

UDC 316

THE ROLE AND FUNCTION OF THE NUCLEAR FAMILY IN IMPROVING THE QUALITY OF LIFE FOR THE ELDERLY

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ABSTRACT

The family is the smallest unit in a society where the members are mutually dependent on each other, which means that the existence of family members is the responsibility of other members. Nevertheless, the family plays an essential role in improving the health status and quality of life of the elderly who experience physical, economic, psychological, and social declines. This research sought to determine the function of the nuclear family in enhancing the quality of life of the elderly. This study uses a qualitative approach with a descriptive type. Based on the results of the study, it can be concluded that the family's role in improving the quality of life of the elderly by caring for and maintaining the elderly, maintaining and improving mental status, anticipating socioeconomic changes, and providing motivation and facilitating the needs of the elderly. In addition, economic, physical, protective, socio-cultural, and psychological family roles enhance the quality of life of the elderly.

KEYWORDS

Role, family function, elderly.

The family is the smallest unit of society, consisting of the head of the family and several people who are gathered and live in one place under a roof in a state of interdependence. In essence, the family is expected to function to realize the joint development of love and affection between family members and relatives and between generations, which is the basis of a harmonious family (Arranz et al., 2014). Therefore, the family has a significant role in developing, preventing, adapting, and or correcting various health problems found in the family. Moreover, family members' health problems are interrelated with other family members' various problems if there is one member whose health problem will affect the implementation of the family functions (Azwar, 2010).

The family's form, cycle, and function affect the health condition of each family member physically and psychologically. On the other hand, family members' health conditions also affect the family's form, cycle, and function. The phases of the family life cycle include leaving home and becoming adults who live alone, joining families through marriage (new partners), becoming parents and a family with children, families with teenagers, to families in old age (Santrock, 2002). Each family member has specific tasks so that each stage of the family cycle can occur appropriately as one of the family cycles in old age. Old age is a process of human life characterized by a natural decrease in the body's ability, functions, and systems. When a person enters old age, the functions that exist in him will slowly decline, such as the function of body organs (biological), mental function (psychological), and social functions. Ageing (getting old) is a process of slowly disappearing the ability of tissue to repair itself/replace and maintain its normal function so that it cannot survive infection and repair the damage suffered. Thus, family members have the duty and responsibility to overcome the declining functions of the elderly (Mujahidullah, 2012).

Based on the 2010 population census, the number of older people was 18.1 million (7.6% of the total population), then increased to 20.24 million (8.03% of the total population). Based on the 2014 National Socio-Economic Survey results, the number of older people in Indonesia is estimated to increase to 36 million in 2025 and 41 million in 2035 (Alisjahbana et al., 2014). Furthermore, data from the Central Statistics Agency for the Riau Islands in September 2020 recorded 2064 million people. As a result, the population growth rate from

2010-2020 reached 2.02%. However, this number decreased compared to the previous period by 4.95%. At the same time, age of productive aged 15 to 64 years reached 71.00%

Meanwhile, the % age of the elderly population reached 5.30%, or an increase compared to 2010, which was only 3.4 %. Tanjungpinang City, the capital of the Kepulauan Riau, has an elderly population reaching 8.06% of the total population, 213.592 people (Zulkipli, 2020). The increasing % age of the elderly, accompanied by the setbacks experienced by the elderly, will have implications for development. Therefore, it is necessary to pay special attention to the elderly by providing services, especially from the nuclear family as the closest family member to the elderly. Functions in the family must run well so that the elderly can overcome the declines that occur so that their old age remains quality.

Nursing home facilities are also a factor in this study's attention because of the rising number of older people. There has been a change in the family's role in society due to increased modernization and the appearance of nursing homes. According to Goode, even the primary function in the modern family can be separated between one function and the other functions (Goode, 1995), for example, childbirth, member care physically, placing children in the community, correctional facilities, and social control, in practice can be fragmented (Sunarto, 2004). A nursing home is a place to live specially designed for older people, in which all the facilities people need are provided for the elderly (Monks, 1982).

