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ISSN (Online): 2455-7838

SJIF Impact Factor (2015): 3.476

EPRA International Journal of

Research & Development (IJRD)

Volume:1, Issue:6, August 2016



Published By :
EPRA Journals

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MOTIVATION FOR ELDERLY VISITS TO ELDERLY POSYANDU IMPROVING THE QUALITY OF LIFE IN ELDERLY IN THE WORKING AREA OF ASAM-ASAM PUBLIC HEALTH CENTER

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ABSTRACT

Lack of elderly visits to Elderly Posyandu associated with lack of elderly motivation. The purpose of this study is study of the elderly motivation to Posyandu in improving quality of life of elderly. This research is a descriptive qualitative research with case study design. Respondents in this study were elderly, the village head, Posyandu cadre and officer of elderly health program. Data collection techniques using indepth interviews, focus group discussions, and observations in the field. Results are 1) Physiological motivation: the desire elderly get a sense of security, protected from the disease despite the absence of health insurance for the elderly and without any material reward, 2) Social motivation: concern for the elderly to the surrounding environment but the lack of family support, religious leaders and figures society, 3) Motivation of self-development: existing knowledge and skills increases, 4) Intrinsic motivation: want to know their health, want to be healthy and happy gathering of friends and meet with officials, but sometimes forget to schedule and were not in place, 5) Ectrinsic motivation: their treatment, their gymnastics elderly, but there is nothing to remind schedule of activities, there are other activities, and the lack of family encouragement, 6) Description for the quality of life of elderly shows increased physical health marked dependence of medical assistance and disease state of individual improvement. the conclusion is motivation physiologically based on the wish to cater to individual needs security, social motivation, fueled by concern for the surrounding albeit less social support, motivation self-development based on knowledge and skills, intrinsic motivation for wanting to know her health in the hope that healthy and interests meet friends and officers although sometimes forget the schedule and there is no place, because elderly extrinsic motivation: their treatment and gymnastics elderly, but no reminding schedule, there are other activities, lack of family encouragement, describing the quality of life of elderly increases marked increased physical health

KEYWORDS: motivation, visit, elderly posyandu,

INTRODUCTION

Posyandu is heading an integrated service for elderly people in a certain area that has been agreed upon, which is driven by the community where they can get health care. Posyandu is the development of government policies through health services for the elderly health centers which operate through programs involving the participation of the

elderly, families, community leaders and social organizations in its implementation (Purnama, 2010).

To improve health care and social welfare in the community expected the creation of independent elderly in the aging process. The aging process should be accompanied with the ability and awareness of the elderly in presenting role to be

actively involved in the utilization of Posyandu. Utilization of Posyandu affected between knowledge, attitudes, actions participation of the elderly, the distance between home posyandu, experience service utilization, costs and effectiveness of the services provided at the Posyandu (Sudaryanto, 2008).

Elderly population has increased significantly in the world. Official estimates indicate that the number of elderly people increases fantastic, from 296 million (1980) to 403 million (2000) and will increase further to 649 million in 2020. Furthermore, the trend of the proportion of elderly population to total population, estimated to have improvement of 8.5% (1980) to 9.6% (2000) and 12.5% in 2020 (Siegel, 1982, Keane and Bartram, 1985). Increasing the proportion of these occur evenly in many countries, both developed countries and developing countries.

In South Kalimantan life expectancy in 2012 was 64.52 years, while in 2013 increased to 64.82 years. As for the total population in 2013 as many as 3,626,616 inhabitants and by 2014 as much as 3,922,79 million inhabitants. For the year 2013 the number of elderly people aged 60 years and older with as many as 235 785 composed of as many as 107 616 men and women's lives as much as 128 169 inhabitants (BPS South Kalimantan, 2014).

In Tanah Laut total population by the year 2013 as many as 316.219 people, made up of the men's 162 287 inhabitants and women 153 932 inhabitants, while the number of elderly by age 60 years and older as many as 16 683 people, consisting of as many men as 8,041 lives and women as much as 8642 soul (Health Profile Tanah Laut in 2013). While life expectancy in Tanah Laut is the highest among all districts in South Kalimantan, which in 2012 was 69.11 years and in 2013 increased to 69.29 years, which means the number of elderly will increase.

