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Original Article

The Relationship Between Family Support and Health Service Utilization Among Older Adults at the Rosela Elderly Posyandu

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ABSTRACT
The elderly population in Indonesia is increasing, including in Central Sulawesi Province. Regular visits to the posyandu (integrated health post) are crucial for monitoring elderly health. However, participation at the Rosela Posyandu remains suboptimal, and family support has been identified as a potential contributing factor. Nevertheless, empirical evidence on this relationship in this specific setting is limited. This study aimed to analyze the relationship between family support and elderly visits to the Rosela Posyandu in the working area of the Mamboro Community Health Center, Palu Utara District. This study employed a quantitative cross-sectional design. The population consisted of all registered older adults (aged 45 years and over) at the Rosela Posyandu, totaling 30 respondents, who were recruited using total sampling. Data were collected using a validated questionnaire to measure family support and posyandu attendance records to assess visit frequency, categorized as active (≥3 visits in the last 3 months) or inactive (<3 visits). Data analysis was performed using the Chi-square test with a significance level of $p < 0.05$. The majority of respondents were aged 45–59 years (57%), female (87%), and had elementary school education (30%). Among 30 respondents, 24 (80%) received supportive family support, while 6 (20%) did not. Of those with family support, 19 (79.2%) were active visitors, whereas all respondents without family support (100%) were inactive. The Chi-square test revealed a significant relationship between family support and elderly visits ($p = 0.002$). This study confirms a significant association between family support and elderly visits to the Rosela Posyandu. These findings highlight the need for family-centered health promotion strategies to improve elderly participation. Future research with larger samples and longitudinal designs is recommended.

INTRODUCTION

The world is entering an ageing era; in many countries the share of older people has passed 7–10% of the population, creating major challenges for health systems and chronic disease management (Hong et al., 2023). Indonesia follows this trend: life expectancy is around 71–73 years and the proportion of elderly is growing quickly, projected to more than double by 2035–2045 (Basrowi et al., 2021; Kudrna et al., 2022; Sari et al., 2024).

Global ageing is accompanied by a sharp rise in chronic conditions such as dementia, whose global cases are forecast to nearly triple from about 57 million in 2019 to 153 million by 2050 (Nichols et al., 2022). Indonesia is highlighted as one of the countries with the fastest increase in its elderly population (Sari et al., 2024). This transition implies a growing need for organized community-based elderly care in all provinces, including Central Sulawesi reaching nearly 10% of its total population in 2023 (BPS Sulteng, 2024).

Posyandu for the elderly (Posyandu Lansia/Posbindu) are community-based health posts that provide health promotion, prevention, and early detection services for older adults (Sari et al., 2024; Tuwu & La Tarifu, 2023). However, national participation rates average only 47–50%, well below the target of 70–90% (Lubis et al., 2024; Sari et al., 2024; Trisfayeti & Idris, 2023). Several local studies also report low coverage, ranging from 5.1% nationally to 25–30% in specific puskesmas (Friandi, 2022; Sulastri et al., 2024; Trisfayeti & Idris, 2023).

Various determinants of posyandu utilization have been identified, including age, gender, education, access, knowledge, attitudes, cadre support, and service quality (Sulastri et al., 2024; Tinambunan & Wibowo, 2019; Trisfayeti & Idris, 2023). A national scoping review classified these into predisposing, enabling, and reinforcing factors, with reinforcing factors—particularly family and volunteer support—showing the strongest association with utilization (Sari et al., 2024). A consistent body of research has identified family support as the strongest determinant of elderly participation in posyandu activities (Sari et al., 2024; Tinambunan & Wibowo, 2019). Quantitative studies have consistently demonstrated a significant positive relationship between family support and regular visits (Friandi, 2022; Huring et al., 2023; Rohana et al., 2025) while qualitative studies emphasize that family encouragement is critical for overcoming access barriers (Lubis et al., 2024; Widyawati et al., 2024). Studies using the Health Belief Model show that health beliefs and family support together are associated with participation in Posyandu lansia, indicating that family can shape perceptions of vulnerability and benefits (Wawomeo et al., 2022).

In the working area of the Mamboro Community Health Center, data from 2024 show that 265 elderly individuals are registered across three sub-districts (UPTD Puskesmas Mamboro, 2024). While overall visit rates are relatively good, the Rosela Posyandu has notably lower attendance compared to the other nine posyandu in the area. Preliminary interviews with the posyandu coordinator indicated that inactive elderly individuals often lack information about schedules from their families, suggesting that family support may be a key factor influencing attendance. Although family support has been widely studied as a determinant of posyandu utilization, limited research has been conducted specifically in the Rosela Posyandu, where visit rates are notably lower

compared to other posyandu in the Mamboro working area. Therefore, an empirical investigation is needed to confirm the role of family support in this specific setting.