Based on the initial observations, three nursing homes in Tanjungpinang. As can be seen in Table 1 below:

Table 1 – Nursing Homes in Tanjungpinang City

Name	Address	Number of elderly
Nursing Home Rumah Bahagia Bintan	Gg. Lansia, Kawal Kabupaten Bintan, Kepulauan Riau	40 people
Nursing Home Rumah Bahagia Embung Fatimah Kota Tanjungpinang	Jl. .I Panjaitan Km.10, Komp. Embung Fatimah Kota Tanjungpinang	9 people
Nursing Home Anugerah Tanjungpinang	Jl. Merpati Gg. Pipit No.18 Batu IX, Kecamatan Tanjungpinang Timur, Kota Tanjungpinang	35 people

Source: Author, 2022.

Ideally, families should be able to carry out their functions to create a comfortable, safe family that gives love to each other as they age. In order to flourish and enjoy their golden years, the elderly need support from their loved ones due to a range of physical, economic, psychological, and social disabilities. However, in reality, societal changes have shifted functions in the family and replaced them with other institutions such as nursing homes. Therefore, it is interesting to examine the role and function of the nuclear family in improving the quality of life of the elderly.

METHODS OF RESEARCH

A qualitative research approach is a social science research method that collects and analyzes in the form of words (oral or written) and human actions, and the researcher does not attempt to calculate or quantify the qualitative that has been obtained and thus does not analyze the numbers (Afrizal, 2014). The type of research used in this research is descriptive. Descriptive research describes a phenomenon or social reality relating to the problem and unit under study (Moleong, 2012). Data collection techniques used are in-depth interviews and observation. The interview's main features are direct face-to-face contact between the information seeker and information sources (Sutopo, 2002). The type of interview includes free interviews, guided interviews, and free guided interviews (Sugiyono, 2012)

According to Nana Sudjana, observation is the observation and recording systematic approach to the phenomena studied (Sudjana et al., 2001). The observation technique is

systematic observation and recording of the phenomena being investigated. In a broad sense, observation is not only limited to observations carried out either directly or indirectly direct (Singarimbun & Effendi, 2006). Research informants are subjects who understand object information research as actors and others who understand the object research (Bungin, 2007). The informants in this study were elderly family members. Data analysis used the Miles and Huberman model, including, codification, categorization, and concluding (Miles, M.B & Huberman, 1994).

RESULTS AND DISCUSSION

Characteristics of the Elderly

The Elderly is the final phase of an individual's life marked by various characteristics, including age, gender, marital status, living arrangement and, various health problems, economic problems, psychological and social problems. The elderly who are part of the nuclear family who becomes research informants are in the range of 63-90 years with male and female sexes. Marital status of some of the elderly are still married, and some are already divorced. The elderly have no dependents because, on average, their children are married and independent so that the elderly who are still productive can enjoy the results of their income. Meanwhile, the non-productive elderly get social and economic support from family members such as their children and grandchildren.

The elderly undergo similar decreases as other aged individuals. The declines experienced by the elderly include health problems such as physical weakness and suffering from various diseases, namely gout, hypertension, asthma, vertigo, diabetes, and rheumatism. Economic problems include reduced income due to retirement and physical weakness, so they are no longer strong enough to work as usual. Even so, the elderly can still do light jobs such as farming around their homes and get help from their children or grandchildren to harvest the elderly's agricultural products. That way, the elderly can overcome the economic problems they experience even though they are not entirely independent.

Psychological issues affecting the elderly, such as loneliness and anxiety, are examined. Older people feel lonely because they live away from their families and their children have died and left them alone. Furthermore, the anxiety experienced by the elderly affects the quality of sleep and weakens the body's immune system. This syndrome is also associated with several ailments, causing the elderly to withdraw from their surroundings. In addition, differences in views and values also cause the elderly to withdraw from the environment.

The Role of the Nuclear Family in Improving the Quality of Life for the Elderly

The elderly are a vulnerable group in society that needs support in fulfilling their needs. That is due to the changes experienced by the elderly related to the declining physical, psychological, economic, and social conditions of the elderly. The principal agent is expected to provide support to the elderly in the family. The family is a support system for the elderly to meet their needs of the elderly. The family plays a part in maintaining the elderly's quality of life by providing services.

