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Factors Affecting the Utilization of the Elderly Post Integrated Service in the Work Area of Hinai Kiri Health Center, Langkat Regency

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Abstract

The purpose of the study was to determine the factors that influence the use of posyandu for the elderly in the Hinai Kiri Health Center Work Area, Langkat Regency in 2021. This study uses a quantitative method with a cross sectional design, a population of 1271 people, a sample with a stratified random sampling technique as many as 93 respondents. This study uses a questionnaire. The analysis of this study used univariate, bivariate and multivariate. The statistical test used was the chi square test and logistic regression. The results of the chi-square test were obtained on the knowledge variable p = 0.008, attitude p = 0.005, occupation p = 0.007, distance p = 0.005 and family support p = 0.006 which indicated that there were factors that influenced the use of posyandu for the elderly. The most influential variable is knowledge with an Exp(B) value of 1.438-5.400. The conclusion in this study is that there is an influence of knowledge, attitudes, work, distance and family support on the use of the Posyandu for the elderly in the Hinai Kiri Health Center Work Area, Langkat Regency in 2021. It is recommended to health workers at the Puskesmas in particular to improve counseling and counseling more intensively about the importance of Posyandu the elderly regularly and motivate the elderly to be more routine to participate in elderly visits at least once a month so that the health conditions of the elderly are maintained.

Introduction

Elderly (elderly) someone who has reached 60 years and over, both men and women. Globally, the United Nations (UN) has predicted the increase in elderly age to 2.6%. This increase in number exceeds the overall population increase, namely (1.2%). The number of elderly people increased to 700 million in 2009 and is projected to reach 2 billion by 2050, 3 times higher than in 2009. This growth is occurring faster in developing countries than in developed countries. In China since 1999 the Aging Committee has reported that the elderly population is predicted to reach 400 million or about 30% of the total population. Based on data from the World Health Organization (WHO), the elderly population in Indonesia in 2020 will reach 11.34% or recorded 28.8 million people. According to WHO in Health in South East-Asia, the proportion of the elderly population in the population is growing very rapidly, especially in countries in the Southeast Asian region. Indonesia as one of the countries located in the Southeast Asia region, has a history of a significant increase in the number of elderly people along with improving health quality which has an impact on increasing life expectancy, namely 14 million elderly people from 1971 to 2009.

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Indonesia is one of the countries with the fastest aging population in Asia. Based on the Data and Information Center of the Ministry of Health in 2019, in 2018 Indonesia was the third Asian country with the largest absolute number of population over 60 years, after China (200 million), India (100 million) and followed by Indonesia (25 million). It is estimated that in 2019 there will be 23.66 million elderly people in Indonesia (9.03%) and it is predicted that the number of elderly people in 2020-2050 will continue to increase to 100 million (Astriani et al., 2021). The number of elderly people based on population projection data is estimated to be 27.08 million in 2020, 33.69 million in 2025, 40.95 million in 2030, and 48.19 million in 2035 (BPSPSUT, 2020). Data from the National Economic Survey (BPS, Susenas MSBP) for the elderly in 2019, stated that the health status of the elderly population was still in the low category. Poverty has increased sharply by around 20%, the number of neglected elderly has increased by 67.4%, the morbidity rate has also increased from year to year. In 2019, out of every 100 elderly people, 28 of them experienced illness. The increasing morbidity rate has an impact on increasing dependency rates. The dependency ratio of Indonesia's elderly in 2019 is that every 100 people of productive age bear around 14 elderly people. Meanwhile, what is expected is that every 100 productive residents will support about 4 elderly people.

