



## RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn70902>

# Factors Affecting Motivation of Elderly Visits to Posyandu

**Widyawati<sup>1(CA)</sup>, Eriyani<sup>2</sup>, Juwi Athia Rahmini<sup>3</sup>, Elvi Susanti Lubis<sup>4</sup>, Syahru Romadhan<sup>5</sup>, Ida Royani Sinaga<sup>6</sup>**

<sup>1(CA)</sup>Nursing Department, Sekolah Tinggi Ilmu Kesehatan Binalita Sudama Medan, Indonesia;  
[widyawatibsm@gmail.com](mailto:widyawatibsm@gmail.com) (Corresponding Author)

<sup>2</sup>Nursing Diploma Department, Sekolah Tinggi Ilmu Kesehatan Binalita Sudama Medan, Indonesia

<sup>3</sup>Nursing Diploma Department, Sekolah Tinggi Ilmu Kesehatan Binalita Sudama Medan, Indonesia

<sup>4</sup>Nursing Diploma Department, Sekolah Tinggi Ilmu Kesehatan Binalita Sudama Medan, Indonesia

<sup>5</sup>Optical Refraction Diploma Department, Sekolah Tinggi Ilmu Kesehatan Binalita Sudama Medan, Indonesia

<sup>6</sup>Pabatu Public Health Center, Indonesia

## ABSTRACT

One form of preventive health services for the elderly is posyandu. Posyandu has an important role in efforts to improve the welfare of the elderly, namely a communication forum between the elderly, families, community leaders, and social organizations whose activities include promotive and preventive aspects without neglecting curative and rehabilitative efforts. This study aimed to analyze the motivational factors of the elderly visiting the posyandu in the work area of the Pabatu Health Center, Tebing Tinggi City. The design of this research was cross-sectional. The population in this study were all elderly people aged 60 years in the working area of the Pabatu Tebing Tinggi Health Center, with a sample of 98 people. Data were collected using questionnaire, then analyzed using Chi square test. The p-value of factors were education = 0.046, knowledge = 0.004, family support = 0.003 and cadre support = 0.001. As conclusion, there was a relationship between education level, knowledge, family support and cadre support with the motivation of the elderly to visit the Posyandu.

**Keywords:** motivation; education; knowledge; family support; cadre support; the elderly

## INTRODUCTION

The government's success in national development has manifested positive results in various fields, namely economic progress, environmental improvement, scientific and technological progress, especially in the medical field or medical science so as to improve the quality of population health and increase human life expectancy. As a result, the number of elderly people increases and tends to grow faster.<sup>(1)</sup>

According to the World Health Organization (WHO) in 2018 the proportion of the world's population between 2015 and 2050 over 60 years will almost double from 12 percent to 22 percent. By 2020, the number of people aged 60 and over will exceed the number of children under 5 years old. By 2050, 80 percent of parents will live in low- and middle-income countries, the rate of population aging is much faster than in the past. All countries face the great challenge of ensuring that their health and social systems are prepared to make the most of demographic changes.<sup>(2)</sup>

Data Center Information Ministry of health 2018 Indonesia projection data 2010-2035 Central Statistics Agency (BPS) shows life expectancy at birth from 69.8 years in 2010 to 70.9 years in 2017 and is expected to increase to 72.4 in 2035 future. This is called the transition to an aging population structure. Meanwhile, based on the results of the 2013 Basic Health Research (Rskesdas) there was an epidemiological transition from infectious diseases to an increase in non-communicable diseases. So that the elderly tend to have multipathological diseases. As an effort to prevent the risk of this disease, the Ministry of Health of Indonesia encourages the acceleration of improving the quality of elderly health services in health facilities.<sup>(3)</sup>

One form of prevention for the elderly is the implementation of health services for the elderly through the elderly posyandu group. Posyandu has an important role in efforts to improve the welfare of the elderly, namely

a communication forum between the elderly, families, community leaders, and social organizations whose activities include promotive and preventive aspects without neglecting curative and rehabilitative efforts.<sup>(4)</sup>

The legal basis for health development for the elderly is Law no. 13 of 1998 concerning the Welfare of the Elderly, Government Regulation Number 43 of 2004 concerning the Implementation of Improving the Welfare of the Elderly and Presidential Decree no. 93/M of 2005 concerning membership of the national commission for the elderly. Good health services for the elderly are aimed at extending life expectancy and productive periods, realizing independence and welfare, maintaining the cultural value system and kinship of the Indonesian nation and getting closer to God Almighty.<sup>(3)</sup>