Asam-Asam PHC have a development program for the elderly in the form of Posyandu. Elderly posyandu in Asam-Asam PHC of 7 pieces. In the execution of Posyandu activities run regularly every month. Hopefully, by the Elderly posyandu can visit Posyandu to get health care. As the number of elderly in PHC Asam-Asam as many as 1,006 people in 2013 and 2014 as many as 1,264 people.

Results of preliminary surveys on the field conducted by researchers in September 2014, the number of elderly in the neighborhood health center visits as many as 139 people, and in December 2014 came to Posyandu fewer still that as many as 109 people. Judging from the results of the visit, the number of elderly who come to Posyandu still low.

The results of the visit elderly people in one year was in January 2014 visit as many as 92 people, in February 2014 a total of 140 people, on March 2014, as many as 104 people, in April 2014 as many as 146 people, in May 2014 as many as 140 people,

in June 2014 as many as 182 people, in July 2014 as many as 142 people, in August 2014 as many as 115 people, in September 2014 as many as 139 people, in October 2014 as many as 104 people, in November 2014 there were 117 people, and in December 2014 as many as 109. The program targets the elderly in 2014 that elderly health care coverage is 70% (MoH RI Strategic Plan, 2010-2014). It shows that visits to the elderly health care is still very low.

The low traffic utilizing the elderly in elderly health care-related needs of one's health. Habits of our society is that if the new hospital visiting service is already commonplace. This habit is a behavior that is in the public less supportive to health. According to Anderson R, in Notoatmodjo (2007) states that a person's behavior in the use of health services are categorized into three groups, namely factor *presdiposisi* (eg. age, gender, occupation, education level, knowledge), the capability/support (the family's ability and the ability of communities), and need factors (perception of health status and evaluate the results of medical examination).

In carrying posyandu there are often obstacles often faced elderly in participating in Posyandu activities include elderly low knowledge about the benefits posyandu, distance from the house posyandu distant and hard to reach, family support Posyandu staff attitude is not good. Posyandu activities will go well if the elderly people attend regularly at the Posyandu. The elderly will get basic health care for the elderly which is expected to be maintained properly and optimal quality of life. By utilizing Posyandu activities will be tracked optimally about his health. For the elderly who are not active in exploiting Posyandu activities, then his health condition will not be monitored well so if there are health problems feared would be fatal and life-threatening elderly.

The need for utilizing health services is a motivating factor or the motivation for someone to visit the health service. Low visit the elderly is an indicator of the lack of elderly people who get health care. One of the experts who examined about one's motivation to participate in an organization is Alderfer. According to Alderfer, in Siagian (2004), the motivation for someone to *berpartisifasi* in a job because there are three groups of basic needs such as: the need for the presence or physiological needs (existence), need to be interconnected with social and concern for others (relatedness), and need to develop the ability of self (growth), known as ERG theory. According to Alderfer, one can only satisfy these three groups simultaneously. Besides other theories of motivation according to Herzberg, known as 2-factor theory of motivation. Motivation person is also influenced by factors intrinsic (internal) that is thrust arising from within each person and extrinsic factors (external) that is the driving force that comes from outside oneself.

The low-level visit to the Elderly posyandu in Asam-Asam PHC is something interesting problems to be meticulous. With the above background see where traffic is low elderly need no motivation for the elderly in order to increase visits to the elderly Posyandu so that the elderly can utilize Posyandu health services in order to increase the health of the elderly people and does not burden the family, community and country. Based on these descriptions, then the researchers wanted to examine more deeply about the motivation of elderly visited Posyandu to take an active role in improving the health of the elderly in order to maintain the health of the elderly, improving quality of life and does not become a problem in society.

METHODS

The study design that is a case study which analyzed the motivation of elderly to posyandu which includes motivation physiological (existence motivation), social motivation (relatedness motivation), motivation, self-development (growth motivation), intrinsic motivation (intrinsic motivation) and extrinsic motivation (extrinsic motivation). Motivation elderly studied only in Asam-Asam PHC exist posyandu lansianya and not to generalize to other contexts.

This research was conducted in Asam-Asam PHC which has elderly posyandu ie 7 elderly posyandu in villages in Asam-Asam PHC. To determine the respondents in this study using techniques and specific objectives (purposive sampling), by way of a snowball, which continues to explore the data needed to answer the questions. Respondents in this study can be divided into:

1. The main respondents in this study is the elderly.
2. Respondents support in this study consisted of:
 - a. Head Village
 - b. Posyandu Cadre
 - c. Officers of elderly programs in PHC

Collecting data in this study was done by the method in-depth interviews, focus group discussions (FGD) and observations in the field. Based on the type and design of the existing research, analyzed the data of research results using an interactive model of Miles and Huberman (2007).

