



THE RELATIONSHIP BETWEEN FAMILY FUNCTIONS IN HEALTH CARE WITH THE NUTRITIONAL STATUS OF THE ELDERLY

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ABSTRACT

The relationship between family function in health care and the nutritional status of the elderly is crucial in improving elderly nutrition. Effective family function, particularly in families with elderly members, plays a vital role in preventing malnutrition. This study aims to analyze the relationship between family function in health care and the nutritional status of the elderly in the working area of Kedungrejo Muncar Health Center, Banyuwangi. The study employed an analytical survey with a cross-sectional design, involving 50 respondents comprising elderly individuals and their families. Respondents were selected using a saturated sampling technique. Data collection was conducted through structured questionnaires and anthropometric measurements. The questionnaire assessed family functions in health care, while nutritional status was determined using body mass index (BMI) classifications based on weight and height measurements. Data were analyzed using the Spearman Rank test to examine the correlation between family function and nutritional status. The findings revealed that 42% of respondents exhibited poor family function in health care, and 66% of the elderly had a thin nutritional status. Statistical analysis demonstrated a significant positive correlation between family function in health care and the nutritional status of the elderly ($r = 0.021$; $\text{Sig} < 0.05$). These results indicate that better family function is associated with improved nutritional outcomes, while poor family function increases the risk of malnutrition. In conclusion, enhancing family function in health care is critical to ensuring adequate nutrition and preventing malnutrition among the elderly. Health workers play an essential role in raising awareness by providing counseling and education to families on their responsibilities in elderly care. Strengthening family involvement in elderly health management is key to improving nutritional outcomes for this vulnerable population.

Keywords: elderly, family, health care, nutritional

INTRODUCTION

Aging is a phenomenon that will be experienced by everyone who is given a long life, this event will occur naturally and cannot be avoided. According to the Indonesian Ministry of Health, the elderly are grouped into 4 groups, namely middle age elderly (viritas) aged 45-54 years, early elderly (prasenium) aged 55-64 years, elderly age group (senium) aged 65 years and over and high risk elderly aged 70 years and over. The increasing elderly population often considered a burden for family members because they are susceptible to various diseases, namely requiring quite high treatment costs. And nutritional intake is also less noticed by family members themselves. In addition, among families with the elderly themselves, it is not uncommon to find elderly people who are not cared for and taken care of. Nutritional problems in the elderly can be easily seen through their general appearance, namely the low weight of the elderly compared to the standard or standard weight of a person. Various factors also influence the nutritional needs of the elderly, including factors from the elderly themselves, family factors, environmental factors, service factors, physical activity, biological decline, medication, depression and mental conditions and illnesses.

Nowadays, elderly problems are increasing, especially in elderly nutrition problems, this happens because of the lack of nutritional intake into the body and this is also caused by family income or family economy that is insufficient to meet daily food needs. There are also reasons if the adequacy of nutritional intake is not immediately addressed, it will result in nutritional problems that often arise in the elderly such as malnutrition, excess nutrition and vitamin deficiencies (H.Wahyudi Nugroho, B.Sc., SKM,

2008). According to Darmojo (2009), he explains that the risk factors for malnutrition in the elderly are caused by and can be influenced by several factors such as decreased appetite, dental problems, dysphagia, functional disorders of the sense of smell and taste, respiration, digestive tract, neurology, infection, physical disabilities and other diseases such as cancer. One of the factors that supports the health of the elderly is the elderly's own family. Because for the elderly who are less able to meet their daily needs, they will indirectly need help from their family, one of which is to meet the nutritional needs of the elderly. The impact of lack of nutritional intake changes in eating patterns, physical and mental changes that are worsened by degenerative diseases suffered so that they worsen the condition of malnutrition. In addition, if the intake of nutrients is less than the body's needs, it will have an impact on changes in organs in the body such as decreased muscle mass and increased fat mass, decreased sense of vision, many teeth have fallen out, decreased bowel mobility, decreased motor skills, decreased brain cell function, kThe kidney's capacity to excrete large amounts of water is also reduced. (Watson Roger, 2003).