The factors that influence the level of attendance of the elderly coming to the posyandu for the elderly include demographic factors (age, gender, level of education and knowledge, marital and socio-economic status) and contributing factors (attitude, availability of facilities and facilities, geographical location, attitudes of health workers and family support).<sup>(4)</sup> Previous research stated that the use of health services is influenced by many factors, such as age, elderly people aged >70 years are more active in visiting posyandu because they often feel health problems and vice versa, younger elderly people are not active in posyandu because they still feel strong and healthy, so they come. go to posyandu if you feel unwell or it can be concluded that with increasing age, there is an increase in the need for community-based special services.<sup>(5)</sup>

Research conducted by Rusmin et al. (2016) attitudes greatly affect visits to posyandu for the elderly, due to lazy attitudes and unsupportive physical conditions such as rheumatic pain, cramps and so on so that the elderly do not take advantage of the posyandu. In addition, the attitude of the elderly is also influenced by the distance from the house.<sup>(6)</sup> In addition to attitudes and distance from home, family support from the closest people will create and maintain a culture that is commonly practiced by families, especially for the elderly, which can improve physical, mental, emotional and social development. This will motivate the elderly to actively visit the posyandu for the elderly.<sup>(7)</sup>

Zakir (2014), also conducted research showing that 63.3% of the elderly are not active in utilizing the elderly posyandu, and only 36.5% are active in utilizing the elderly posyandu. The analysis shows that the significant determinants of the use of posyandu for the elderly is the role of cadres.<sup>(8)</sup>

The motivation of the puskesmas officers, posyandu cadres and local community leaders influence the elderly visits in participating in the elderly posyandu activities. According to Handoko (1998) quoted by Suparyanto (2014) the lack of motivation in the elderly makes the elderly not active in participating in posyandu activities.<sup>(8,9)</sup>

Based on data from the Tebingtinggi City Health Office in 2017, the number of elderly people was 11,468 people, at the Pabatu Public Health Center there were 2,122 elderly people.<sup>(10)</sup> In 2018 the number of elderly people increased by 18,553 people where the number of elderly women was 54% greater, compared to the elderly men who amounted to 46%. Gambir Market 1,659 people, Rambung Health Center 1,359 people, Rantau Laban Health Center 1,554 people, Tanjung Marulak Health Center 1,288 people, Teluk Karang Health Center 2,162 people, Brohol Health Center 2117 people, Satria Health Center 3,945 people, Sri Padang Health Center 9.33 people.

The data obtained from the Pabatu Tebing Tinggi Health Center with a working area of seven elderly posyandu, namely the Seroja elderly posyandu, Pabatu village, Sakura elderly posyandu, Padang Merbo village, Bougenville elderly posyandu, Lubuk Baru village, Delima elderly posyandu, Lubuk Raya village, Bunga Tanjung elderly posyandu, Persiakan village, Posyandu for the elderly in Kenanga, Bandar Sono village, Posyandu for the elderly, Banyan, Tualang village. Diseases that are often experienced by the elderly who visit the elderly posyandu in the work area of the Pabatu Health Center are Hypertension, Diabetes Mellitus, Rheumatoid Arthritis, Gastritis, Gout Arthritis, ARI, Dermatitis, Conjunctivitis, Diarrhea and Infectious Skin Diseases. The existence of various diseases experienced by the elderly makes the elderly need assistance in their activities.

Based on data from the Pabatu Tebing Tinggi health center with a working area of seven posyandu from May to August 2019, the number of elderly who visited the elderly posyandu was 1,176 elderly, with an average monthly visit of 294 elderly. The Posyandu for the elderly in Seroja, Pabatu sub-district, 51 people, the posyandu for the elderly in Sakura, in the Padang Merbo sub-district, 34 people, the Posyandu for the elderly, Bougenville, in Lubuk Baru, 38, the Posyandu for the elderly, in Delima, in Lubuk Raya sub-district, 47 people, the Posyandu for the elderly, Bunga Tanjung, in Persiakan sub-district, 49 people, the Posyandu for the elderly, in the Kenanga village, Bandar Sono. 36 people, Banyan elderly posyandu, Tualang village 39 people.

According to Handoko (1998) quoted by Suparyanto (2014) lack of motivation in the elderly makes the elderly not active in participating in posyandu activities.<sup>(9)</sup>

Based on the results of the initial survey obtained from 10 elderly people who visited the Elderly Posyandu, it was found that 7 people said they went to the posyandu if they felt their bodies were not feeling well and they had friends to go to the posyandu. A total of 3 people said that they were lazy to go to the posyandu because of unfavorable physical conditions such as rheumatic pain, cramps, and leg pain and the distance from the posyandu which was far from home.

