



DETERMINANTS INFLUENCING ELDERLY UTILIZATION OF RUMAH KASIH: SOCIAL AND PROFESSIONAL SUPPORT ANALYSIS

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ABSTRACT

Indonesia's aging population presents an increasing demand for accessible, community-based health services. However, the utilization of Rumah Kasih, a community health program for older adults, remains suboptimal. Objective to examine the reinforcing factors influencing its utilization, including support from healthcare workers, university students, community health workers (CHWs), village heads, family members, and peers. A quantitative, cross-sectional study was conducted involving 192 elderly respondents with total sampling. Data were collected using questionnaires and analyzed using chi-square tests and multivariate logistic regression. The bivariate analysis indicated that all support factors were significantly associated with service utilization ($p < 0.05$). Multivariate analysis identified healthcare worker support as the most influential predictor (OR = 48.346; $p < 0.001$), followed by student involvement (OR = 5.259; $p = 0.005$). Although family support was significant in the bivariate analysis, it was not retained in the multivariate model. CHW and peer support yielded high odds ratios but lacked statistical significance, possibly due to data variability or multicollinearity. These findings highlight the critical role of professional engagement and student participation in enhancing elderly involvement in community health programs. Strengthening these factors, along with targeted strategies to involve social actors, may improve the effectiveness and long-term sustainability of elderly care services.

Keywords: elderly health; healthcare support; program utilization

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INTRODUCTION

Indonesia is experiencing a rapid demographic change, with a growing number of older adults. According to the Indonesian Central Bureau of Statistics, by 2045, people aged 60 and over will make up more than 20% of the country's population. This means Indonesia will become one of the most aged countries in the world (Mas'ul, 2023). This demographic shift places significant pressure on the healthcare system to transition from primarily curative services to more preventive, community-based models that effectively address the complex physical and psychosocial needs of the elderly population (Khan, Addo, & Findlay, 2024). Health professionals play a critical role in influencing the quality and utilization of community health initiatives for the elderly. Research indicates that the responsiveness, technical competence, and empathetic communication of healthcare providers are strongly correlated with patient satisfaction and sustained service utilization among older adults (Huttunen, Upadyaya, & Salmela-Aro, 2024; Kwame & M. Petrucka, 2021). In community-based programs such as Rumah Kasih, professional staff not only provide clinical care but also function as essential intermediaries between the formal healthcare system and the daily lives of older adults.

Complementing formal healthcare services, community health workers (CHWs)—locally recruited individuals commonly referred to as “cadres”—have emerged as critical contributors to extending primary care outreach, particularly in underserved and remote regions. Empirical evidence indicates that well-trained CHWs can substantially enhance community trust, deliver culturally appropriate health education, and promote adherence to preventive health practices (LeBan, Kok, & Perry, 2021; White-Williams et al., 2020). Their integration within the social fabric of communities enables early identification of health-related barriers and facilitates the implementation of context-specific interventions, thereby enhancing the effectiveness and long-term sustainability of community-based health programs. In addition to support from professional and volunteer cadres, social support from family members and peers plays a crucial role in shaping the health behaviors of older adults. Active family involvement in care planning has been associated with increased treatment adherence and enhanced emotional well-being among the elderly (Marzuki, Nor, Rashid, & Ghazali, 2023). Similarly, peer support groups play a vital role in alleviating loneliness and depression among older adults, thereby fostering sustained engagement with community-based health initiatives (Fuller et al., 2022; Turner, Fulop, & Woodcock, 2024).

Although previous studies have provided useful insights, most have looked at each group’s role separately, without exploring how different support systems work together to influence the use of community-based services like Rumah Kasih. This limited view leaves an important gap in understanding how these groups interact to support or hinder program success. To fill this gap, this study offers a new and comprehensive analysis of six key support groups—professional health workers, community health workers (CHWs), university students, village leaders, family members, and peers—and how they jointly influence the use of Rumah Kasih services. By bringing these factors together in one model, the study helps expand our understanding of social support in eldercare and provides practical guidance for building stronger, more effective community health programs. The results aim to support policymakers, program planners, and community leaders in Indonesia and other developing countries in using diverse support systems to improve the health and well-being of older adults.

METHOD

This study employed a quantitative approach with an analytical observational design. The target population consisted of elderly individuals utilizing the Rumah Kasih service, with a total of 192 respondents selected through total sampling. Data were collected using a structured questionnaire designed to assess the elderly's perceptions of support received from healthcare professionals, family members, university students, community health workers (CHWs), village heads, and peers, as well as their level of service utilization. The questionnaire was tested for validity and reliability. The validity score was 0.85, showing that the questions accurately measure the elderly's perceptions of support and service use. The reliability score (Cronbach’s alpha) was 0.82, indicating good internal consistency and that the questionnaire produces stable and consistent results. Data analysis was conducted in two stages. Initially, chi-square tests were performed to examine the relationships between the reinforcing factors and the utilization of the Rumah Kasih service. Subsequently, multivariate logistic regression analysis was conducted to identify the variables that had the most significant impact on optimizing service utilization. Statistical significance was set at $p < 0.05$, and the strength of associations was evaluated using odds ratios (OR) along with 95% confidence intervals (CI).