RESULTS AND DISCUSSION

1. Physiological Motivation (Existence Motivation)

The results showed that the physiological motivation elderly come to Posyandu is to meet security needs. A sense of security will foster peace of life of the elderly. The desire for healthy is what motivates the elderly can participate coming to Posyandu. The need for security of which this is the sense of physical, stability, dependability, protection and freedom from the forces threatening such as war, terrorism, disease, fear, anxiety, danger unrest

and natural disasters (FIEs, Jess, Gregory. J. Feist, 2010)

Type this security requirement is also related to security, stability, protection, structure, order, a situation that can be estimated, free from anxiety, and so on. Because of this requirement, the man made laws, legislation, develop trust, making systems, insurance, pensions, and so on (Sarlito W. Sarwono, 2002).

In accordance with the opinion of Notoatmodjo (2007), said that community participation in the health field is the participation of the whole community in solving the health problems of their own. In this case the people themselves who actively think about, plan, implement and evaluate health programs that exist in society. Health institutions simply motivate and guide him. This fits well with Republic Act 36 of 2009, which reads: the efforts of health care for the elderly should be directed to maintain in order to stay healthy and productive life socially and economically, in accordance with human dignity. In addition the government must ensure the availability of health services and facilitate the elderly to be able to live independently and productively socially and economically.

Health insurance is a part of the sense of security of the elderly. Getting older, more numerous and complex health problems that arise. Will cost a little to the financing of health for the elderly if a medical condition or illness and needs a long time to heal and a convalescence.

The results showed that the majority of older people do not get health insurance from the government. This is because the elderly before they were able to try and work and seen wealthy. But now when the researchers came to the house, the elderly do not have a business anymore, just make sticky rice and cassava crackers are not many. This is caused by the elderly is now a sickly that has reduced activity in the attempt. However, Tanah Laut regency government has eliminate the entire population went to government health facilities in health centers and distribution networks. Even for diseases need to be referred to a hospital in the district, the government has to bear the cost of care and treatment based on the certificate can not afford made by the village and is known by the districts to include a referral letter from the clinic. According to Health Minister in the meeting of the Ministry of Health to 30 on 4 September 2014 from 11 countries included Southeast Asia based division of labor WHO in Yogyakarta said that: a variety of chronic diseases and decreased ability to move the elderly residents to be a challenge for the health and overall development. The issue of senior citizens need a comprehensive

policy. Indonesia's long-term health care elderly residents will be covered by the health insurance policies of BPJS the health sector began in 2014. With the health insurance from the government expected the elderly can increase visits to the elderly health care facilities. This shows that the health care received by the elderly is one of the fulfillment of physiological needs. With the fulfillment of physiological needs such as health care insurance for the elderly can be one of the factors that motivate the elderly to come to Posyandu. According with the opinion of Soekidjo (2007), says that patients or elderly see health care as a health service that can meet the needs felt and organized in a way that is respectful and polite, timely, responsive and able to heal grievances and prevent the development or spread of disease. From all the results obtained in this study indicate that the physiological motivation is good and not having problems where seniors are motivated to come to Posyandu.

Another result of this research is the elderly do not get rewarded in the form of money or goods in the elderly because the elderly Posyandu considers his health a necessary requirement seniors to stay healthy. Seniors do not want its presence to be a problem in the family and society. The desire to know his health and treat illness motivate the elderly to come to Posyandu. Although not rewarded elderly still get supplementary feeding of Posyandu in the form of food and drink made Posyandu cadres take turns each month. Agree with that raised by Tilaar (1997), said that the participatory community has the characteristic that one of them is able to stand alone, knowing the potential and ability, including barriers.

As efforts are made to motivate the elderly to Posyandu in physiological motivation is: give rewards to the elderly who often come to Posyandu form of goods simple and cheap, for example glasses or plates. Additionally held competitions for the elderly in the event of independence or the elderly or the health of the winner will be rewarded.