## METHODS

This type of research was descriptive correlational analysis, with two variables, namely the independent variable and the dependent variable. The researcher analyzed the relationship between one variable and the other variables. This study used a cross-sectional approach, which is measured or collected only once at the same time.<sup>(9)</sup> This research was carried out from January to February 2020, at the Elderly Posyandu in the Working Area of the Pabatu Tebing Tinggi Health Center. The population in this study were all elderly people who were in the Pabatu Tebing Tinggi Health Center Working Area. The total population taken was 3,536 people who were over 60 years old. The sample used was 98 people.

The sampling method that has been used is probability sampling with the Simple Random Sampling technique, namely a technique for taking samples randomly and simply. Every individual in the population has the same opportunity to be sampled. Samples were taken by drawing family card numbers and selecting randomly until the sample size was 98 respondents.<sup>(10)</sup> From the 98 samples, the researchers then determined the number of each sample in the seven posyandu in the working area of the Pabatu Tebing Tinggi Community Health Center. The number of samples at each elderly posyandu based on the number of elderly human population in the working area of the Pabatu Community Health Center, Tebing Tinggi City, can be seen in the table 1.

Table 1. Population and sample

No	Elderly posyandu	Population	Sample
1	Seroja	256	17
2	Sakura	567	15
3	Bougenville	670	18
4	Delima	396	11
5	Bunga Tanjung	476	14
6	Kenanga	551	15
7	Beringin	620	18
Total		3536	98

To determine the sample, researchers used inclusion criterianamely: 1) over 60 years old; 2) live with their families; 3) want to be respondents; 4) have a normal mini mental state examination (MMSE); 5) Elderly people who are willing to sign informed consent.

The instrument used in this research is a questionnaire that has been adopted from Mawaddah (2017).<sup>(11)</sup> This questionnaire has been tested for validation and reliability which consists of five parts, namely:

1. Demographic data: age, gender, lifespan, living with, religion, ethnicity, health problems, employment, income, and education level
2. Motivation of the elderly which consists of 16 questions. Measurement of motivation uses a Likert scale which contains positive statements (Favorable) and negative statements (Unfavorable).  
Motivation criteria are categorized into: Strong motivation: 67-100%, Moderate motivation: 34-66%, Weak motivation: 0-33%.
3. Level of knowledge, consisting of 10 questions, using the Guttman scale.  
Knowledge criteria are categorized as: good (if the answer score is  $\geq 60\%$  or 6-10 points), Poor Knowledge (if the answer score is  $\leq 50\%$  or 0-5 points).
4. Family support, consisting of ten (10) questions using the Guttman scale.  
The criteria for family support are categorized into: Good support (if the answer score is  $\geq 60\%$  or 6-10 points), Poor Support (if the answer score is  $\leq 50\%$  or 0-5 points).
5. Posyandu cadre support, consisting of ten (10) questions using the Guttman scale.  
Criteria for cadre support is categorized into: Good support (if the response score is  $\geq 60\%$  or 6-10 points), Poor Support (if the answer score is  $\leq 50\%$  or 0-5 points).

Data analysis was carried out using univariate analysis and bivariate analysis. Univariate analysis was carried out on each variable from the results of the study, namely the independent variables included the motivation of the elderly and the dependent variables, namely the level of knowledge, level of education, family support and cadre support. The goal is to get an overview (frequency distribution).

Bivariate analysis is an analysis conducted on two variables that are suspected to be related in which the dependent variable is the motivation of the elderly and the independent variables are level of knowledge, level of education, family support and cadre support. Data were analyzed using the chi-Square test to determine the factors of knowledge level, education level, family support and cadre support that influence the motivation of the elderly to come to the posyandu.

Researchers used research ethical principles, namely after obtaining permission from the head of the Puskesmas, researchers met respondents according to the inclusion criteria. If the respondent is willing, the

researcher gives an informed consent form, then the researcher explains the aims, objectives and benefits of this research. Then the researcher conducted a guided interview for 25-30 minutes. Respondents who were not willing to be interviewed were not included. To maintain the confidentiality of respondents, researchers did not include the names of respondents (anonymity) on the data collection sheet. The researcher only gave a code to each questionnaire sheet. The confidentiality of the information provided by the respondents is guaranteed by the researchers, the data in this study are presented as a whole and not individually.

In this research there are various limitations that affect the research results. These limitations are from respondents who seem difficult to understand questions from researchers, so the question is asked repeatedly. The residence of the elderly who are too far from the posyandu is also a limitation of researchers in collecting data so that researchers visit every elderly who cannot come to the Posyandu.