Data from the North Sumatra Provincial Health Office in 2020 shows that the total population is 13,215,401 people while the elderly population (aged 45 years and over) is 1,839,670 people (6.2%). The number of elderly people who are fostered is 24,659 or 13.9% of the entire elderly population. Likewise, the elderly health service activities at the puskesmas which include treatment, health checks, counseling counseling, social gathering or recitation and home visits or home care are only 19.5% (80 out of 409 puskesmas) and 400 posyandu for the elderly that have been formed or about 23 ,2% while the target to be achieved is 2120 posyandu for the elderly (5). Based on data from the BPS for North Sumatra Province, the Human Development Index (IPM) according to Regency/City shows that the life expectancy in North Sumatra Province in 2020 is 68.37%. The highest life expectancy is in Pematang Siantar City, which is 72.63%, and the lowest is in Mandailing Natal District, which is 61.97%.

Indonesia's elderly population is 18.57 million, an increase of about 7.93% from 2000, which was 14.44 million. It is estimated that the number of elderly people in Indonesia will continue to grow by around 450,000 people per year. Thus, in 2025 the number of elderly people in Indonesia will be around 34.22 million people. Mental health problems are the biggest burden on the world economy. In 2010 funds spent on mental health issues amounted to US$ 2.5 trillion, and is projected to continue to increase to US$ 6 trillion in 2030. This figure is obtained from two-thirds of funds spent on mental health issues from the total economic funds in the world. , resulting from job loss and disability (Idris & Pusrwanti, 2021).

In the elderly, various problems, both general and specific, will arise. The causes of problems in the elderly are increased life expectancy, increased morbidity, the elderly experience a double burden (with infectious and chronic diseases), increased damage that occurs, other factors including psychosocial, environmental, socio-economic, stress, assessment of themselves, and access to health facilities. This will result in system disturbances (musculoskeletal, cardiovascular, respiratory, digestive, urogenital, hormonal, nervous, skin, nail, hair, etc.), disease and clinical manifestations, decreased ADL (Activities of Daily Living) / activity daily.

The large elderly population and very fast growth also cause various problems, so the elderly need to get serious attention from all sectors for efforts to improve the welfare of the elderly. As for overcoming the health problems of the elderly, it is necessary to develop elderly groups through health centers which include promotive, preventive and rehabilitative activities. Government Regulation of the Republic of Indonesia Number 43 of 2004 article 8 states that the government, community and family are responsible for the realization of efforts to improve the social welfare of the elderly (elderly). The government has launched health services that

are implemented through the Puskesmas program by involving the participation of the elderly, families, community leaders and social organizations called Posyandu Lansia.

The results of Ni Kadek Muliawati's research in 2021 stated that knowledge about posyandu for the elderly starts from information sources, targets, understanding, services, status of the elderly, benefits of posyandu for the elderly, people who work in posyandu, and the role of the elderly so that it affects the activity of the elderly in using posyandu. The attitude of the elderly towards posyandu is very positive, the elderly are not burdened with routine posyandu activities, the elderly have a negative attitude regarding the planned change in the function of the posyandu that serves the general public (Muliawati & Faidah, 2021).

The knowledge and attitudes of the elderly about posyandu are still lacking (Baharuddin et al., 2022). They consider that being old/elderly is normal and there is no need to undergo any examination. Family support is very much needed in the use of the elderly posyandu because with the motivation and assistance of the family, of course, the elderly will find it easier to take advantage of the elderly services that have been provided. To create a quality posyandu for the elderly, of course, quality posyandu cadres are needed, namely those who are able to invite the elderly to take advantage of the posyandu.

This low utilization causes the elderly to be less able to monitor their health status because the elderly tend to experience symptoms of degenerative diseases due to weak physical factors. Even though this can be monitored or prevented if the elderly diligently come to the Posyandu for the elderly. The health of the elderly who because of their physical and mental conditions are no longer possible to play an active role in activities, the elderly need special attention, especially from their families, cadres and the surrounding community.

The Posyandu for the elderly is carried out by and for the community at the lower level, which organizes several activities including data collection or registration, weighing and measurements, recording the results of weighing and measurements in cards towards health, counseling and providing some vitamins and necessary health information. The measurement results are then used as an indicator to see a person's health status.