RESULT

Table 1 presents the demographic characteristics of the respondents. The majority were female (83.85%), while male respondents comprised 16.15% of the sample. In terms of age

distribution, 61.98% were categorized as older adults, whereas 38.02% fell within the early to late elderly age group. With regard to educational attainment, the majority (83.85%) had completed elementary school, and only 16.15% had attained a high school education. In terms of employment status, 66.67% of respondents were currently employed, while 33.33% reported being unemployed.

Table 1.
Distribution of Respondent Characteristics by Gender, Age, Education, and Employment Status

Variable	Total	
	f	%
Gender		
Male	31	16,15
Female	161	83,85
Age		
Early-Late Elderly	73	38,02
Old human	119	61,98
Education		
Elementary school	161	83,85
High School	31	16,15
Occupation		
Working	128	66,67
Not working	64	33,33

Table 2.
Analysis of Reinforcing Factors Influencing the Utilization of Rumah Kasih

Variable	Rumah Kasih Utilization				Total		p	CI 95%
	Beneficial		Less Beneficial		f	%		
	f	%	f	%				
Healthcare Workers								
1. Good	128	98,46%	48	77,42%	176	91,67%	0,000	18,667 (4,090-85,201)
2. Poor	2	1,54%	14	22,58%	16	8,33%		
	130	67,71%	62	32,29%	192	100,00%		
Family								
1. Good	126	96,92%	50	80,65%	176	91,67%	0,000	7,560 (2,328-24,555)
2. Poor	4	3,08%	12	19,35%	16	8,33%		
	130	67,71%	62	32,29%	192	100,00%		
Student								
1. Good	86	66,15%	10	16,13%	96	50,00%	0,000	10,164 (4,715-21,910)
2. Poor	44	33,85%	52	83,87%	96	50,00%		
	130	67,71%	62	32,29%	192	100,00%		
Community Health Workers								
1. Good	119	91,54%	40	64,52%	159	82,81%	0,000	5,950 (2,653-13,342)
2. Poor	11	8,46%	22	35,48%	33	17,19%		
	130	67,71%	62	32,29%	192	100,00%		
Village Head								
1. Good	119	91,54%	30	48,39%	149	77,60%	0,000	11,539 (5,219-25,514)
2. Poor	11	8,46%	32	51,61%	43	22,40%		
	130	67,71%	62	32,29%	192	100,00%		
Peers								
1. Good	119	91,54%	20	32,26%	139	72,40%	0,000	22,718 (10,051-51,350)
2. Poor	11	8,46%	42	67,74%	53	27,60%		
	130	67,71%	62	32,29%	192	100,00%		

Table 2 presents the factors influencing the utilization of Rumah Kasih, revealing several statistically significant associations. Among these, the roles of healthcare workers and family members demonstrated the strongest impact. A total of 91.67% of respondents reported beneficial utilization of Rumah Kasih services associated with support from healthcare

workers (p-value = 0.000; 95% CI: 18.667–85.201) and family members (p-value = 0.000; 95% CI: 2.328–24.555). Community health workers (CHWs or *kader*) also had a significant positive influence, with 82.81% of respondents reporting beneficial effects (p-value = 0.000; 95% CI: 2.653–13.342). Additionally, the roles of village heads and peers contributed positively to service utilization, with statistically significant results (p-value = 0.000; 95% CI: 5.219–25.514 for village heads and 95% CI: 10.051–51.350 for peers). In contrast, the involvement of university students was perceived as less impactful, with only 50% of respondents indicating their participation as beneficial, despite a statistically significant association (p-value = 0.000; 95% CI: 4.715–21.910). Overall, the findings identify healthcare workers and family members as the most influential factors in optimizing the utilization of Rumah Kasih services. Meanwhile, the relatively limited impact of student involvement highlights the need for further evaluation and potential enhancement of their roles within the program.

