have low support, the family supports but at the point of informational support families who have certain activities tend not to know the elderly posyandu schedule as a result when the elderly posyandu activities the family does not escort and serve the elderly to come. Family support is closely related to elderly visits to Posyandu, therefore efforts that can be made are health workers are expected to work with families to motivate the elderly to actively visit the elderly Posyandu.

CONCLUSION

The conclusion of this study shows that the majority of elderly diabetes mellitus in the working area of the Bumidaya Inpatient Puskesmas have a basic education level (64.7%), with good family support in 68.6% of respondents and active visits to the elderly Posyandu by 37.3%. There is no significant relationship between education and elderly visits (P -value $0.539 > 0.05$), but there is a significant relationship between family support and elderly visits (P -value $0.025 < 0.05$). Therefore, the elderly are expected to routinely visit Posyandu, carry out health controls, and implement a healthy lifestyle. Families are expected to play an active role in providing support to the elderly to maintain health and regularly visit Posyandu. Puskesmas are advised to improve health services, provide special support for the elderly with diabetes mellitus, and expand the reach of Posyandu for the elderly. The results of this study can be a reference for Aisyah Pringsewu University and further research to explore other factors that influence elderly visits to Posyandu

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