## RESULTS

The results of the research that was conducted on 98 respondents at the Pabatu Tebing Tinggi Health Center obtained the following data (Table 1).

Table 2. Distribution of characteristics of respondents visiting the elderly posyandu

Characteristics of respondents	Frequency	Percentage
Age		
60-74	86	87.8
75 and above	12	22.2
Gender		
Male	21	21.4
Famale	77	78.6
Place recidence		
Husband/wife	43	43.9
Child	31	31.7
Grandchild	2	2.0
Alone	22	22.4
Religion		
Islam	80	81.6
Christian protestant	8	8.2
Catholic	10	10.2
Ethnic group		
Java	40	40.8
Melay	14	14.3
Batak	32	32.7
Mandailing	12	12.2
Health problems		
Hypertension	29	29.6
Rheumathoid arthritis	22	22.4
Diabetes mellitus	16	16.3
Gastritis	18	18.4
Heart	13	13.3
Occupational		
Goverment	23	23.5
Businessman	8	8.2
Farmer	8	8.2
IRT	59	60.1
Income (IDR)		
<1,650,000	75	76.5
1,650,000-3,000,000	23	23.5

Table 3. Distribution of elderly motivation visiting posyandu

Motivation	Frequency	Percentage
Strong	66	67.3
Enough	25	25.5
Weak	7	7.2

Table 4. Distribution of elderly education levels

Education	Frequency	Percentage
High	33	33.7
Junior	65	66.3

Table 5. Distribution of knowledge visiting posyandu

Knowledge	Frequency	Percentage
Good	58	59.2
Less	40	40.8

Table 6. Distribution of family support visiting posyandu

Family support	Frequency	Percentage
Good	57	58.2
Less	41	41.8

Table 7. Distribution of cadre support visiting posyandu

Cadre support	Frequency	Percentage
Good	63	64.3
Less	35	35.7

Based on Table 2, it is known that the majority (87.8%) of the elderly in this study according to WHO are grouped in the elderly age (60-74 years). Most (78.6%) was female, less than some (43.9%) elderly lived with their husband/wife. Less than half (40.8%) of the elderly are Javanese. Health problems experienced by the elderly

was hypertension as much as 29.6%. More than most of the respondents in this study worked as housewives (60.1 %) with most of the income (76.5%) being < Rp.1.650.000. Based on Table 3, it is known that of the 98 elderly people, the majority had strong motivation to visit the elderly Posyandu (67.3%). Based on Table 4, it is known that of the 98 elderly, majority have a low level of education (66.3%). Based on Table 5, it is known that from 98 elderly, more than some (59.2%) elderly have good knowledge. Based on Table 6, it is known that from 98 elderly, more than some (58.2%) elderly have good family support. Based on Table 7 that out of 98 elderly, more than some (64.3%) elderly have good cadre support.

Table 8. Relationship of elderly motivation with education level, knowledge, family support and care support of visiting posyandu for the elderly

	Variable				p-value
	Frequency	Percentage	Frequency	Percentage	
Motivation	Education				
	High		Junior		
Strong	27	40.9	39	59.1	0.046
Moderate	6	24.0	19	76.0	
Weak	0	0.0	7	100.0	
Motivation	Knowledge				
	Good		Less		
Strong	43	65.2	23	34.8	0.004
Moderate	15	60.0	10	40.0	
Weak	0	0.0	7	100.0	
Motivation	Family support				
	Good		Less		
Strong	39	59.1	27	40.9	0.003
Moderate	18	72.0	7	28.0	
Weak	0	0.0	7	100.0	
Motivation	Cadre support				
	Good		Less		
Strong	44	66.7	22	33.3	0.001
Moderate	19	76.0	6	24.0	
Weak	0	0.0	7	100.0	

Based on Table 8, the results of statistical tests showed that there was a relationship between motivation and education level of the elderly visiting the posyandu for the elderly with p value of 0.046. The results of statistical tests showed that there was a relationship between motivation and knowledge of the elderly visiting the posyandu for the elderly with a p-value of 0.004. The results of statistical tests showed that there was a relationship between family support and knowledge of the elderly visiting the posyandu for the elderly with a p value of 0.003. The results of statistical tests showed that there was a relationship between family support and knowledge of the elderly visiting the posyandu for the elderly with p-value of 0.001