The elderly with healthy family functions have the potential to have a good quality of life 25 times greater than the elderly with unhealthy family functions (Sutikno, 2011). That is, the family function has a positive relationship with the quality of life of the elderly. The role or function of the family is an indicator that is not much different. Both of these things are closely related to the quality of life of the elderly; families who can carry out their roles well or families that can carry out their functions well will be able to affect the quality of life of the elderly who are good. So that to improve the quality of life of the elderly, family members must carry out and increase their role in the elderly (Primadi, 2016).

Based on the study results, family members carry out their roles well caring for the elderly, controlling their behavior of the elderly and paying attention to the needs of the elderly. In addition, family members act as educators, motivators, and facilitators for the

elderly. The role of the family as an educator is to provide information or knowledge to the elderly about their health, including food and drinks that are suitable for consumption, foods, and drinks that can cause disease recurrence, and how to improve the health of the elderly. The role of the family as a motivator is to encourage the elderly so that they can live their old life well, convince the elderly to recover from their illness, provide positive suggestions so that the elderly avoid the anxiety they experience, and give freedom to the elderly in making the best decisions for themselves, for example, choosing live alone or with their children and grandchildren. Finally, the role of the family as a facilitator is to guide, assist and assist the elderly in meeting their needs so that the elderly can be empowered and independent.

The role of family members as educators for the elderly is closely related to the level of education and knowledge. As already explained, educators are carriers of information, knowledge, and educators. The aim is to increase the knowledge of the elderly about health, symptoms of the disease, treatment methods, and changes in the behavior of the elderly. As educators, knowledge of family members about the services provided to the elderly is fundamental. The higher the level of education, the faster the acceptance and understanding of information and the better the knowledge possessed (Sriningsih, 2011). The more information received, the more knowledge will have, including health (Budiman & Riyanto, 2013). In their role as educators, family members teach the elderly about foods to avoid, foods to eat to improve their health, how to use drugs, and disease prevention. The more information the elderly receive, the older they can maintain good health, be empowered and live independently.

The Function of the Nuclear Family in Improving the Quality of Life for Elderly

A function is closely related to the quality of life of the elderly. The functioning of the family that runs will cause the quality of life of family members to be good, including the elderly. On the other hand, family functions that do not work will cause various conditions such as increased morbidity and mortality, indicating a decreased quality of life. The elderly will feel depressed, stressed, susceptible to disease, and socially isolated. The quality of life can be assessed from several fields such as physical, psychological, social, economic, and environmental. The quality of life of the elderly is found to be low in conditions of low education, low socioeconomic status, not married or already living alone (spouse dies or divorced), and their health is disturbed (Ng et al., 2010).

Economic Function

The economic function refers to the ability of the family to meet the needs of the elderly and to function in growing the skills of family members to meet individual economic needs. The economic function as a supporting element for family independence and resilience is one of the elderly. The family is a place to meet life's needs and create each family member's welfare. Components include food, clothing, shelter, finance, and other supplies. To improve the quality of life of the elderly, family members provide services to the elderly in the form of services to fulfilling physical needs by providing decent housing, food, clothing, and money to the elderly.

Health Function

The family health function refers to the ability of the family to maintain the health of each family member so that life can take place as it should. Several ways are carried out in health functions, such as preventing health problems, caring for when sick, and maintaining health. An elderly group is a group that is vulnerable to declining health. That is because the elderly's immune system is weaker and more susceptible to disease. Furthermore, loneliness and social isolation experienced by the elderly can also affect their health of the elderly. For that, family members must provide services to the elderly for health improvement.

Maintained health will impact the quality of life of the elderly, as for the efforts made by family members by bringing the elderly for treatment to the health center or hospital, accompanying controls, caring for the elderly when sick, reminding the elderly to take medicine, and controlling the elderly's diet. Family members take the time to bring the elderly

for treatment, especially when the elderly suddenly get sick. Family members cooperate in caring for the elderly, whether delivering treatment or caring for the elderly are carried out together or alternately. This action is a form of family members' devotion to their parents, who have cared for them since childhood.

