THE RELATIONSHIP BETWEEN QUALITY OF LIFE WITH DEMOGRAPHIC VARIABLES OF POOR ELDERLY IN MADIUN REGENCY

Mohamad Ridwan[1], Bhimo Rizky Samudro[2], Yunastiti Purwaningsih[3]

[1,2,3] Program Studi Magister Ekonomi dan Studi Pembangunan, Fakultas Ekonomi dan Bisnis, Universitas Sebelas Maret Surakarta

Abstract

This research aims to analyze the relationship between demographic dynamics of elderly women and the life quality of PKH recipients in Madiun Regency. This study is quantitative correlative research with cross-sectional approach. The data is primary data consist of 70 elderly women generated using purposive sampling. The Quality of Life is measured by the WHOQOL (World Health Organization's Quality of Life) questionnaire. Chi-Square test is performed to analyze the cross-tabulation relationship demographic characteristic and the quality of life of the elderly. Age and residential status of the elderly have no significant relationship with the quality of life. Meanwhile, marital status, family status and employment status of the elderly have a significant relationship. There is a tendency that elderly over 75 years, living alone, widowed and not working will have a poor quality of life. The results of this study are expected to be used as a basis for the community and PKH implementers to maintain the quality of life of the elderly women based on their demographic characteristics.

Keywords: Quality of Life, elderly, Indonesian Conditional Cash Transfer Programme (PKH)

1. INTRODUCTION

The family planning program that has been introduced in the 1970s has had an impact on reducing the number of new births because it has changed the perception of the ideal number of children. Thus, the growth of the elderly population increases faster than the percentage of children under five. Besides, the family planning program also improving economic conditions and health services that lead to higher life expectancy and also contributed to the elderly population.

Indonesia significantly contributes to the growth of the elderly in the whole world. Indonesia is predicted to experience *an elderly population boom* in the next twenty years as an impact of demography bonus. Statistics Indonesia (BPS) predicts that Indonesia is going to have 63.31 million elderly in 2045 or approximately 20% of the total Indonesian population. United Nations even predicts the elderly percentage will be around 25% or 74 million people (Statistics Indonesia, 2018).

Increasing the number of elderly each year has contributed to the increasing number of households that have elderly. In the last five years, the elderly household is increasing 3% (from 24,5 percent to 27,20 percent). In other word, one of four households in Indonesia is an elderly household. Based on the projection number, the elderly are increasing over the year. Meanwhile, according to The National Team for the Acceleration of Poverty Reduction (TNP2K), in 2015 showed more than 21 million elderly or 45% of the Indonesian population is over 60 years old in families with the lowest 40% socioeconomic status (TNP2K, 2017). Being in a low economic

class makes most of the elderly are at risk. Moreover, the increase in the elderly will be directly proportional to the increase in dependency. This happens because in general, elderly face weaknesses, limitations, and disabilities. Thus, the quality of life of the elderly is decreasing.

The quality of life itself is a very broad concept that is affected by an individual's physical, psychological, level of independence and the relationship of the individual to the environment. When the quality of life decreases there will be dependence caused by physical, psychological, and social deterioration. This deterioration is shown in four stages, which start from weaknesses, functional limitations, incapacity, and delay that will arise along with the deterioration process due to the process of aging. A research conducted by Hidayati in 2018 shows that most elderly people have a low quality of life (Hidayati, Gondodiputro, & Rahmiati, 2018)

The Government of Indonesia has introduced a cash assistance program for people with a social welfare problem in 2016. Elderly with disability are covered by this program. The government includes this program as part of the Indonesian Conditional Cash Transfer Programme (PKH). Previously, PKH opened access to families, especially pregnant women and children to provide health service facilities (health facilities) and education service facilities available around them. PKH for people with social welfare including disabilities and elderly is expected to be able to maintain the level of social welfare of recipients as mandated by the constitution (TNP2K, 2017)

There are 2.668.765 elderly in Indonesia covered by PKH till 2019. So far the PKH recipient's target for the elderly refers to the TNP2K Integrated Database which contains information related to socio-economic conditions which include housing information, social conditions of household members and asset ownership as well as program participation. While information about the quality of life of the elderly is not yet available, even though the availability of this information can be a reference in developing effective policies in program development as the aim of the program

Based on the description above, this research aims to describe the quality of life of the elderly with the prosperity rate of PKH elderly women recipient. Knowing the quality of life of the elderly become an evaluation material to determine the innovation and sustainability of the program. Thus, the program runs effectively to improve the welfare of the elderly.