2. Social Motivation (*Relatedness Motivation*)

Based on the results of the study social motivation related to concerns about health problems in the vicinity show that the elderly are still concerned about health problems in the vicinity It is like the elderly say that if someone is sick, visited and advised to seek treatment, with fellow seniors, are invited to participate activities in posyandu. Their concern for the elderly who do make the elderly want to interact and help each other if there are problems. At the time of field observations seen them set out together with other elderly people to come. This

concur with the government in this case the Ministry of Social RI on May 24, 2012 at the National Elderly Day in 2012 with the theme "Harmony Three Generations" that contains the first meaning, the elderly care for others the elderly where elderly people who have the ability to help others who had the deficiency. Second, the elderly care for the elderly into a family where the family role model for children and grandchildren. Third, elderly care about the environment surrounding communities where the elderly become role models in the community for their expertise, experience and wisdom.

These needs and their interactions cause social relations in society. Social relationships occur such as working in teams, awards and recognition from friends, gain social status in the community, helping peers, surroundings and activities concerned with the deeds done in accordance with his religion. Various health problems often arise in the community, need the involvement of the parents who helped resolve the problem proficiency level. People are realizing that the suggestions and advice of the older people are aware of. Health problems of the elderly is complex, often health problems that arise need to help others to also finish. Needs the support of people nearby, religious leaders or community leaders who can help resolve.

Their desire to remain healthy, productive and creative in old age is keingian of the elderly. In order to meet the wishes of one of them is getting treatment in Posyandu. To be able berhadir on elderly posyandu, the elderly need to be there to encourage and support. Support is needed for older people can be motivated to learn berhadir in Posyandu activities.

The results also showed that most of the elderly do not have the support of those closest or family. Families sometimes only reminded the schedules of activities, but not delivering or motivate the elderly to go to Posyandu. The family is the closest person and sometimes together with the elderly. Lack of family support largely because the elderly do not live at home with their children, in addition to the time of day the children work outside the home for meet the economic needs of their families

From these results, contrary to the theory of the results of research conducted by Kresnawati (2009) which states there is a relationship between family support significantly the activity of the elderly in participating in Posyandu activities Gonilan Village, District Kertasura. M cording to Friedman (2008), said that the family serves as a support system for its members. Such support can be done by increasing emotional support,

respect, instrumental, and informative given by family members. Agree with Rufiati (2011), which says that the support (the role of) the family is very influential on people's participation, if the family member was instrumental, then the public will participate according attitudes of family members. Religious leaders or community leaders are those who can be a role model in the community. Each said he and his actions become advice and guidance to the community. Support from religious leaders and community leaders need to motivate the elderly to be able to come to Posyandu.

Based on these results, it is known that the support of religious leaders and community leaders are still lacking. This is due to a lack of concern for religious leaders and community leaders to Posyandu activities. Religious and community leaders had very little information about the activities in Posyandu. During this time people considered Posyandu known only by the cadres, the elderly and health care workers, but in fact the role of religious leaders and the community is needed.

These results contradict the theory that have been suggested by Lestari (2011) says that the support (roles) are both public figures, can enhance the activity of the population to Posyandu, otherwise lacking community support can reduce the activity of people coming to Posyandu. This opinion is also confirmed by the statement Shenandu B.Kar in Notoadmojo (2010), which says that the support from the surrounding community will affect a person's behavior on health.

From the results of the research show that the social motivation to come to Elderly posyandu are their own desires despite the lack of family support, religious or community leaders. They came to get health care, want to gather-together of the elderly, stay in touch, share experiences and others. Of the respondents surveyed, the majority of the elderly are no longer a couple lives, thus the need for peers to share stories and experiences. They were not shy, even feel glad to be present at the Posyandu. In Posyandu there is a concern and attention gained from social contact with others so as to give hope and encouragement for the elderly to continue to live independently, still excellent and useful in the twilight of life. According Rosyid, F (2009), said the elderly happy gathering-together with peers in Posyandu. Dyah (2014), said supporting factor is the positive response in the elderly Posyandu activities that feel good, and always follow the activities.

The efforts made to overcome the problems in the study of social motivation (relatedness motivation) is seeking cooperation with family, community or religious

leaders there. During this cooperation has not yet been established optimally.