## DISCUSSION

The results showed that of the 98 elderly, 67.3% had a strong motivation to visit the Elderly Posyandu. The results of this study are in accordance with the research conducted by Sari (2009) regarding the description of the motivation of the elderly in attending the posyandu for the elderly in the hamlet of Siluk I Selopamioro Imogiri Bantul in the good category, namely 28 respondents (100%). In this study, it can be explained that 54.1% of the elderly stated that they had good benefits from posyandu activities and 50% of the elderly stated that health workers and cadres provided advice in improving health.<sup>(12)</sup> Sardiman (2012) states that motivation arises because of a need. Needs indicate a deficiency experienced by the individual. Deficiencies can be physiological (basic human needs), psychological (self-esteem needs) or sociological (needs for social interaction). With the encouragement and desire of the elderly in obtaining optimal health, the elderly actively participate in the activities of the elderly posyandu. The elderly who are aware of the importance of health will also be a motivation for compliance to visit the posyandu for the elderly.<sup>(13)</sup>

The results showed that of the 98 elderly, 66.3% had a low level of education. The results of this study are supported by Aldriana (2016) that respondents with low education are 199 people (93.9%).<sup>(14)</sup> According to Notoatmodjo (2014) education is a process of change in humans that has to do with the achievement of individual and community health goals.<sup>(4)</sup> This is also supported by the opinion of Sardiman (2012), that a person will succeed

in achieving his goals, if there is encouragement or motivation within himself. In other words, a person's level of education does not affect the motivation of the elderly to visit the posyandu for the elderly.<sup>(13)</sup> According to Nyswander (1947) cit. Widjianto (2014), the higher a person's education level, the knowledge and information obtained will also increase. This shows that the higher the education, the needs and demands for health services are increasing as well. Conversely, the lower the level of education, it will be difficult for them to receive counseling provided by health workers and tend not to know about the existence of special health services for the elderly.<sup>(14)</sup>

The results of the study showed that of the 98 elderly, 59.2% of the elderly had good knowledge. The results of this study are in line with previous research that the knowledge of the elderly about Posyandu with good categories was 20 people (46.5%). One of the things that can be explained in this study is that 55.1% of the elderly stated that the benefits of posyandu were to improve their health, ability to be independent, productive, and play an active role. According to Green's theory (2005), it has been explained that increased knowledge is not always the cause of a person's behavior change, but is closely related to the initial determinant for a person's behavior. Knowledge or cognitive is a very important domain in shaping one's actions (cover behavior). An elderly person has and knows the benefits of posyandu, then he will be interested and then weigh the pros and cons for himself and behave according to his awareness and knowledge about the benefits of the elderly posyandu. From the results of research by Melita et al. (2016), it is shown that the less the level of knowledge of the elderly about the benefits of posyandu, the proportion of activeness of the elderly in posyandu activities is decreasing.<sup>(15)</sup>

Based on the results of the study, it was found that of the 98 elderly, 58.2% of the elderly had good family support. The results of this study are lower than previous studies, namely 80% of the elderly receive support from their families (Melita, 2018). One of the explanations in this study is that 64.3% of the elderly stated that the family was supportive when the elderly stated that they would participate in posyandu activities.<sup>(15)</sup> According to Notoatmodjo (2014) the elderly have the greatest emotional bond with their family so that the elderly need family support to make decisions and solve important problems in their lives, including health problems. In this case, the family has an important role, as much as possible to control and remind the elderly to have their health checked regularly at health service places, including posyandu.<sup>(4)</sup> Melita (2018) stated that the family support provided was in the form of recommending to come to the posbindu, reminding the schedule for the posbindu and taking them to the posbindu.<sup>(15)</sup>

Based on the research results obtained from 98 elderly, 64.3% elderly have good cadre support. Cadres are always active in posyandu activities. This is because 73.5% of the elderly stated that the posyandu cadres invited the elderly to the posyandu and 84.7% of the cadres informed the schedule for the implementation of posyandu activities. The results of this study are in line with previous research conducted by Melita (2018) that 71.4% of the elderly received cadre support. The support for health workers is to remind the schedule of Posbindu activities every month, provide minimal health services, provide health education related to the knowledge needs of the elderly themselves and also foster good communication between health workers and the elderly.<sup>(15)</sup> According to Darwis (2014)<sup>(16)</sup> and Kholidah (2016)<sup>(3)</sup>, a person or team as posyandu implementers who come from and are selected by the local community who meet the requirements and are given tasks and responsibilities for implementing, monitoring and facilitating other activities. In the implementation of the Posyandu for the elderly, cadres have a role as actors in a health system. Cadres are expected to provide services including measuring height and weight, filling out KMS sheets, providing health education and information, mobilizing and providing information to the elderly to attend the posyandu activities. For this reason, it is necessary to provide guidance to cadres on a regular basis so that cadres can carry out optimally in the implementation of posyandu activities for the elderly.