In maintaining the health of the elderly, of course there must be help from the closest person to the elderly, because the elderly cannot meet their daily needs. Given that an elderly person is getting older, their physical condition will be weaker and decline. Seeing such a phenomenon, of course the elderly really need the role and function of the family with the elderly. This is in line with Sutono's research on the problem of nutritional status in the elderly which states that the family plays a very important role in the health and nutritional status of the elderly. And in this study, the implementation of family functions in the field of family health is often neglected in its implementation. So because of the lack of family attention to the elderly, especially on nutritional problems, it is not uncommon to find elderly people with various nutritional problems, sometimes elderly people with malnutrition can be found and sometimes there are elderly people with excess nutrition.

Based on the World Health Organization (WHO) estimates the number of people over 60 years old is 40 million, but in 2015 it is estimated to reach 1.5 billion, from that number in 2009 around 5.3 people (8.37%) lived in Indonesia. In Indonesia the condition of the elderly with malnutrition is 3.4%, underweight 28.3%, ideal weight is 42.4%, and overweight 6.7% and obesity as much as 3.4%. And besides that, in East Java Regency, the number of elderly people reached 784,788 people, and if expressed as a percentage, the number of elderly people in East Java Regency could reach 9.36% of the number of elderly people in Indonesia (National Commission for Elderly People, 2011). Meanwhile, according to data in Banyuwangi district in 2011, the number of elderly groups was 189,424 people. Where this number consists of the male elderly group of 86,219 people and the female elderly group of 103,205 people. And the number of elderly people at the Kedungrejo Health Center was 3,243 people (39.19%) (Dinkes, 2012).

Based on a preliminary study conducted in Kedungrejo Muncar - Banyuwangi on April 23, 2024, the number of elderly Posyandu visitors reached 50 people in three Posyandus. And it was stated that the number of elderly who were classified as malnourished was 8% of the existing elderly. (UPTD Puskesmas Kedungrejo Muncar - Banyuwangi, 2024). And it is known that the factors that influence the good or bad nutritional status of the elderly are greatly related to the functioning or not of the family function in the family. This is proven by the fact that not a few elderly people around the health center area are not cared for by their families, especially the elderly who are classified as low-income. In addition, the nutrition of the elderly is also not given much attention by the family who lives with the elderly. Sometimes many elderly people still work alone for their daily needs. (Nunung, interview, April 2024).

To reduce the occurrence of nutritional problems in the elderly, families should carry out their family functions well and in addition, families also need to provide nutritional intake or provide balanced

nutrition to the elderly themselves. This study aims to analyze the relationship between family functions in health care and the nutritional status of the elderly in the work area of the Kedungrejo Muncar Health Center, Banyuwangi. The research seeks to understand how family involvement in providing health care affects the nutritional condition of elderly individuals, with the goal of identifying factors that contribute to better nutritional outcomes and addressing challenges that lead to malnutrition in this population.

METHOD

Research design is a research plan that is arranged in such a way that researchers can obtain answers to research questions. Research design refers to the type or kind of research chosen to achieve research objectives, and acts as a tool and guideline to achieve these objectives (Setiadi, 2007:127). The type of research used is "analytical survey" research, namely research that tries to explore how and why health phenomena occur. Then conducting a dynamic analysis of the correlation between risk factor phenomena and effect factors (Notoatmodjo, 2010:37). While the research design is a "Cross Sectional" survey. This research is one of the analytical survey research designs to study the dynamics of the correlation between risk factors and effects, by means of an approach, observation or data collection at once at a time or point time approach (Notoatmodjo, 2010:37).

RESULT AND DISCUSSION

Family Functions in Health Care

Table 1.