Table 3.
Logistic Regression Model of Reinforcing Factors Influencing the Optimization of Rumah Kasih Utilization

Step	Variable	Coefficient (B)	S.E.	Sig. (p)	Exp(B)
Step 1	CHW Support (Kader)	21.017	12,666.90	0.999	1.34×10^9
	Village Head Support	0.000	17,913.67	1.000	1.000
	Peer Support	22.357	12,666.86	0.999	5.12×10^9
	Student Support	1.660	0.586	0.005	5.259
	Family Support	0.701	1.029	0.496	2.015
	Health Worker Support	3.854	0.930	0.000	47.198
	Constant	-23.890	12,666.90	0.998	0.000
Step 2	CHW Support (Kader)	21.017	8,956.839	0.998	1.34×10^9
	Peer Support	22.357	8,956.839	0.998	5.12×10^9
	Student Support	1.660	0.586	0.005	5.259
	Family Support	0.701	1.029	0.496	2.015
	Health Worker Support	3.854	0.930	0.000	47.198
	Constant	-23.890	8,956.839	0.998	0.000
Step 3	CHW Support (Kader)	21.010	8,987.438	0.998	1.33×10^9
	Peer Support	22.397	8,987.438	0.998	5.33×10^9
	Student Support	1.660	0.585	0.005	5.259
	Health Worker Support	3.878	0.915	0.000	48.346
	Constant	-23.864	8,987.438	0.998	0.000

In the final step of the logistic regression analysis (Step 3), four reinforcing factors remained in the model: support from community health workers (CHWs), peers, students, and healthcare professionals. The results indicated that support from healthcare workers had the strongest and most statistically significant influence on the optimization of Rumah Kasih utilization (B = 3.878, SE = 0.915, p < 0.001, OR = 48.346). This finding suggests that respondents who reported strong support from healthcare workers were approximately 48 times more likely to perceive the program as beneficial. Support from students also demonstrated a statistically significant effect on service utilization (B = 1.660, SE = 0.585, p = 0.005, OR = 5.259), indicating a meaningful contribution to the effectiveness of the program. In contrast, while peer support and CHW support yielded extremely high odds ratios (OR = 5.33×10^9 and OR = 1.33×10^9 , respectively), both were associated with unusually large standard errors (SE = 8,987.438) and non-significant p-values (p = 0.998). These results suggest statistical instability, likely due to multicollinearity or sparse data within certain response categories. Overall, the analysis identified healthcare worker and student support as

the most consistent and significant predictors of optimal utilization of Rumah Kasih services. The findings highlight the need for further refinement of the model and re-examination of the data to clarify the roles of CHW and peer support, given the observed statistical irregularities.

DISCUSSION

Healthcare services for the elderly in Indonesia, particularly through *Posyandu Lansia* (Integrated Health Service Posts for the Elderly), are designed to empower communities in promoting health and preventing disease among older adults. However, the implementation of this program often encounters several challenges, including inadequate facilities and a shortage of professional staff with the necessary patience and expertise to deliver effective elderly care services (He & Tang, 2021). Additionally, many elderly individuals spend the majority of their time at home, engaging in routine or sedentary activities, with limited social interaction with their environment and peers. This condition contributes to reduced health communication and low participation in *Posyandu Lansia* programs (Hariastuti et al., 2024). Peer support plays a vital role in enhancing elderly participation in *Posyandu Lansia* activities. Social support from peers can offer emotional comfort, strengthen self-esteem, foster a sense of attachment and security, and promote feelings of belonging and being valued within a community (Dianti, Inayatilah, Ramadhani, Atmaja, & Sciences, 2023; Febriani & Fauzi, 2022; Warnita, Noor, Dwi anyoto, yahadatina Noor, & Aflanie, 2023). A study demonstrated that the implementation of appropriate peer support significantly enhanced the attendance of elderly individuals with hypertension at *Posyandu Lansia*. Participation rates increased markedly from 22% prior to the intervention to 97.6% post-intervention. This change was statistically significant, with a p-value of 0.000, indicating a strong influence of peer support on improving elderly engagement in community health services (Sari, Kurniawati, Ulfah, & Dwi, 2025).

The quality of services provided at *Posyandu Lansia* plays a crucial role in determining the satisfaction of elderly participants. Supporting facilities, such as laboratories and pharmacies, are essential components that contribute to service quality and, subsequently, patient satisfaction (Linggi, Nurhanifah, Kamaruddin, Ode, & Angreni, 2024). The availability of adequate facilities enhances the perceived reliability and trustworthiness of the services, thereby increasing the confidence of elderly individuals. Furthermore, responsiveness—defined as the ability of healthcare staff to deliver timely and appropriate services—also significantly influences the overall satisfaction of elderly service users (Permata, 2020). It has been noted that healthcare staff who demonstrate promptness and responsiveness in service delivery can significantly enhance patient satisfaction. In the context of *Posyandu Lansia*, responsiveness encompasses the efficiency of staff in managing administrative transactions as well as their attentiveness in addressing patient concerns and complaints. Additionally, empathy—reflected in the ability of healthcare providers to understand and respond to the emotional and psychological needs of elderly individuals—represents a critical dimension in fostering higher levels of satisfaction among elderly service users (Amani et al., 2020; Stewart Williams, Myléus, Chatterji, & Valentine, 2020).