There are 5 active elderly posyandu in the working area of Hinai Kiri Health Center, Langkat Regency, namely Hinai Kiri, Cinta Raja, Coconut Garden, Tanjung Ibus, Snake River. The utilization of the elderly posyandu in the working area of Secanggang District, Langkat Regency is very low, if it is averaged every month only 40 elderly people attend the posyandu, even though the number of elderly people in the working area of this puskesmas is 1,271 elderly people. The percentage of posyandu utilization in the working area of Hinai Kiri Health Center is only 14.45%.

Based on the results of interviews conducted with 10 elderly people who attended the elderly posyandu, 7 of them were the reason they were not actively participating in the posyandu because a health check would be carried out, because of treatment, continued medication and the distance to the posyandu was close. Interviews were also conducted on the elderly who are inactive or have never attended the posyandu for the elderly. Their reasons are because there is no delivery, forgetting, no one to remind, far from home, difficult to walk, lack of trust in the elderly posyandu and prefer to visit the Puskesmas and the elderly's desire to directly visited home by health workers and 3 active elderly people because they care about health and routinely go to the posyandu if a posyandu will be held in the area where they live and the reasons for the elderly not to use the elderly posyandu include lack of confidence in the services provided by non-physicians, unable to leave work, the drugs given cannot overcome the health problems of the elderly, as well as the bad experiences of family members when using health services, including the use of posyandu for the elderly.

Based on the results of the initial survey, it is also known that the elderly often forget the schedule of activities at the posyandu, and the family does not remind them about the schedule of activities at the posyandu. In addition, the elderly's family also never took the elderly to the elderly posyandu and the family never accompanied the elderly in activities at the elderly posyandu. This shows that family support for the elderly in utilizing posyandu for the elderly is still low. The non-achievement of the target for elderly visits to the elderly posyandu made researchers interested in analyzing the factors influencing the utilization of the elderly posyandu in the working area of the Hinai Kiri Health Center, Langkat Regency in 2021.

Methods

This type of research is quantitative research, that is, this research method aims to obtain more comprehensive, valid, reliable, and objective data. This study uses an analytical survey method with a Cross Sectional approach. Analytical survey research is a study that tries to find out why these health problems occur. Then carry out an analysis of the dynamics of the correlation between phenomena, both between risk factors (independent) and effect factors (dependent).

Population

Population is a group of people or objects with or general characteristics that can be observed. The population in this study were all elderly people in the Hinai Kiri Health Center Work Area, Secanggang District, as many as 1271 people.

Research Sample

The sample in this study is part of the population, which will be observed and measured by researchers. Based on the data obtained, the population in this study amounted to 1271 people. Sampling was done by stratified random sampling because the observed population was large because the number of people was more than 100 people. The technique for determining the sample size used is the Slovin formula, with a margin of error (E=10% or 0.1) which means that the confidence level of the results of this study is 90%. Primary data in this study were obtained from respondents' answers based on questionnaire answers. Secondary data in this study were obtained from the Hinai Kiri Health Center, medical records, and the Puskesmas profile book. Tertiary data obtained from very valid references such as journals and books. The research data collection technique was carried out by filling out a questionnaire sheet that had been prepared by the researcher.

Results and Discussion

Characteristics of Respondents

Based on the data obtained from the results of the study with 93 respondents, it can be seen in the frequency distribution table as follows:

Table 1. Frequency Distribution of Respondents' Characteristics in the Working Area of the Hinai Kiri Health Center, Langkat Regency

No.	Characteristic	Frequency	Percentage (%)
Age			
1.	61 – 65 years old	75	80,6
2.	66 – 70 years old	18	19,4
Gender			
1.	Male	34	36,6
2.	Woman	59	63,4
	Total	93	100

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Based on table 4.1 above, it shows that out of 93 respondents, 75 people (80.6%) were aged 61 – 65 years and 18 people (19.4%) were aged 66 – 70 years. Meanwhile, of the 93 respondents, 34 people (36.6%) were male and 59 people (63.4%) were female.