The results of statistical tests showed that there was a relationship between motivation and education level of the elderly visiting the posyandu for the elderly. The results of this study are in line with previous research that there is a relationship between educational factors and the low number of elderly visits to the posyandu for the elderly in the village of Rambah Tengah Utara, the working area of the Rambah Public Health Center.<sup>(13)</sup> According to Notoatmodjo (2012) a person's behavior that is detrimental to health is also found among educated or professional people or people who have developed.<sup>(17)</sup> This can be because education is basically not only obtained from formal school but also in the family, community, and from other media such as magazines, newspapers and so on so that it affects a person's conscious behavior. This is reflected in this study where the level of education is partly low, it is not an obstacle to come to visit the posyandu for the elderly, because they still have a healthy life goal. The elderly said that regularly participating in posyandu activities would provide good health benefits. They can find out health conditions such as blood pressure every month. In addition, the elderly can consult about health with health workers who come from the puskesmas. This is also supported by the opinion of Sardiman (2012), that a person will succeed in achieving his goals, if there is encouragement or motivation within himself. In other words, a person's level of education does not affect the motivation of the elderly to visit the posyandu for the elderly.<sup>(13)</sup> This is in line with the opinion of Purwanto who stated that one of the factors that influence health behavior is the level of education.<sup>(18)</sup> The level of education is low but the

respondents still want to participate in the posyandu activities for the elderly. Educational outcomes help shape mindsets, perception patterns and attitudes in one's decision making.

The results of statistical tests showed that there was a relationship between motivation and knowledge of the elderly visiting the posyandu for the elderly. The results of this study are in line with research conducted by Liza (2016) regarding the relationship between the level of education and the motivation of the elderly to visit the Posyandu for the elderly in Dadirejo Village, Tirta District, Pekalongan Regency.<sup>(19)</sup> This is in line with Priyana's research (2014) which reports that there is a relationship between knowledge of the elderly and motivation to visit the orchid posbindu in Kutamekar Village.<sup>(20)</sup> The results of observations during the study of the lowest age of 60 and the highest age of 80 years with increasing age will experience a decline in brain function so that it is increasingly difficult for the elderly to understand the true meaning of posyandu. According to Purwanto<sup>(18)</sup> that the factor that influences knowledge is the level of education obtained. Although the research results show that the level of education is still low, the elderly still gain knowledge from the environment such as health information from their families, religious leaders, cadres, health workers, television and print media so that the elderly understand the benefits of the elderly posyandu which motivates the elderly to visit the elderly posyandu. Knowledge is the result of knowing and this occurs after people sense a certain object. Sensing occurs through the five human senses, namely the senses of sight, smell, touch and taste. Most of human knowledge is obtained through the eyes and ears.<sup>(3)</sup> Knowledge or cognitive is a very important domain for the formation of one's actions (over behavior).<sup>(18)</sup> Furthermore, according to Roger's experience and research results cit. Notoatmodjo (2014), it is explained that behavior is based on knowledge.<sup>(4)</sup> This is in accordance with Suparyanto (2012), who found that incorrect knowledge about the purpose and benefits of posyandu can lead to misperceptions which ultimately lead to low posyandu visits.<sup>(9)</sup> When knowledge is more understandable, then an attitude and behavior arises to participate. In addition, one's level of knowledge also affects individual behavior, which is the higher one's knowledge, the higher the awareness to participate.

The results of statistical tests showed that there was a relationship between family support and the motivation of the elderly to visit the posyandu for the elderly. The results of this study are supported by previous research that there is a relationship between family support and the motivation of the elderly in participating in Posyandu activities for the elderly.<sup>(21)</sup> Family support plays an important role in determining how the coping mechanisms will be shown by the elderly. The elderly can face problems with family support. Judging from the results of the study, less than some (43.9%) of the elderly live with their husband/wife, live with their children (31.7%), and live alone (22.4%) although the elderly live alone, their families and cadres often come to remind them, and motivate the elderly to visit the posyandu for the elderly. Research conducted by Rusmin (2015) shows that family support always encourages the elderly to visit the posyandu according to the schedule.<sup>(6)</sup> This is also in line with Jatiningsyas research (2017)<sup>(22)</sup> that family support will affect the activity of the elderly in visiting the posyandu. The family can be a motivator for the elderly if they always provide themselves to accompany or take the elderly to the posyandu. Family support can be done by increasing informational support, emotional support, instrumental support, and appreciation support.