Therefore, this study aims to analyze the relationship between family support and elderly visits to the Rosela Posyandu in the working area of the Mamboro Community Health Center. The findings are expected to provide evidence-based recommendations for health cadres and families to improve elderly participation in community health services.

RESEARCH METHOD

Study Design

This study employed a quantitative research approach with a cross-sectional analytic design. The cross-sectional design was chosen to examine the relationship between family support and elderly visits to the posyandu at a single point in time, without any follow-up or intervention.

Population and Sample

The target population consisted of all registered older adults (aged ≥45 years) at the Rosela Posbindu (Integrated Development Post), under the working area of the Mamboro Community Health Center (UPTD Puskesmas Mamboro), Palu Utara District. This age criterion was chosen to include both pre-elderly (45–59 years) and elderly (≥60 years) individuals, as both groups are targeted by the posyandu program. The total population was 30 individuals. Due to the small population size, the entire population was included as the research sample using total sampling, ensuring comprehensive data representation.

Sampling Technique

The sampling technique employed was non-probability sampling using a total sampling approach, in which all members of the population were selected as respondents, considering the limited number of subjects and the need for comprehensive data representation.

Research Instruments

Data were collected using a structured questionnaire consisting of two parts: (1) a family support questionnaire adapted from established scales to measure emotional, instrumental, informational, and appraisal support; and (2) a record of elderly visit frequency to the Rosela Posyandu over the past six months. Visit frequency was categorized as "active" (≥3 visits in the last 3 months) or "inactive" (<3 visits in the last 3 months), based on posyandu attendance records. The questionnaire was tested for validity using Pearson correlation ($r > 0.30$) and reliability using Cronbach's alpha ($\alpha = 0.85$), indicating good internal consistency prior to data collection.

Data Collection Procedure

Data collection was carried out through face-to-face interviews with the elderly respondents at the Rosela Posyandu. The researcher provided explanations regarding the study objectives and procedures, and informed consent was obtained from all

participants prior to participation. The visit data were obtained from posyandu attendance records.

Data Analysis

Data were analyzed using univariate and bivariate analysis. Univariate analysis was performed to describe the frequency distribution of each variable, including family support and visit frequency. Bivariate analysis was conducted using the Chi-square test to determine the association between family support and elderly visits, with a significance level set at $p < 0.05$.

Ethical Considerations

This study received ethical approval from the Health Research Ethics Committee of the Palu Ministry of Health with number 004895/KEPK/POLTEKKES KEMENKES PALU/2025 All respondents were provided with clear information about the study and signed informed consent forms. Confidentiality and anonymity of the participants were strictly maintained throughout the research process.

RESULTS

Characteristics of Respondents

A total of 30 elderly respondents participated in this study. The characteristics of the respondents, including age group, sex, and educational level, are presented in Table 1.

Table 1. Characteristics of Respondents at the Rosela Elderly Posyandu in the Working Area of the Mamboro Community Health Center

Characteristic	Frequency (f)	Percentage (%)
Age Group		
45–59 years	17	57
60–74 years	13	43
Sex		
Male	4	13
Female	26	87
Education		
No formal education	5	17
Elementary school	9	30
Junior high school	7	23
Senior high school	6	20
College/University	3	10

Source: Primary Data (2025)

As shown in Table 1, the majority of respondents were in the pre-elderly age group (45–59 years), accounting for 57% (n=17), while 43% (n=13) were aged 60–74 years. Regarding sex, the majority of respondents were female, accounting for 26 individuals (87%). In terms of educational background, the largest proportion of respondents had completed elementary school, with 9 individuals (30%), followed by junior high school (23%, n=7) and no formal education (17%, n=5). The predominance of female

respondents and those with low educational attainment reflects the typical profile of posyandu participants in community health settings.

Bivariate Analysis: Relationship Between Family Support and Elderly Visits

The association between family support and elderly visits to the Rosela Posyandu was analyzed using the Chi-square test. The results are presented in Table 2.