Quantitative Research Results

Univariate Analysis

The univariate analysis in this research will explain the frequency distribution of each research variable, namely Knowledge, Attitudes, Work, Distance, Family Support, and Utilization of Elderly Posyandu.

Knowledge

Table 2. Frequency Distribution of Respondents Based on Knowledge of the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

No.	Knowledge	Frequency	Percentage (%)
1.	Good	32	34,4
2.	Enough	34	36,6
3.	Less	27	29
	Total	**93**	**100**

Based on table 2. can be seen from 93 respondents, respondents with "Good" knowledge, namely 32 people (34.4%), respondents with "Enough" knowledge, namely 34 people (36.6%) and respondents with "Less" knowledge, namely 27 people (29%).

Attitude

Table 3. Frequency Distribution of Respondents Based on Attitudes Towards the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

No.	Attitude	Frequency	Percentage (%)
1.	Positive	37	39,8
2.	Negative	56	60,2
	Total	**93**	**100**

Based on table 3. it can be seen from 93 respondents, respondents with a "Positive" attitude, namely 37 people (39.8%) and respondents with a "Negative" attitude, namely 56 people (60.2%).

Work

Table 4. Frequency Distribution of Respondents Based on Work towards the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

No.	Work	Frequency	Percentage (%)
1.	Work	32	34,4
2.	Not Working	61	65,6
	Total	**93**	**100**

Based on table 4.4. it can be seen from 93 respondents, respondents with a "Working" job status of 32 people (34.4%) and respondents with a "Not Working" employment status of 61 people (65.6%).

Distance

Table 4.5.Frequency Distribution of Respondents Based on Distance to The Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

No.	Distance	Frequency	Percentage (%)
1.	Far	42	45,2
2.	Near	51	54,8
	Total	**93**	**100**

Based on table 4.5. can be seen from 93 respondents, respondents with a "Long" distance of 42 people (45.2%) and respondents with a "Close" distance of 51 people (54.8%).

Family Support

Table 6. Frequency Distribution of Respondents Based on Family Support for the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

No.	Family Support	Frequency	Percentage (%)
1.	There is Support	43	46,2
2.	No Support	50	53,8
	Total	**93**	**100**

Based on table 4.6. can be seen from 93 respondents, respondents with family support "Ada Support" which is 43 people (46.2%) and respondents with family support "No Support" which is 50 people (53.8%).

Utilization of Posyandu For The Elderly

Table 7. Frequency Distribution of Respondents Based on the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

No.	Utilization of Posyandu For The Elderly	Frequency	Percentage (%)
1.	Utilized	36	38,7
2.	Not Utilized	57	61,3
	Total	**93**	**100**

Based on table 7. it can be seen from 93 respondents, respondents with the use of elderly posyandu "Utilized" which is 36 people (38.7%) and respondents with the use of "Unused" elderly posyandu, namely 57 people (61.3%).

Bivariate Analysis

The Effect of Knowledge on the Use of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

Table 8.The Influence of Knowledge on the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

Knowledge	Utilization of Posyandu For The Elderly				Sum		*p (Sig)*
	Utilized		Not Utilized				
	f	%	f	%	f	%	
Good	17	18,3	15	16,1	32	34,4	0.008
Enough	15	16,1	19	20,4	34	36,6	
Less	4	4,3	23	24,7	27	29	
Total	**36**	**38,7**	**57**	**61,3**	**93**	**100**	

According to Table 8. above shows that from 32 respondents with good knowledge, 17 people (18.3%) were obtained in the use of elderly posyandu which was used, from 34 respondents with sufficient knowledge obtained 19 people (20.4%) with the use of unused elderly posyandu and from 27 respondents with knowledge of 23 people (24.7%) with the use of unused elderly posyandu. From the results of the tatistic test, *c hi-square* obtained the meaningfulness value of p = 0.008 (<0.05), it can be concluded that there is an influence of knowledge on the use of posyandu for the elderly.