2. RESEARCH METHOD

This study utilizes quantitative correlative research to investigate the relationship between variables. This study employed a cross-sectional method as time approach method. Cross-sectional is a study to examine things that already exist without giving treatment and to find out the relationship between the dependent variable and independent variable which is observed and measured once in the same time (Notoatmodjo, 2014)

This study utilizes demographic characteristic that consists of age, residential status, employment status, marital status, and working status. While the dependent variable is the quality of life of PKH elderly women recipient in the same period. The population of this study is PKH elderly women recipient in Madiun regency over 60 years old. The sample of this study is 50 respondents. This research utilizes a questionnaire to gather quality of life data. The world health organization's quality of life (WHOQOL) instrument was the questionnaire employed due to its validity. The data on demographic characteristics were obtained using a questionnaire. This study employed the Chi-Square statistical test to determine the relationship of nominal-scale

demographic characteristics ordinal-scale.

3. RESULT AND DISCUSSION
3.1. Research Result
3.1.1. Data Descriptive

The observation from 70 respondents revealed that there are 54,3% or 38 respondents with an age range of 60-75 years old while the elderly women with age over 75 years old are 32 respondents or 45,7%.

Table 1. Demographic Frequency Distribution of Respondents

Variabel		N	Marginal Percentage
Age	60-75	38	54.3%
	75+	32	45.7%
Residential Status	Live alone	26	37.1%
	Living with parents	44	62.9%
Marital Status	Married	27	38.6%
	Widowed	43	61.4%
Employment status	Not working	38	54.3%
	Working	32	45.7%
Family status	Head of the household	29	41.4%
	Family member	41	58.6%
Validity		70	100.0%

According to residential status, there are 26 elderly women or 37,1% living alone and 44 elderly women or 62,9% living with family. Based on employment status, there are 38 or 54, 3% unemployed elderly, while there are 32 or 45,7% working elderly. The frequency of respondents based on marital status shows that there are 27 elderly (38.6%), married elderly women, while 43 people (61.4%) are elderly women with widowed status. There are 29 or 41,4% of elderly women are the Head of the household and the rest 41 elderly women or 58,6% are the members of the family.

The elderly women quality of life as PKH recipient measurement in this study is described in Table 2 as follow :

Table 2 Quality of Life for Older Women as PKH recipient in Madiun Regency

Variable		N	Marginal Percentage
Quality of life	Low	16	22.9%
	Moderate	34	48.6%
	High	20	28.6%

Table 2 revealed that respondents mostly have a moderate quality of life (48%). Meanwhile, there are 20 respondents or 28,6% have a high quality of life and 16 respondents or 22,9% have a low quality of life. The quality of life of respondents in each domain are described in the table below :

Table 3 The quality of life of PKH elderly women recipient In Madiun Regency Based on its Domain

ariable		N	Marginal Percentage
Health quality	Low	17	24.3%
	Moderate	22	31.4%
	High	31	44.3%
Psychology quality	Low	15	21.4%
	Moderate	17	24.3%
	High	38	54.3%
Social quality	Low	19	27.1%
	Moderate	41	58.6%
	High	10	14.3%
Environmental quality	Low	14	20.0%
	Moderate	20	28.6%
	High	36	51.4%
Valid		70	100.0%

The table above showed vary the result. Most elderly women show good health, good psychological quality, and good environmental quality. Whereas the quality of social relations is dominated by the elderly with moderate quality of life. Also, there are elderly with poor quality that is in the health domain, social domain, psychological domain, and environmental domain even though the numbers are relatively small.

3.1.2. Test Result
The relationship of demographic characteristics and quality of life of the elderly as PKH recipient in this study was performed with the chi-square technique and cross-tabulation. The results are as follow:

Table 4. Demographic Characteristics Correlation Test Results Of the Elderly Women Quality of Life as PKH Recipient

Variable		Low		Moderate		High		Total	Sig
		N	%	N	%	N	%		
Age	60-75	6	15.8%	18	47.4%	14	36.8%	38	0,147
	75 +	10	31.3%	16	50.0%	6	18.8%	32	
Residential status	Living alone	9	34.6%	12	46.2%	5	19.2%	26	0,148
	Living with family	7	15.9%	22	50.0%	15	34.1%	44	
Family status	Head of the household	12	41.4%	13	44.8%	4	13.8%	29	0,003
	Family member	4	9.8%	21	51.2%	16	39.0%	41	
Marital status	Married	2	7.4%	13	48.1%	12	44.4%	27	0,014
	Widowed	14	32.6%	21	48.8%	8	18.6%	43	
Employment status	Unemployed	13	34.2%	12	31.6%	13	34.2%	38	0,005
	Working	3	9.4%	22	68.8%	7	21.9%	32	