Frequency Distribution of Family Functions in Health Care (n=50)

The function of the family in health care	f	%
Very good	5	10
Good	15	30
Not good	21	42
Very bad	9	18

Based on table 1, it can be seen that out of 50 respondents, most of the respondents in the working area of Kedungrejo Health Center - Banyuwangi have poor family function in health care, namely 21 respondents (42%), almost half of the respondents have good family function, namely 15 respondents (30%), and respondents who have very poor family function are 9 respondents (18%) and respondents who have very good family function are 5 respondents (10%).

Based on the results of the study in table 1, it was found that most respondents, namely 21 respondents (42%), had poor family functions in health care, and almost half of the respondents had good family functions, namely 15 respondents (30%), and respondents who had very poor family functions were 9 respondents (18%) and respondents who had very good family functions were 5 respondents (10%). This indicates that the majority of family functions with the elderly in the Kedungrejo - Banyuwangi Health Center Working Area have poor family functions in health care.

The results of the analysis show that there is a relationship between family function in health care and the nutritional status of the elderly because out of 50 respondents there were 30 respondents (60%), while the family function was very good as many as 5 respondents (10%), and the family function was good as many as 15 respondents (30%). This shows that there are physical factors, psychological factors, social factors and cultural factors (health beliefs and practices, family values, family roles and communication patterns, and family coping) that cause the family function in health care to be poor. This greatly influences family members in carrying out their functions, if family members cannot carry out their functions well then the nutritional status will be low. So this factor has a great influence in improving the family function in health care and also for improving the nutritional status of the elderly.

Nutritional Status of the Elderly

Table 2.
Frequency Distribution of Family Functions in Health Care (n=50)

Nutritional Status of the Elderly	f	%
Thin	33	66
Normal	14	28
Fat	3	6

Based on table 2, it can be seen that out of 50 respondents, most of the respondents have a thin nutritional status, namely 33 respondents (66%), and almost half of the respondents have a normal nutritional status, namely 14 respondents (28%) and respondents who have an obese nutritional status, namely 3 respondents (6%).

Based on table 2, it can be seen that out of 50 respondents, 33 respondents (66%) have a thin nutritional status, and almost half of the respondents have a normal nutritional status, 14 respondents (28%) and 3 respondents (6%) have an obese nutritional status. Elderly nutritional status is a condition of a person's body over the age of 45 years where the health status is produced by the balance between nutrient needs and input. According to the Indonesian Ministry of Health, the elderly are grouped into 4 groups, namely middle age elderly (viritas) aged 45-54 years, early elderly (prasenium) aged 55-64 years, elderly age group (senium) aged 65 years and over and high risk elderly aged 70 years and over. Factors that affect nutritional status are direct causes, namely food and infectious diseases that may be suffered. The emergence of malnutrition is not only due to insufficient food but also due to disease. Children who get enough food but often suffer from diarrhea or fever, can eventually suffer from malnutrition, and indirect causes include family food security, child care patterns, and health services and environmental health Hariza Adnani, S.Km, M.Pd (2011:94).

Cross tabulation between family function in health care and nutritional status of the elderly

Table 3.

Relationship between family function in health care and the nutritional status of the elderly (n=50)

The function of the family in health care	Nutritional Status Elderly						Total	
	Thin		Normal		Fat		f	%
	f	%	f	%	f	%		
Very good	1	2	2	4	2	4	5	10
Good	8	16	6	12	1	2	15	30
Not good	18	36	3	6	0	0	21	42
Very bad	6	13	3	6	0	0	9	18

Based on the cross-tabulation results in table 3, it can be seen that out of 50 respondents in the criteria of very good family function, there is 1 respondent who has a thin elderly nutritional status (2%), and there are 2 normal elderly nutritional statuses in the family function in very good health care (4%), and there are 2 obese elderly nutritional statuses in the family function in very good health care (4%). In the family function in good health care, there are 8 respondents who experience thin elderly nutritional status (16%), and there are 6 respondents who have normal elderly nutritional status in the family function in good health care (12%), and there is 1 respondent who has obese elderly nutritional status in good health care (2%). In the criteria of poor family function in health care, there are 18 respondents who experience thin elderly nutritional status (32%), and the remaining 3 respondents experience normal elderly nutritional status (6%). And in the criteria of very poor family function, there are 6 respondents who experience thin elderly nutritional status (12%), and there are 3 normal nutrition in the family function in very poor health care (6%). From the results, it is known that the significance value = 0.021, this means that Sig <0.05 so H0 is rejected, which indicates that there is a significant relationship between family function in health care and the nutritional status of the elderly in the Kedungrejo - Banyuwangi Health Center work area,