The Influence of Attitudes towards the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

Table 9. Influence of Attitudes towards the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

Attitude	Utilization of Posyandu For The Elderly				Sum		*p (Sig)*
	Utilized		Not Utilized				
	f	%	F	%	f	%	
Positive	21	22,6	16	17,2	37	39,8	0.005
Negative	15	16,1	41	44,1	56	60,2	
Total	**36**	**38,7**	**57**	**61,3**	**93**	**100**	

Based on Table 9. above shows that out of 37 respondents with a positive attitude, 21 people (22.6%) were found in the use of elderly posyandu which was used and from 56 respondents with negative attitudes, 41 people (44.1%) were obtained by utilizing unused elderly posyandu. From the results of the tatistic s test, *c hi-square* obtained the meaningfulness value of p = 0.005 (<0.05), it can be concluded that there is an influence of attitudes towards the use of elderly posyandu.

The Effect of Work on the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

Table 10. The Effect of Work on the Utilization of Elderly Posyandu in the Work Area of the Hinai Kiri Health Center, Langkat Regency in 2021

Work	Utilization of Posyandu For The Elderly				Sum		*p (Sig)*
	Utilized		Not Utilized				
	f	%	F	%	f	%	
Work	6	6,5	26	28	32	34,4	0.007
Not Working	30	32,3	31	33,3	61	65,6	
Total	**36**	**38,7**	**57**	**61,3**	**93**	**100**	

Based on Table 10. above shows that out of 32 respondents with working status, 26 people (28%) were obtained in the use of unused elderly posyandu and from 31 respondents of non-working status, 31 people (33.3%) were obtained with the use of unused elderly posyandu. From the results of the tatistic test, *c hi-square* obtained the meaningfulness value of p = 0.007 (<0.05), it can be concluded that there is an influence of work on the use of elderly posyandu.

The Effect of Distance on the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

Table 11. The Effect of Distance on the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

Distance	Utilization of Posyandu For The Elderly				Sum		*p (Sig)*
	Utilized		Not Utilized				
	f	%	f	%	f	%	
Far	23	24,7	19	20,4	42	45,2	0.005

Near	13	14	38	40,9	51	54,8	
Total	**36**	**38,7**	**57**	**61,3**	**93**	**100**	

Based on Table 11. above shows that from 42 respondents with long distances, 23 people (24.7%) were obtained in the use of elderly posyandu which was used and from 51 respondents with close proximity, 38 people (40.9%) were obtained with the use of unused elderly posyandu. From the results of the tatistic test, *c hi-square* obtained a meaningfulness value of p = 0.005 (<0.05), it can be concluded that there is an influence of distance on the use of elderly posyandu.

The Effect of Family Support on the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

Table 12. The Effect of Family Support on the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency in 2021

Family Support	**Utilization of Posyandu For The Elderly**				**Sum**		***p (Sig)***
	Utilized		**Not Utilized**				
	f	**%**	**f**	**%**	**F**	**%**	
There is Support	10	10,7	33	35,5	43	46,2	0.006
No Support	26	28	24	25,8	50	53,8	
Total	**36**	**38,7**	**57**	**61,3**	**93**	**100**	

According to Table 12. the above shows that out of 43 respondents with no family support, 33 people (35.5%) were found in the use of unused elderly posyandu and from 50 respondents with no family support, 26 people (44.1%) were obtained with the use of elderly posyandus that were used. From the results of the tatistic s test, *c hi-square* obtained a meaningfulness value p = 0.006 (<0.05), it can be concluded that there is an influence of family support on the use of posyandu for the elderly.