The results of statistical tests showed that there was a relationship between family support and knowledge of the elderly visiting posyandu for the elderly. Good cadre support motivates the elderly to visit the posyandu for the elderly. In carrying out his duties as a cadre, he must have the attitude and behavior of a good cadre. The results of observations during the research of cadres here always motivate the elderly to visit the posyandu for the elderly and remind the schedule for the next posyandu visit and the cadres also often visit the homes of the elderly who have not visited the posyandu for a long time. This is also in line with research conducted by Darwis (2014)<sup>(16)</sup> and Wahyuni (2017).<sup>(23)</sup> According to Lawrence Green, the role of health workers, such as the role of cadres, is a reinforcement that encourages or strengthens behavior. According to Green's theory, the role of cadres is one of the supporting factors that play a role in health behavior because it is a contributing factor to behavior that rewards and plays a role in the persistence or disappearance of behavior. Based on this study, the researchers concluded that cadre support was the motivation for the elderly to visit the posyandu for the elderly. For this reason, it is necessary to carry out regular activities to cadres so that cadres can carry out their roles optimally in the implementation of posyandu activities for the elderly.<sup>(24-35)</sup>

## CONCLUSION

Based the data analysis, there is a relationship between education, knowledge, family support and cadre support with the motivation of the elderly to visit the posyandu in the work area of the Pabatu Health Center, Tebing Tinggi City

## REFERENCES

1. Nugroho W. Keperawatan gerontik. Jakarta: EGC; 2016.
2. World Health Organization. Ageing and health. Geneva: WHO; 2018.
3. Kholifah, et al. Keperawatan gerontik. Jakarta: Kemenkes RI; 2016.