the strength of the relationship is in the moderate category because the correlation coefficient value is in the range of 0.30-0.49 in the de Vaus Version Correlation Coefficient interpretation table.

Based on the cross-tabulation results in table 3, it can be seen that out of 50 respondents in the criteria of very good family function, there is 1 respondent who has a thin elderly nutritional status (2%), and there are 2 normal elderly nutritional statuses in the family function in very good health care (4%), and there are 2 obese elderly nutritional statuses in the family function in very good health care (4%). In the family function in good health care, there are 8 respondents who experience thin elderly nutritional status (16%), and there are 6 respondents who have normal elderly nutritional status in the family function in good health care (12%), and there is 1 respondent who has obese elderly nutritional status in good health care (2%). In the criteria of poor family function in health care, there are 18 respondents who experience thin elderly nutritional status (32%), and the remaining 3 respondents experience normal elderly nutritional status (6%). And in the criteria of very poor family function, there are 6 respondents who experience thin elderly nutritional status (12%), and there are 3 normal nutrition in the family function in very poor health care (6%).

From the results of the SPSS for Windows 16 test, it is known that the significance value = 0.021, this means that Sig < 0.05, so H₀ is rejected, which indicates that there is a significant relationship between family function in health care and the nutritional status of the elderly in the work area of the Kedungrejo Health Center, Muncar District - Banyuwangi. This indicates that the function of the family in health care greatly affects the nutritional status of the elderly. Where the support and role of the elderly greatly affect the health of the elderly, especially in terms of their nutrition. It should be noted that if the function of the family in health care is classified as good, then indirectly physical health will be formed in the elderly, especially in terms of their nutrition.

According to H. Wahyudi Nugroho, B.Sc., SKM, (2008:103) nutritional problems that often attack the elderly are excess nutrition, malnutrition and vitamin deficiency, so in addition to attention from the family, they must get a balanced menu that can support and improve the nutrition of the elderly. So in this case, the elderly family must be observant and patient in caring for the elderly so that there are no elderly with malnutrition. So it is often said that between the functions of the family in health care must be balanced because the function of health care is an important component in family assessment. To carry out this function from a point of view, this function is one of the functions that causes the provision of physical needs such as food, clothing, housing, and health care. The family is a basic system where health behavior and care are regulated, carried out and run. The family provides health promotion and preventive health care and shares care for its sick members.

CONCLUSION

From the results of research and discussion regarding the relationship between family function in health care and the nutritional status of the elderly in the work area of the Kedungrejo - Banyuwangi Health Center with a sample size of 50 respondents can be concluded as follows: Based on the research results, it is known that the elderly family respondents in the Kedungrejo - Banyuwangi Health Center Working Area who have a very good family function in health care are 5 respondents (10%), those who are good are 15 respondents (30%), while those who are not good are 21 respondents (42%) and those who are very bad are 9 respondents (18%). Based on the research results, it is known that elderly respondents in the Kedungrejo - Banyuwangi Health Center Working Area who have a nutritional status of thin elderly are 33 respondents (66%) and those who are normal are 14 respondents (28%), while those who are obese are 3 respondents (6%). From the test results it is known that the significant value = 0.021, this means that Sig < 0.05, so H₀ is rejected and H_a is accepted, which indicates that there is a relationship. significant relationship between the function of the family in health care and the nutritional status of the elderly in

the working area of the Kedungrejo - Banyuwangi Health Center, this occurs because the function of the family in health care greatly influences the nutritional status of the elderly.

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