Multivariate Analysis

Candidate Selection

In this step we will select, which independent variables are eligible for the multivariate test model. Where the feasible are those that have a significant degree (sig.) or *pvalue*<0.25 with the "*Enter*" method in logistic regression. That is by doing logistic regression one by one between each independent variable against the dependent variable.

Table 13. Analysis of Factors Affecting the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency

No.	**Subvariables**	***p-value***
1.	Knowledge	0.008
2.	Attitude	0.005
3.	Work	0.007
4.	Distance	0.005
5.	Family Support	0.006

The results of the analysis showed that *the pvalue* values of the variables of knowledge (0.008), attitude (0.005), work (0.007), distance (0.005) and family support (0.006), entered into the multivariate test because the *p-value* <0.25. The next step is to include all the variables that have been selected candidates in the first stage of logistic regression.

First Phase Logistic Regression Test

The variables tested in this first stage of logistic regression are all independent variables that have been declared sig<0.25 in bivariate analysis, namely knowledge, attitudes, work, distance

and family support. The results of variable analysis with the first stage of logistic regression test can be seen in the following table:

Table 14. Analysis of Factors Affecting the Utilization of Elderly Posyandu in the Working Area of the Hinai Kiri Health Center, Langkat Regency

No.	Research Variables	*Df*	*Sig.*	*Exp(B)*	*95% C.I.for EXP(B)*
1.	Knowledge	1	0.007	2.716	1.316-5.603
2.	Attitude	1	0.280	3.609	1.152-11.310
3.	Work	1	0.017	0.226	.067-.766
4.	Distance	1	0.290	3.481	1.137-10.657
5.	Family Support	1	0.006	0.202	6.633
	Constant	**1**	**0.006**	**0.007**	

The results of the research analysis are known that all research variables have been significant. These variables include knowledge obtained sig value. 0.007, attitude obtained sig value. 0.280, the work is obtained sig value. 0.017, distance of sig value. 0.290, and the family motivation is obtained sig value. 0.006. This shows that the factors of knowledge, distance and motivation of the family have a sig value of < 0.25 so that they can be included in the 2nd stage.

Second Phase Logistic Regression Test

Based on the first stage of analysis, there are three factors that meet the requirements of sig <0.05 to be carried out in the second stage of the test, namely knowledge factors, distance and family support. The results of the analysis with the second stage of logistic regression test to determine the influential variables (dominant) with a sig value of < 0.05 can be seen in the following table:

Table 15. Analysis of Factors Affecting the Utilization of Elderly Posyandu in the Working Area of The Hinai Kiri Health Center, Langkat Regency

No.	Research Variables	*Df*	*Sig.*	*Exp(B)*	*95% C.I.for EXP(B)*
1.	Knowledge	1	0.002	2.786	1.438-5.400
2.	Distance	1	0.005	4.104	1.519-11.089
3.	Family Support	1	0.004	0.227	0.082-0.629
	Constant	**1**	**0.001**	**0.070**	

The results of the research analysis are known that all research variables have been significant. These variables include the knowledge factor obtained sig value. 0.002, the distance factor obtained the sig value. 0.005 and the family support factor obtained a sig value. 0.004. It can be seen that the most influential (dominant) knowledge factor on the use of elderly posyandu at the Hinai Kiri Health Center, Langkat Regency in 2021. The knowledge factor with an Exp(B) value of 1,438-5,400 which means that the knowledge of respondents is 1,438-5,400 times greater in affecting the use of elderly posyandu.

Based on the results of the study showed that of the 32 respondents with good knowledge, 17 people (18.3%) found the utilization of the elderly posyandu that was used, from 34 respondents with sufficient knowledge, 19 people (20.4%) found the utilization of the elderly posyandu that was not utilized and of 27 respondents with knowledge of 23 people (24.7%) with the utilization of the elderly posyandu which was not utilized. From the results of statistical tests, the chi-square value obtained a significance value of p = 0.008 (<0.05) with an Exp (B) value of 2.786, so it can be concluded that there is an influence of knowledge on the use of posyandu for the elderly.