Posyandu is not compulsory but it is a development program so that the implementation of a program of activities is still less get a good look at the health centers and other relevant agencies when compared to the Posyandu toddler. To recognize and promote Posyandu to the public, the need for cooperation with community and religious leaders. Activities that can be done is in any meetings or gatherings in the village involving community or religious leaders in order to invite the PHC officers especially program managers. Officers will socialize the elderly program. It is important that leaders in the community know in Posyandu activities and can support these activities. The forms of support that can be implemented community leaders / religious berhadir is to participate in the activities of Posyandu. The family at the time the event will take the time to facilitate the elderly to visit the elderly poyandu. To bind the family support and community leaders held a family gathering activities of the elderly during Posyandu activities every month.

3. Development Motivation (Growth Motivation)

Based on the results of this study show that the elderly are motivated to come to Posyandu because of the desire to increase knowledge and skills so that the elderly can live healthy and useful. Knowledge and skills can be obtained elderly Posyandu by way of education or training. Counseling is one of delivering information to the public to provide insight and knowledge to the elderly. Extension conducted basically is to change people's behavior that is not good into better behavior. Material presented also varied according to the situation and circumstances.

According Asfriyati (2003), which states that elderly care includes efforts include promotive, to direct the spirit of life of elderly to remain appreciated and keep it handy for himself, family, and society. Posyandu activities not only provide health services but also provide knowledge and skills such as providing information and conducting gymnastics elderly. For other skills that have not been done in Posyandu. But beyond elderly posyandu, the elderly carry out activities such as weaving rushes to make mats and baskets, leather make the diamond, making crackers and make rengginang. Providing knowledge and skills for the elderly is one of the forms to empower the elderly. Elderly not only as the watchman of the house, accompanied grandchildren, receive gifts and families waiting for death alone but the elderly will be useful, helpful to others. Empowerment of the elderly is intended to improve the social welfare of the elderly. In

the opinion of Azwar (2003) which states that education is an activity that is intentionally done to acquire the knowledge, skills and attitudes. According to RI Law No.13 of 1998 on the Welfare of Elderly Chapter, Article I, 1 (19) said that empowerment is any effort to improve the physical, mental spiritual social, knowledge and skills to the elderly ready to be utilized in accordance with their respective capabilities. In addition to the chapter, the second chapter, 3 said that efforts to improve the social welfare of elderly is directed to the elderly can still be empowered to play a role in development activities with due regard to the functions, wisdom, knowledge, expertise, skills, pengalaman, age, and physical condition, as well as the implementation of social welfare standard maintenance elderly.

In the article, four also said social welfare efforts aim to extend life expectancy, future productive, self-reliance and welfare, preservation of cultural values and kinship system of Indonesia as well as to get closer to God Almighty.

Satisfaction is a situation where the wishes, expectations and individual needs are met (Atmodjo, 2006). This may imply knowledge and skills acquired in accordance with the wishes Elderly posyandu and can assist his needs are met. According to Chaplin (2005), satisfaction is a subjective condition of an individual's personal circumstances in connection with pleasure as a result of the urge or the need that there is in him and connected with a reality that is felt. From the description above can be said that the knowledge or skills is considered satisfactory if the knowledge and skills that can satisfy and meet the needs of a person. If they are not satisfied, it will leave it and move on to another place. If the user Posyandu is not satisfied by the knowledge and skills provided then the elderly clerk would not come again to Posyandu and visitors posyandu be lonely and can lids. Agree with it like state by Hurlock (1996: 143), that life satisfaction is a state of peace and the contentment which is a pleasant condition and occurs when a particular individual needs and expectations can be met. While research Eny, Hikmawati and Akhmad, Purnama (2008), stating that the elderly were quite happy with their daily activities for realizing the activities undertaken to reduce the burden of life and not much dependent on other people. With a lot of the activity of the elderly were satisfied in living his life and does not burden the family.

The efforts are being made to attract elderly to Posyandu in this motivation is before conducting Elderly posyandu, elderly pray together before and after executing the elderly gymnastics. It aims to provide peace of mind in the elderly. In addition it can bring religious

leaders to provide spiritual cleansing. Cooperating with the sponsors, especially with companies that produce milk or elderly nutrition in the form of mass activities such as hiking or a leisurely stroll or a seminar. It is useful give pleasure, to gather with fellow elderly, increase knowledge and skills of the elderly. So far only acquired the knowledge and skills of local health workers (PHC). From time to time taken the place of the elderly in order to travel the elderly happy, can gather friends, as well as to eliminate the boredom of routine daily activities.