4. Notoatmodjo S. Promosi kesehatan dan perilaku kesehatan. Jakarta: Rineke Cipta; 2014.
5. Purnawati N. Faktor-faktor yang mempengaruhi kunjungan lansia dalam kegiatan posyandu di Desa Plambun Kecamatan Mojolaban Sukoharjo. Surakarta: Fakultas Ilmu Kesehatan Masyarakat Universitas Muhammadiyah Surakarta; 2014.
6. Rusmin M, Bujawati E, Baso NH. Faktor-faktor yang berhubungan dengan pemanfaatan posyandu lansia di wilayah kerja Puskesmas Somba Opu Kabupaten Gow. Jurnal Keperawatan. 2016;8.
7. Susilowati. Faktor-faktor yang mempengaruhi kunjungan lansia ke posyandu lanjut usia Desa Tegalgiri Nogosari Boyolali. Surakarta: Fakultas Ilmu Kesehatan Universitas Muhammadiyah Surakarta; 2014.
8. Zakir M. Faktor-faktor yang berhubungan dengan pemanfaatan Posyandu Lansia Kencana. Jurnal Keperawatan. 2014;10(1).
9. Suparyanto. Pengukuran motivasi [Internet]. 2014 [cited 2019 Aug 20]. Available from: <http://dr-suparyanto.blogspot.com/2014/06/pengukuran-motivasi.html?m=1>
10. Hidayat AAA. Metodologi penelitian keperawatan dan kesehatan. Jakarta: Salemba Medika; 2017.
11. Mawaddah. Faktor yang mempengaruhi pemanfaatan posyandu lansia di Puskesmas Aras Kabu Kecamatan Beringin Kabu Kecamatan Beringin Kabupaten Deli Serdang Tahun 2017. Medan: Universitas Sumatera Utara; 2017.
12. Sari P. Gambaran motivasi lansia mengikuti posyandu di Dusun Siluk I Selopamioro Imogiri Bantul. Yogyakarta: STIKes Aysisyah Yogyakarta; 2009.
13. Sardiman AM. Interaksi dan motivasi belajar mengajar. Jakarta: PT Raja Grafinda; 2012.
14. Aldriana N, Daulay R. Faktor-faktor yang berhubungan dengan rendahnya kunjungan lansia ke posyandu lansia di Desa Rambah Tengah Utara Wilayah Kerja Puskesmas Rambah tahun 2015. Jurnal Maternity and Neonatal. 2016;2(2).
15. Melita, Mardiatni N. Faktor-faktor berhubungan dengan kunjungan lansia ke posbindu lansia di wilayah kerja Puskesmas Kelurahan Bintaro Kota Bekasi. Jurnal Kebijakan Kesehatan Indonesia. 2018;7.
16. Darwis K. Faktor faktor yang berhubungan dengan kunjungan lansia ke posyandu lansia di wilayah kerja Puskesmas Rapak Mahang Kabupaten Kutai Kertanegara. Makassar: Universitas Hasanuddin; 2014.
17. Notoatmodjo S. Metodologi penelitian kesehatan. Jakarta: Rineka Cipta; 2012.
18. Purwanto N. Psikologi pendidikan. Bandung: Remaja Rosdya Karya; 2014.
19. Liza. Hubungan antara tingkat pendidikan dengan motivasi lansia berkunjung ke posyandu lansia di Desa Dadirejo Kecamatan Tирто Kabupaten Pekalongan. 2016.
20. Priyana DM. Hubungan pengetahuan dengan motivasi mengunjungi Posbindu Anggrek di Desa Kutamekar Kecamatan Cariu Kabupaten Bogor. Jakarta: Universitas Indonesia; 2014.
21. Muda HM, Haryanto T, Ardiyani VM. Hubungan dukungan keluarga dengan motivasi lansia dalam mengikuti kegiatan posyandu lansia di Kelurahan Tlogomas Kecamatan Lowokwaru Malang. Ners News. 2017;2(1).
22. Jatiningsyias WS. Analisis faktor yang berpengaruh terhadap kunjungan lansia di posyandu di wilayah kerja Puskesmas Patiahan. Madiun: Stikes Bakti Husada Madiun; 2017.
23. Wahyuni DN. Faktor-faktor yang berhubungan dengan kunjungan pos pembinaan terpadu (Posbindu) pada lansia di wilayah kerja Puskesmas Ciputat. Jakarta: UIN Syarif Hidayahullah; 2017.
24. Hayati N, et al. Effectiveness of cadre capacity building activities: a comparative design. NurseLine Journal. 2022;7(1):88-92.
25. Windarwati HD, Susanti H, Brooks H, Wardani IY, Hasniah, Raya M, Ati NAL, Sari H. Lay community mental health workers (cadres) in Indonesian health services: A qualitative exploration of the views of people with mental health problems and their families. PLoS One. 2023 Nov 9;18(11):e0289943. DOI: 10.1371/journal.pone.0289943.
26. Wibowo Y, Setiadi AP, Halim SV, Saputra RD, Oktavia R, Irianti R, Lestari PI, Puspitasari CR, Sunderland B. A pilot study of cadre training to promote responsible self-medication in Indonesia: Which is better specific or general modules? Health Soc Care Community. 2021 Mar;29(2):554-563.
27. Setiawan A, Christiani Y. Integrated health post for child health (posyandu) as a community-based program in Indonesia: An exploratory study. Jurnal Keperawatan Indonesia. 2018;21(3):150-8.
28. Tumbelaka P, Limato R, Nasir S, Syafruddin D, Ormel H, Ahmed R. Analysis of Indonesia's community health volunteers (kader) as maternal health promoters in the community integrated health service (Posyandu) following health promotion training. International Journal of Community Medicine and Public Health. 2018;5(3):856-63.
29. Pangestuti R, Dewi YLR, Sulaeman ES. Contextual factors of posyandu on cadre performance in providing maternal and child health service in Surakarta, Central Java. Journal of Maternal and Child Health. 2020;5(1):27-34.
30. Sugiarti N, Rusmawati A, Yalestyarini EA. The efforts of posyandu cadres in increasing mother's awareness behavior in maintaining baby's development: literature review. Open Access Health Scientific Journal. 2021;2(1):28-33.

31. Fitryasari R, Tristiana RD, Windy A, Kurniasari ED. Keswacarri as an effort to increase cadre capability for treating mental disorders patients in the modern industrial community 4.0. *J. Pengabdian Masyarakat dalam Kesehatan*. 2022;4(1):25-30. DOI: 10.20473/jpmk.v4i1.29255
32. Faza A, Rinawan FR, Mutyara K, Purnama WG, Ferdian D, Susanti AI, Didah D, Indraswari N, Fatimah SN. Posyandu application in Indonesia: from health informatics data quality bridging bottom-up and top-down policy implementation. *Informatics*. 2022;9(4):74.
33. Huwaid SU, Hidayat H, Yulianita. Revitalization of posyandu for the elderly in Nagari Tapakis, Padang Pariaman Regency. *International Journal of Medical Science and Clinical Invention*. 2022;9(03):6023–6028.
34. Tsai WH, Liao X. Mobilizing cadre incentives in policy implementation: Poverty alleviation in a Chinese county. *China Information*. 2020;34(1):45-67.
35. Duan C, Zeng Y, Zhou Y and Li Y. “Invalid busyness” behaviors of a few grassroots cadres: Evidence from normative explanation. *Front. Psychol*. 2022;13:1027427. DOI: 10.3389/fpsyg.2022.1027427