Based on the results of the study, it was found that from 37 respondents with a positive attitude, 21 people (22.6%) used posyandu for the elderly and from 56 respondents with a negative

attitude, 41 people (44.1%) used an elderly posyandu that was not utilized. From the results of statistical tests, the chi-square value obtained a significance value of p = 0.005 (<0.05) with an Exp(B) value of 3.609, so it can be concluded that there is an effect of attitude on the use of posyandu for the elderly.

Based on the results of the study, it showed that of the 32 respondents with working status, 26 people (28%) used the elderly posyandu that were not utilized and of the 31 respondents who did not work, 31 people (33.3%) used the elderly posyandu that were not utilized. From the statistical test results, the chi-square value obtained a significance value of p = 0.007 (<0.05) with an Exp(B) value of 0.226, so it can be concluded that there is an effect of work on the utilization of the posyandu for the elderly.

Based on the results of the study, it was found that of the 42 respondents with long distances, 23 people (24.7%) used posyandu for the elderly and from 51 respondents with close distances, 38 people (40.9%) used the posyandu for the elderly who were not utilized. From the results of statistical tests, the chi-square value obtained a significance value of p = 0.005 (<0.05) with an Exp(B) value of 4.104, so it can be concluded that there is an effect of distance on the utilization of posyandu for the elderly.

Based on the results of the study, it was shown that from 43 respondents with family support, 33 people (35.5%) used the elderly posyandu that were not utilized and from 50 respondents with no family support, 26 people (44.1%) used the elderly posyandu. which is utilized. From the results of statistical tests, the chi-square value obtained a significance value of p = 0.006 (<0.05) with an Exp (B) value of 0.227, so it can be concluded that there is an effect of family support on the use of posyandu for the elderly.

Conclusion

There is an influence of knowledge on the use of posyandu for the elderly with a p value of 0.008 (<0.05). Lack of knowledge can be an obstacle for the elderly in participating in posyandu activities for the elderly. Lack of knowledge about the goals and benefits of posyandu for the elderly can lead to misperceptions that ultimately lead to low visits to posyandu. There is an attitude effect on the use of posyandu for the elderly with a p value of 0.005 (<0.05). The lack of positive attitudes of the elderly towards the implementation of activities in the elderly posyandu causes the elderly to be lazy to use the elderly posyandu every month. The positive attitude of the elderly must be raised by the existence of a policy and increasing knowledge about the use of posyandu for the elderly.

There is an effect of work on the utilization of posyandu for the elderly with a p value of 0.007 (<0.05). Busyness is also an obstacle in the utilization of posyandu services for the elderly. The elderly work to meet their daily needs so it takes up a lot of time so they cannot attend the posyandu activities for the elderly (Permata, 2020). There is an effect of distance on the utilization of posyandu for the elderly with a p value of 0.005 (<0.05). Distance from health facilities also contributes to the creation of a health behavior. The distance of health facilities that are far from residential areas will reduce the use of posyandu, and conversely a relatively close distance will increase the utilization of posyandu services for the elderly. There is an effect of family support on the use of posyandu for the elderly with a p value of 0.006 (<0.05). Family support plays a very important role in encouraging the interest or willingness of the elderly to take advantage of health services at the Posyandu for the elderly. The family can be a strong motivator for the elderly if they always provide themselves to accompany the elderly to the posyandu and remind the elderly if they forget the posyandu schedule.

The variable that most dominantly influences the utilization of the posyandu for the elderly is the knowledge factor with an Exp(B) value of 1.438-5.400, which means that the knowledge of the respondents is 1.438-5.400 times greater in influencing the utilization of the posyandu

for the elderly. From the results of this study, it has been proven that many factors influence the use of posyandu for the elderly, so that health education, counseling, and special health facilities are needed for elderly health.

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