Table 4 revealed that based on age, PKH elderly women recipient have a moderate quality of life. The percentage of the low quality of life of elderly women over 75 years old is greater than the elderly women below 75 years old that are 31,1%) and 15,8% respectively. However, the statistic test showed the age category is not significantly correlated.

According to family status, the quality of life of elderly women dominated by elderly women with a moderate level in both categories. Elderly women who living alone have more quality of life (34,6%) rather than elderly women who living with family (15,9%). However, the statistic test revealed that residential status is not significantly correlated with the quality of life of elderly women.

Based on family status, most elderly have a moderate quality of life. Elderly women who act as the Head of the household have a low quality of life are more dominant (41.4%) compare to the elderly who act as family members (9.8%). This high disparity is based on a statistical test of status in the household that showed a significant relationship to quality of life (0.003).

Based on marital status, most elderly have a moderate quality of life. Meanwhile, the number of married elderly women that have a high quality of life are more than widowed elderly women with the percentage of 44,4% and 18,6% respectively. The statistic test result revealed that marital status has a significant correlation with the quality of life of elderly women.

Based on employment status, most of working elderly women have a moderate quality of life 68,8%. Meanwhile, the moderate quality of life of unemployed elderly women is 31,6%. Besides, the number of unemployed elderly women and having a low quality of life is more than the working elderly women that are 34,2% and 9,4% respectively. This study also revealed an interesting result, the number of unemployed elderly women have the same low quality of life

with the elderly women that have a high quality of life. The statistic test showed that there is a significant correlation between employment status and the quality of life.

3.2. Discussion

The quality of life of PKH elderly recipients in Madiun Regency mostly have a moderate, high, and low quality of life with a percentage of 48,6%, 28,6%, and 22,9% respectively. The result of this study is slightly different from Hidayati (2018) in Sumedang, Jawa Barat. The research revealed that most respondents had a low quality of life. However, the research is in line with Yodmai (2018) in Khon Kean Province, Thailand that showed there are 84% elderly had a moderate quality of life and the rest 13,8% had a high quality of life (Yodmai, Somrongthong, & Kumar, 2018).

The relationship between age and the quality of life of PKH elderly women recipient do not show a significant correlation. However, there is a tendency that the older the age of the respondent the lower their quality of life. It is because as the increase of age there will be changes in ways of life such as feeling lonely and aware of death, living alone, economic change, chronic illness, physical strength that getting weaker, mental changes, psychomotor skills are reduced, psychosocial changes that are retirement, lose income source, lose a spouse and friends, and lose work and reduce activities. Thus, these can affect the quality of life (Soenardjo, 2017)

The relationship between residential status and the quality of life of PKH elderly women recipient do not show significant correlation. However, there is a tendency for the elderly who live alone to have a lower quality of life compared to the elderly who live with the family. This is because the elderly live with the family are filled by family support. Lack of family support will make the elderly experience negative changes in their lives, and if the family's support is good enough it will make the elderly experience positive changes in their lives (Perry, 2005)

The correlation between household status and the quality of life of PKH elderly recipient is significant. There are only 41% elderly women who act as Head of the household compare to elderly women who are family members. This situation is probably related to the issue of gender discrimination which has been existed for a long time. This discrimination affects elderly women, where women's lives have always been more related to domestic matters and usually have a low level of education. Several previous studies revealed that household that has women as Head of the household tend to have a low economic status. Thus, the quality of life of elderly women who act as the Head of the household also tends to be low (Badan Pusat Statistik, 2018).

The relationship between marital status and the quality of life of PKH elderly women recipient in this research showed a significant correlation. Widowed elderly women have a higher risk of the low quality of life compare to elderly who still have a partner. According to Papalia in Indrayani (2018), life partner itself has a function as a supporter in various things such as emotions, problem-solving, finance, and nurturing. Losing a life partner that occurs in the elderly is generally caused by death. The loss of a life partner due to death is an event that can cause stress or psychological disorders of the elderly. This psychological disorder can arise because of the many activities that previously can be shared or carried out with a partner and then must be done alone (Indrayani & Ronoatmodjo, 2018). This result is in line with a research that previously

conducted by Supraba that showed the marital status correlates with the quality of life of the elderly (Supraba, Widarini, & Ani, 2019).