Protect Function

The protective function refers to the ability of the family to provide security, attention, and affection to family members. A harmonious family will try to give each other a sense of security, attention, and affection for each family member so that the house is considered a safe, comfortable and peaceful place to return to a well-functioning family will be able to perform the function of protecting its members and ensuring that family members are protected from discomfort. When the elderly get attention and affection and feel comfortable amid the family, this condition will affect their quality of life. The form of attention that family members do to the elderly by helping the elderly both in good health and sick, reminding them to take medicine, visiting the elderly every day, cooking food, and accompanying the elderly to sleep at night.

Socio-Cultural Function

The socio-cultural function refers to the ability of the family to provide opportunities for all family members to develop the nation's diverse socio-cultural wealth in one unit. For example, in the presence of the elderly in the family, family members must accept and understand the behaviour of the elderly who are starting to change, such as being forgetful, sensitive, fussy, and like to be alone. This study's socio-cultural functions include providing opportunities for the elderly to interact with the environment, participate in social activities and visit relatives.

Social interaction is essential in human life, including for the elderly. Social interaction is essential in improving the quality of life of the elderly. Intense social interaction can reduce feelings of loneliness and social isolation for the elderly. Social interaction is not only within the family but also with the environment. Families who carry out their socio-cultural functions will not limit the social interaction of the elderly with the environment. Family members provide opportunities for the elderly to interact with the environment, such as giving time for the elderly to go outside and gather with neighbors. In addition, family members provide time for the elderly to see relatives, whether in the home or elsewhere. In addition to accompanying the elderly to see relatives, family members often accompany them to weddings and funerals.

Psychological Function

The psychological function refers to the ability of the family to provide attention to family members and understand the wishes or characteristics of each family member well. Psychological functions in this study include providing opportunities for the elderly to do their hobbies and providing opportunities for the elderly to carry out religious and recreational activities. One way the elderly enjoy their life is by enjoying their free time and pursuing their hobbies. As we know, a hobby is an activity that makes us feel energized, focused, flowing, meaningful, happy, and not stressed, and when we do it, time seems to stop.

This condition is undoubtedly very important for the elderly so that they are more relaxed and avoid feelings of stress. That way, the efforts made by family members in improving the quality of life of the elderly are to provide opportunities for the elderly to do their hobbies such as sports, reading, singing, playing music, making handicrafts, and others. Recreational activities include at such as watching TV, gathering with a family, reading newspapers, gardening and making handicrafts, while outside the home such as visiting neighbours' houses, relatives' houses outside the city, tourist attractions, and places of worship.

Apart from giving time to the elderly to do their hobbies, family members also provide opportunities for the elderly to carry out religious activities. Family members support the elderly by taking them elderly to study and providing a special place to worship while

simultaneously making a place for ablution. One study found that older adults closer to religion showed higher life satisfaction, self-esteem, and optimism. In a study that examines the relationship between the elderly and their existence with a religious orientation, it can be seen from the opinion of Koening, Smiley, and Gonzales, while a study that examines the relationship between religiosity and good health conditions is also mentioned by Cupertino & Han (Santrock: 2006).

CONCLUSION

The role and function of the nuclear family are still running to improve the quality of life of the elderly. Although several nursing homes were found in Tanjungpinang, family members continued to carry out their roles and functions as part of the family. In carrying out their roles, family members act as educators by providing knowledge and information about health to the elderly, the role of motivators by encouraging the elderly so that they are not anxious and worried about living their old age, and the role of facilitators by guiding and caring for the elderly.

Family functions run like economic functions by providing decent housing, food, and clothing. The health function is to accompany the elderly to check their health and control the food consumed by the elderly. They protect a function by providing a sense of security, attention, and affection. The socio-cultural function is to provide opportunities for the elderly to interact with the environment, participate in social activities and visit relatives. Finally, the function of psychology is to provide opportunities for the elderly to do their hobbies and provide opportunities for the elderly to carry out religious and recreational activities.

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