4. Intrinsic motivation

Based on the results of the study showed that in the elderly are motivated to Posyandu because of the desire to know his health problems and want to be healthy and interests to meet friends and health workers. This is because the elderly are prone to future illness. Many grievances felt by the elderly make elderly people want to know what the problem was happening to him. Complaints that arise associated with aging among the elderly is delivered body aches and joints, headaches, back pain, lack of appetite, decreased vision, urinary disorders, insomnia, memory loss. This concurs with that expressed Azizah (2011), which is the purpose of Posyandu include improving the ability of the elderly to recognize health problems themselves and act to resolve the issue that there is a limited ability and ask for help family or staff if needed.

Want healthy elderly is the work done to come to Posyandu, presence of health service activities were fun and were satisfied with the activities carried out when getting health care is the hope of the elderly to stay healthy. This concurs with the theory of Anderson, R (1968), in Notoatmodjo (2007), which states the need to get health care is a predisposing factor (contributing factors). In Posyandu activities, the elderly people need health care, meet their needs and use of health services in order to keep the elderly healthy and happy in her old age.

Besides the interest to meet friends and health care professionals is also a keingian the elderly come to Posyandu because often friends and stay in touch will be able to share knowledge and skills, take a load off and expel lonely life.

Conditions vulnerable elderly need an environment that understand them. Elderly people need friends who understand them. They need a friend to chat, often addressed and heard advice. According to Nugroho (2009), that the elderly also need to be given the opportunity to socialize or get together with other people so that they can maintain their communication skills, as well as to delay senility.

However, sometimes elderly people could not come to Posyandu due to forget the schedule of activities and was not at home when the implementation of the activities. Agree with Erpandi (2008) which says constraints faced by the elderly in participating in Posyandu activities of which are no transport and no reminding schedule of activities.

Efforts are being made to motivate the elderly come to Posyandu in this case is the intrinsic motivation to use the same clothes during activities. This is to remind the elderly that at that time there Posyandu activities. In addition, forming groups of community activities in the neighborhood, through religious, sports, social gathering, arts and others for the elderly.

5. Extrinsic motivation

From the research results show that the cause of elderly come to Posyandu is their activity and the treatment of the elderly gymnastics.

The main diseases that attack the elderly is hypertension, heart failure and infarction and cardiac rhythm disorders, diabetes mellitus, impaired kidney and liver function. In addition, a state that often interfere with the elderly such as impaired cognitive function, body balance, vision and hearing. All this puts the elderly obtain treatment of many kinds (Darmansjah, 1994).

Gymnastics elderly elderly needed to help the body stay fit, stay fresh and healthy body awake elderly. The views of some people who regard the elderly as people who can not afford, weak, and sickly cause they treat the elderly as human beings are helpless, so that all activities are very limited (menuh, 2000). This condition is exacerbated by a lack of time, place, and opportunity for the elderly in an activity to fill the rest of his life, so that the elderly to lose *self-efficacy*.

All of these changes resulted in inaction move, a step short, powerful legs do not tread. Elderly people should avoid excessive overweight because it can affect a dysfunction of the joints so that the elderly pelu follow gymnastics (Hanafi, 2008)

While the cause of elderly could not come due to environmental factors ie no reminding schedule of activities, there are other activities and no invite or usher. Elderly are not notified of the execution time Posyandu activities Posyandu because some places do not announce the schedule of Posyandu through a loudspeaker so that information is not up to the elderly. In addition it is still the lack of involvement of the family, so many elderly people come and go home alone. Their busyness of family and work, making the family could not deliver and pick up the elderly. Such circumstances make the elderly less attention in

maintaining good health and receive treatment. The unavailability of means of transportation and any other activities that can not be abandoned lead officer can not come carrying out activities in Posyandu. Medicines and laboratory materials for examination of the elderly who lack health care for the elderly led to less than the maximum. Additionally opinion dikemukakan Pratama (2007), said factors inhibiting community participation in health programs include the level of public education is relatively low, busyness for each job, the public response to health programs are still lacking, economic conditions, some officers not mastered the concept and understand the community about the program is lacking, the absence of the elderly is also responsible for the conductivity of busy work each.

As efforts are made to motivate the elderly come to Posyandu in intrinsic motivation is to make kentongan of bamboo, so that at the time of implementation Posyandu ring the gong to remind the elderly, to say the schedule Posyandu on any activity in the community, for example an event gathering, yasinan, or other meetings. Additional efforts are requesting assistance to perusahaan or local governments to make Posyandu facilities and complementary equipment as a means of supporting the health service.