The relationship between employment status and the quality of life of elderly women showed a significant correlation. The percentage of unemployed elderly women is greater than employed elderly women that are 54,2% and 45,7% respectively. However, the ratio is not significant. The high number of working elderly women can be caused by the fact that Madiun regency as a rural area has the availability of informal employment, especially in the agricultural sector which does not require special skills. As a result, many elderly people are working in the sector. Another reason behind the working elderly women is economic factors. The low accumulation of wealth of the elderly makes them have to work to fulfill their needs. (Giles, Wang, & Cai, 2011). The theory stated that the elderly who do not work are expected to be able to enjoy life and improve their quality of life. However, this study revealed that the number of unemployed elderly women have a low quality of life is greater than the working elderly women. Thus, the results of this study are in line with previous research which states that there is a significant relationship between occupation and the quality of life of the elderly (Supraba et al., 2019)

This study found that elderly women aged over 75 years, elderly women who live alone, elderly women who act as the Head of the household, elderly women who are widowed and elderly who do not work tend to have a poor quality of life. Whereas, in the end, all elderly women will be in some of these categories. Because the elderly who are now 60-75 years old will enter the age of 75 in the next few years, elderly women who are married will become widows and the working elderly are becoming unemployed due to physical limitations.

The cycle of the poor quality of life of the elderly begins when they start living alone. Elderly who live alone is the impact of one of the Javanese philosophies that are still followed by rural communities in Madison until now. This philosophy emphasizes that a man must have *garw*a (a wife), *Wisma* (a house), *turangga* (a vehicle), *curiga* (a weapon) and *kukila* (bird or hobby). The word home or house after the word garwa or wife motivates men who are married to have their own home. Thus, they no longer live with parents. This is in line with Koentjaraningrat said that for Javanese, the ideal place according to a husband and wife is to have their own home, known as *omah-omah* (Koentjaraningrat, 2013).

In the end, the elderly whose children are already married will live and work with their partners. When her partner dies, the elderly woman will automatically live and provide for their own needs. One of the efforts to maintain the quality of life of the elderly is to invite the elderly to live with family members. According to mokorowu, the elderly need families who live with them to support their physical and psychological health (Lisnawati, 2017). Therefore, the elderly who live with their families, in general, will have better health. This method will be difficult to apply because elderly women prefer to live alone in their homes. This is also related to the *omah-omah* concept which makes everyone including the elderly prefer to live in their own homes.

Indonesian Conditional Cash Transfer Programme (PKH) not only give conditional cash transfer but also providing practical information in health, education, economy, capacity building, and family empowerment and welfare through Family Development Session (FDS) program

conducted by the facilitator to recipient families in monthly meetings. The material delivered by the facilitator consisted of various modules related to disability and elderly social welfare.

The research result about the relationship between demographic characteristics and the quality of life of elderly as PKH recipient are expected to provide information to the facilitators that elderly over 75 years old, elderly who live alone, widowed elderly as Head of the household, and unemployed elderly tend to have a low quality of life. Thus, in conducting FDS, the facilitator can encourage the elderly child or elderly themselves to maintain the quality of life of elderly women, especially elderly people who live alone. They also can encourage the elderly to live with family and encouraging children to always pay attention to their parents even if they do not live together. Thus, the quality of life of the elderly can be maintained.

4. CONCLUSION

This study showed that the majority of respondents have a moderate quality of life. The demographic characteristics of the elderly including marital status, employment status, and household status have a significant relationship with the quality of life of PKH elderly women recipient. Meanwhile, age and residential status do not have a significant relationship. Although the elderly women, recipients of PKH in this study had a moderate quality of life, however elderly women that have characteristics such as age over 75 years, living alone, having family status as head of family, widows and do not working have a tendency to get a worse quality of life.

5. SUGGESTION

The result of the research revealed some suggestions to the community and PKH program implementers. Families that have good elderly in the household are suggested to give special attention to the elderly with categories as described above especially the elderly who do not live in the same house with the family. The result of this study suggests PKH program implementers, especially facilitators develop P2K2 that will more appropriate and fit in with the demographic characteristics of the elderly in the group.

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