Table 2. Relationship Between Family Support and Elderly Visits at the Rosela Elderly Posyandu in the Working Area of the Mamboro Community Health Center

Family Support	Elderly Visits		Total	P Value
	Active n (%)	Inactive n (%)		
Supportive	19 (79.2)	5 (20.8)	24 (80)	**0.002***
Not Supportive	0 (0)	6 (100)	6 (20)	
Total	**19 (63.3)**	**11 (36.7)**	**30 (100)**	

Source: Primary Data, 2025

Table 2 shows that the majority of elderly respondents received supportive family support, with 24 respondents (80%) reporting family support. Among those who received supportive family support, 19 respondents (79.2%) were actively visiting the posyandu. In contrast, all respondents who did not receive family support (6 respondents, 100%) were categorized as inactive visitors. Among the 11 inactive respondents, 6 (54.5%) lacked family support, while 5 (45.5%) had family support but remained inactive, suggesting that other factors may also influence attendance. The statistical test yielded a p-value of 0.002, which is less than the significance level ($\alpha = 0.05$), indicating a statistically significant association between family support and elderly visits to the Rosela Posyandu.

DISCUSSION

The demographic profile of respondents—predominantly female (87%), pre-elderly (57%), and with low to moderate education—is consistent with typical posyandu participants in Indonesia and other community-dwelling older populations (Ariani, 2020; Gyasi et al., 2020). However, the key finding of this study is the strong and significant association between family support and active visits to the Rosela Elderly Posyandu ($p = 0.002$), confirming that family support is a critical determinant of elderly participation.

This finding is consistent with previous studies that have identified family support as the dominant determinant of posyandu utilization (Nurkholifah et al., 2021; Tinambunan & Wibowo, 2019). The magnitude of the effect observed in this study aligns with research showing that elderly individuals without family support are substantially less active or tend not to utilize posyandu services at all (Ariyanto et al., 2021; Thaila Nensis et al., 2025; Vc et al., 2024). In the present study, all respondents without family support (100%) were inactive, reinforcing that family encouragement is a fundamental prerequisite for sustained health-seeking behavior. Qualitative studies similarly report that active elderly often cite encouragement, accompaniment, and logistical help from family, while inactive elders report lack of family support and transport barriers (Sahara & Rekawati, 2025; Widyawati et al., 2024).

Family support encompasses multiple dimensions, including instrumental help (transport, reminders, accompaniment), informational support (explaining health benefits), and emotional encouragement (Hidayati et al., 2023; Kiswati et al., 2022). This support also interacts with elders' health beliefs and motivation: positive beliefs about vulnerability and health benefits, combined with supportive families, predict higher participation (Ariani, 2020; Wawomeo et al., 2022). The present study reinforces this integrated perspective, suggesting that family support operates not only as a direct facilitator but also as a reinforcing factor that shapes health-seeking attitudes.

Although most studies support these findings, a few have reported no significant association between family support and posyandu use, possibly due to confounding factors such as income, employment status, or service accessibility (Bukit, 2023; Tinambunan & Wibowo, 2019). In the present study, the small sample size and single-site design may limit the detection of such confounders. Nevertheless, the consistency of the association in this specific setting—where lack of family information was cited as a primary barrier—strengthens the evidence for family support as a key enabling factor. Other determinants, including knowledge, cadre support, access, and education, also contribute to participation and should be considered when interpreting findings and planning interventions (Prayoga & Puswati, 2024; Tinambunan & Wibowo, 2019).

The convergence between the present findings and broad national evidence supports prioritizing family-focused strategies. These include educating families on posyandu benefits, strengthening informational and emotional support, and involving families in reminder and transport systems (Sahara & Rekawati, 2025; Thaila Nensis et al., 2025). However, the small sample size and single-site design mean that causal inferences should be made cautiously, and context-specific barriers (e.g., access, cadre role) should be explored in future studies (Muliawati & Faidah, 2021; Widyawati et al., 2024).

Limitations

Several limitations should be acknowledged. First, the small sample size (n=30) limits the generalizability of the findings and reduces statistical power. Second, the cross-sectional design precludes establishing causality between family support and visits. Third, the single-site design (Rosela Posyandu only) means findings may not be applicable to other posyandu with different characteristics. Fourth, other potential confounders such as income, access, and cadre support were not included in the analysis. Future studies should employ larger samples, multivariate analysis, and longitudinal designs to address these limitations and establish causal relationships.

CONCLUSION

Conclusion: This study concludes that there is a significant association between family support and elderly visits to the Rosela Posyandu, where elderly individuals with family support are more likely to be active visitors compared to those without support. Suggestion: It is recommended that health cadres and community health centers actively involve families through education, reminders, and transportation support to improve elderly participation, while future research should employ larger samples and multivariate analysis to confirm these findings.

Author's Contribution Statement: Amir designed the study, performed data analysis, wrote the manuscript, and supervised the research; Alfrida curated the data, assisted in analysis, and contributed to the writing; Supirno validated the findings, reviewed the manuscript, and provided technical support; Baiq collected the data and contributed to the original draft; Bileam reviewed the manuscript, supervised the study, and provided resources.

Conflict of Interest: This authors declare no conflict of interest related to this study.

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