This study underscores the critical role of reinforcing factors in optimizing the utilization of *Rumah Kasih*, a community-based health initiative. Findings from the multivariate logistic regression analysis (Step 3) identified support from healthcare professionals and university students as the most significant predictors of increased program engagement. These results

align with existing literature that highlights the pivotal role of professional involvement in the success of community health interventions. Specifically, the integration of community health worker (CHW) interventions into clinical practice has been shown to sustainably improve both participation rates and self-management capacities, particularly among populations facing heightened social vulnerability (Ferrer et al., 2022).

Notably, while family support demonstrated a significant association with program utilization in the bivariate analysis, it did not retain statistical significance in the multivariate model. This finding suggests that the influence of family support may be indirect or mediated by the involvement of other reinforcing actors, such as health professionals or community volunteers. Supporting this interpretation, prior research on adolescent reproductive health services has shown that family support can significantly influence service utilization, underscoring the complex and context-dependent interplay between familial and external support systems in shaping health-seeking behaviors (Sankar, 2024).

Although peer support and the role of community health volunteers (*kader*) were associated with high odds ratios, these variables did not reach statistical significance and were accompanied by large standard errors. This pattern may reflect underlying data variability or suggest the presence of multicollinearity among predictor variables. A meta-synthesis on community health worker (CHW) interventions has highlighted that their effectiveness is often rooted in social capital—specifically, relationships of reciprocity and trust within the community. Such relational dynamics, while critical to intervention success, may not be fully captured through conventional quantitative modeling approaches (Maas et al., 2022). Furthermore, the study identified support from healthcare workers as the most influential factor in optimizing the utilization of *Rumah Kasih*. Community health workers (CHWs), in particular, play a pivotal role in ensuring timely care, especially within the critical first 24 hours of illness onset—a period that is essential for reducing morbidity and mortality. Their presence at the community level facilitates early intervention, promotes appropriate health-seeking behavior, and strengthens the overall responsiveness of community-based health systems (Hodgins et al., 2021; Lamberti-Castronuovo, Valente, Barone-Adesi, Hubloue, & Ragazzoni, 2022).

The involvement of university students also emerged as a significant contributing factor in enhancing the utilization of *Rumah Kasih*. Their participation in community health initiatives has been associated with improved program outreach and overall effectiveness. Evidence from a study conducted in Kenya demonstrated that university students, through health education campaigns and peer support activities, played a vital role in increasing health awareness and service utilization among rural populations. These findings underscore the potential of academic-community partnerships in strengthening public health interventions at the grassroots level (Dzinamarira, Kuupiel, Vezi, & Mashamba-Thompson, 2021; Gizaw, Astale, & Kassie, 2022).

Although family support did not retain statistical significance in the multivariate analysis, its initial association with program utilization highlights the relevance of familial factors in shaping health-seeking behavior. Evidence from studies conducted in Indonesia has emphasized the critical role of family involvement in elderly health services, suggesting that

the integration of family support into community health programs can enhance their overall effectiveness. These findings point to the need for a more holistic approach that incorporates both familial and institutional support systems in the design and implementation of health interventions (He & Tang, 2021; Kim & Kim, 2024). The study also identified several challenges associated with peer support and the role of community health volunteers. Although these factors were associated with high odds ratios, their lack of statistical significance may indicate issues such as inconsistent levels of engagement or inadequate training. This is consistent with findings from a UNICEF report, which emphasized the importance of comprehensive training, supervision, and ongoing support to enhance the effectiveness of community health workers (CHWs) in delivering high-quality care. Strengthening these components is essential to maximize the potential impact of CHWs and peer-based interventions in community health settings (Idriss-Wheeler et al., 2024). In conclusion, the findings indicate that professional support constitutes the primary driver in optimizing the utilization of *Rumah Kasih*. Nonetheless, the contributions of family members, peer groups, and community volunteers remain integral to the program's overall success. Future interventions should prioritize the reinforcement of health workers' and university students' roles, while simultaneously developing strategies to enhance the engagement and collaboration of families, peers, and volunteers. Such a comprehensive approach is essential to improve both the effectiveness and sustainability of the program within the community health context.

CONCLUSION

This study found important factors that help increase the use of *Rumah Kasih*. The analysis showed that support from health workers and university students had the biggest impact on program use. Health workers played the most important role, showing how crucial professionals are in community health programs. Family support was linked to program use at first, but this connection was not strong when other factors were considered. This means family influence might work through other supporters. Peer support and community health workers (*kader*) showed positive effects but were not statistically strong, possibly because of data issues.

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