6. Describing the quality of life of elderly

Based on the results of this study show that the average elderly health improved and more healthy after a visit to the Posyandu. This is evident from the results of high blood pressure that had now been decreased and controlled, headaches reduced as well as pain in the joints began to decrease, abdominal pain (heartburn) has also been reduced. This is what shows that elderly health improves. With the improved state of health in the elderly themselves, the quality of life will increase. Disisa health of the elderly is the welfare of his age, the elderly health if not controlled will lead to not detecting the disease early on, so that the disease will become chronic or chronic. Chronic disease significantly lowers the quality of life of the elderly. The existence of chronic diseases turned out identical to the life of the elderly. The increasing prevalence of chronic diseases often occur with age. According to reports 50-80% of elderly aged 65 years on average will have more than one chronic disease, so the quality of the physical and environmental domains in the elderly affected by chronic diseases on average significantly lower than the elderly who do not have chronic diseases (Canbaz, et al, 2002). WHO to measure quality of life using the four domains, namely physical health, psychological health, social relationships and

environment. Quality of life of elderly is functional condition elderly includes physical health are daily activities, dependence on medical assistance, needs rest, anxiety sleep, disease, energy and fatigue, mobility, activities of daily living, work capacity. Psychological health is a positive feeling, appearance and physical depiction, negative feelings, thinking, learning, concentration, memory, self esteem and confidence of individuals. Social relations elderly namely social support, personal relationships, and sexual activity, and environmental conditions that the home environment, freedom, physical safety, activity on the environment, transport, security, financial resources, health and social care.

In general, the elderly have limitations, so that the quality of life of the elderly be decreased. The family as the smallest unit of society that has a very important role in the care of the elderly to improve the quality of life of elderly (Yuliati, et al, 2004).

Assess the state of health of the elderly is associated with efforts to improve the quality of life of the elderly. If the health of the elderly is improving and increasing the quality of life will improve. Improved circumstances meant something more than just not sick, it means taking steps to prevent the disease and lead to a state of richer and more valuable, more balanced and more fulfilled in life (Hales, 2001). These results agree with the opinion of Darmojo (2002), which states that improved health will improve the quality of life of individuals, social or family support is needed to achieve these conditions. Hence the need for a service to overcome health problems for the elderly in improving the quality of life of the elderly. Services closest to the people is the Posyandu. For this reason the use of Posyandu is one solution to overcome the health problems of the elderly in society.

CONCLUSION

Based on the research that has been described previously to visit elderly motivation in improving the quality of life of elderly health centers in the region Asam-Asam, it can be concluded as follows:

1. Physiological Motivation (Existence Motivation) visits the elderly in improving the quality of life of the elderly in the working area of Asam-Asam PHC based on the desire to cater to individual needs security from illness required by seniors to live healthy, independent and happy in his old age even if seniors do not have a guarantee health.
2. Social Motivation (Relatedness Motivation) visits the elderly in improving the quality of life of the elderly in the region of Asam-Asam health centers based on the high concern of the elderly to health problems in the vicinity

although not completely family support and religious leaders or community leaders.

3. Motivation of Personal Development (Growth Motivation) visits the elderly in improving the quality of life of the elderly in the working area of Asam-Asam PHC based on the desire of elderly increase knowledge and skills so that the elderly can live healthy and useful ..
4. Intrinsic Motivation visits the elderly in improving the quality of life of the elderly in the working area of Asam-Asam PHC in the activities of Posyandu based on the desire to know his health, hoping want to be healthy and interests to meet friends and health workers but elderly people sometimes forgot schedule of activities and sometimes not at home.
5. Extrinsic motivation visits the elderly in improving the quality of life of the elderly in the working area of Asam-Asam PHC as a factor ekstinsik in the activities of Posyandu because of their treatment, their activities gymnastics elderly, but sometimes the elderly are not present on the activities of Posyandu because nothing remind schedule, the flurry of others, no invite / escort the elderly and the lack of some allegedly family.
6. Overview Quality of Life of Elderly in improving the quality of life in the working area of PHC Asam-Asam show improvement after a visit to Elderly posyandu characterized by improved physical health and getting healthier.

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